

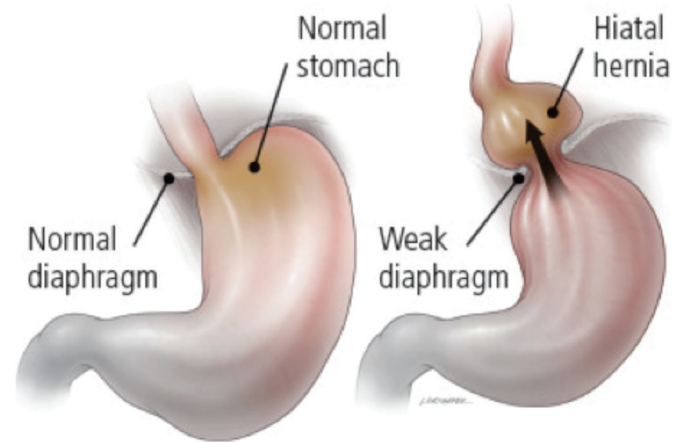
GASTROESOPHAGEAL REFLUX Disease Overview

What is gastroesophageal reflux disease?

- Reflux occurs when gastric acid is allowed to travel up the esophagus.
- Can be related to poorly functioning muscles to keep acid in the stomach.
- Can be worsened by a hiatal hernia.

What is a hiatal hernia?

- We all have an opening in the diaphragm to allow the esophagus to pass through to the stomach.
- This opening is typically only large enough to allow the esophagus alone to pass through.
- When this opening enlarges, a hiatal hernia can result, which occurs when a portion of the stomach is allowed to slip through this larger opening into the thoracic cavity.



What are symptoms of gastroesophageal reflux disease?

- Burning chest or throat pain
- Sudden excess of saliva
- Chronic cough, laryngitis or hoarseness
- Bad breath
- Cavities
- Difficulty or pain with swallowing
- Chronic regurgitation of food
- Can be made worse by lying flat or leaning over.

How is gastroesophageal reflux or a hiatal hernia diagnosed?

- Endoscopy
- Barium swallow (esophagram)
- pH study
- Esophageal manometry

I have a hiatal hernia. Should I have it fixed?

- Patients with reflux and a hiatal hernia may be started on an acid reducing medication (proton pump inhibitor).
- Dietary adjustments may also help with symptoms.
 - Limit intake of chocolate, acidic foods
 - Decrease caffeine intake
 - Decrease intake of carbonated beverages

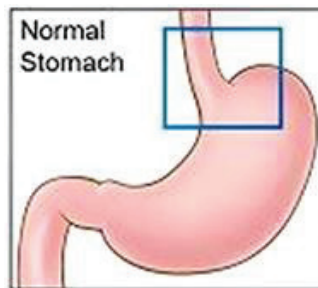
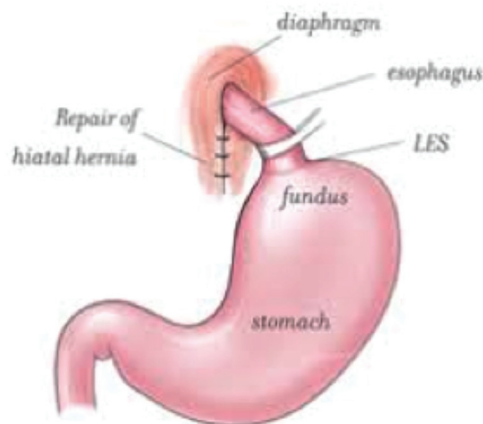


- Other interventions to decrease reflux symptoms include:
 - Losing weight
 - Stop smoking
 - Do not eat within 2-3 hours of lying down
 - Elevate head of bed 6-8 inches
 - Avoid heavy evening meals
- If symptoms are well controlled on medications, patients can be managed with medication alone.
- If a patient is experiencing breakthrough symptoms despite being on medication, or some symptoms are not helped with medication, surgery may be an option.
- Patients that also desire to not be on lifelong medication may also be candidates for surgery.

HIATAL HERNIA REPAIR and FUNDOPLICATION Overview + Post-Operative Instructions

What does surgery for gastroesophageal reflux entail?

- There are often two components of surgery:
 - Fix the hiatal hernia to bring the stomach back into the abdominal cavity and reduce the size of the opening in the diaphragm.
 - Wrapping the stomach around the esophagus to assist the weakened muscles of the esophagus to prevent reflux (fundoplication).
 - This also may be accomplished with a LINX device (see separate information).
 - Fundoplication can be partial (Toupet) or complete (Nissen).



Risks of hiatal hernia repair and fundoplication:

- Bleeding
- Infection
- Damage to the esophagus
- Damage to the vagus nerves that affect GI motility.
- Gas-bloat syndrome
- Recurrent hernia
- Recurrent or persistent reflux symptoms



What can I expect after surgery for gastroesophageal reflux?

- Surgery is usually performed through 4-5 small incisions (5-10mm).
- An EGD is performed at the end of the procedure.
- All incisions are covered in waterproof glue.
- Typically, you can expect to spend 23 hours in the hospital (overnight).
- After surgery, you can expect to be on a clear liquid diet the day of surgery.
- Your diet will be advanced to full liquids on the day after surgery.
- A prescription for pain and nausea medication will be sent electronically to your pharmacy, and will be ready to pick up on your way home from the hospital.
- You will be on a modified diet for a total of 3 weeks after surgery.
- Your follow up will be 1 week after surgery.
- **ACTIVITY RESTRICTIONS:**
 - You can shower normally starting the day after the operation (even in the hospital if you would like)
 - Do not submerge incisions for 2 weeks.
 - No lifting more than 15 lbs for 2 weeks after surgery.

What diet modifications can I expect after surgery?

- After fundoplication, dietary modification is necessary for a few weeks to reduce scarring in the esophagus that can lead to stricture.
- If you have had a LINX procedure, please see the separate packet.
- For patients with a fundoplication:
 - Avoid drinking with straws, carbonated and caffeinated beverages.
 - Your goal should be to drink 60oz of fluid per day to maintain hydration, and 60g of protein per day to give your body the energy to heal.
 - For the first 3 weeks after surgery, you will be on a **SOFT DIET**.
 - A soft diet includes items that you can mash with a fork, and require minimal chewing (2-3 times before swallowing).
 - Examples:
 - Steamed vegetables
 - Scrambled eggs
 - Refried beans
 - Chicken/tuna salad
 - Mashed potatoes
 - Cranberry sauce
 - Bananas
 - After 3 weeks, you will be on a regular diet.
 - Be careful to chew well and eat small bites.
 - Food like pasta, bread, dry chicken and red meat may feel like it gets stuck or moves slowly through into your stomach. Be careful with these foods.

If you have any questions at any time, please call the office at **(615) 292-7708**. Someone is available to take your call 24 hours a day, 7 days a week.

