



PAIN MANAGEMENT

- Everybody's experience of pain is different and some feel this more than others
- It is normal to have some pain after surgery. You will be given a regime of pain killers to manage this
- Other simple measures can also help, such as modifying the way you get up from a lying position
- As part of the operation, you will be given a nerve block to help with pain management
- Medications usually involves a combination of paracetamol, anti-inflammatories e.g., Nurofen, and an opioid
- Pain should improve over time as you recover
- Once you cease feeling pain or discomfort, you can stop your pain killers – starting with the stronger ones and eventually weaning off the rest

WOUND CARE

- All your stitches are dissolvable, so there is no need to have them removed
- Your dressings are waterproof so you can take a shower but not a bath
- After 10 days, remove the dressings
- If the dressing falls off within 10 days, please replace them
- No baths, swimming or submerging the wound for at least two weeks

DIET

- After surgery, the passageway from the oesophagus to the stomach becomes swollen and irritated for a short time
- Changing the texture, temperature and type of food you eat while you are recovering can help to reduce pain, discomfort and bloating.
- As you recover, the oesophagus will adjust, and you will soon be able to manage a more normal diet
- General guidelines
 - o Eat and drink slowly. Avoid gulping
 - o Eat 6 – 8 small meals
 - o Avoid fizzy drinks, chewing gum or drinking through straws to reduce bloating/gas
 - o Aim to consume nourishing drinks such as milkshakes, fruit smoothies, Milo, Sustagen or Up & Go if on a fluid diet
 - o Choose these over less-nourishing fluids such as cordial, tea/coffee and alcohol as these provide little nutrition
 - o Sit upright when eating and remain upright for 30 minutes after meals
 - o It is still important to have a well-balanced diet to give your body the right nutrition to function well. Choose a variety of foods from all the food groups (see table below) to ensure adequate nutrition



- Chew all foods well and avoid foods that cannot easily be broken up initially, such as tough or gristly meat, raw fruit and vegetables and plain bread
- Your diet will progress in stages, beginning with liquids and moving to a puree, soft then regular diet. Your surgeon will tell you when to progress your diet, but this will also depend on your tolerance to food at each stage
- **Day 1-3 FLUID DIET.** Whilst in hospital you will likely start on a free fluid diet
- **Day 3-14 PUREED/MASHED DIET.** If you feel no pain or discomfort swallowing fluids, your surgeon may recommend you move to a pureed/mashed diet after 3 days
- **Day 14-28 SOFT DIET.** If you feel no pain or discomfort on the pureed diet, proceed to a soft diet avoiding any hard lumps. If any pain or discomfort occurs, you should return to the texture previously tolerated and then try again later
- **After 4 weeks REGULAR DIET.** If you feel no pain or discomfort on the soft diet, proceed to a normal, regular diet when advised by your surgeon

RETURN TO DAILY ACTIVITIES

- You will feel tired for a few days after surgery
- If you have a relatively sedentary job, you may return to work after about a week or two
- Do not drive for the first 7 days after surgery and ensure that you are able to sit comfortably, work the controls, wear a seatbelt, look over your shoulder, and make an emergency stop
- No heavy lifting for 4 weeks to allow the fascia to heal. This reduces the chance of developing hernias
- Running can be attempted after 2 weeks
- Cycling should be avoided for 4 weeks
- You may swim about 2-3 weeks after surgery IF the wounds have healed

SEEK HELP IF YOU EXPERIENCE

- Inability to swallow
- Chest pain, shortness of breath
- Uncontrolled pain despite analgesia
- Uncontrolled nausea and inability to maintain a decent oral intake
- Fever >38 degrees
- Abdominal distension
- Trouble passing urine and are having pain in the lower abdomen
- Swelling, foul-smelling discharge or redness in your wounds
- **If you are very unwell or unable to reach us on (02) 6140 7070, please dial 000 or go to the closest Emergency Department**



Food Group	Fluid Diet 2-3 days (or as tolerated)	Pureed Diet for 2 Weeks (or as tolerated)	Soft Diet for 2 Weeks then transition to a normal diet
Bread, Cereals, Rice, Pasta, Noodles	Strained porridge or semolina made on milk. May add pasta and rice to soups but blend to a smooth fluid consistency	Smooth, lump-free cereals (e.g., porridge or cereal softened with milk) May add pasta and rice to soups – blend to a smooth consistency	Porridge or cereal softened with milk. Well cooked pasta and rice (Avoid plain breads, doughnuts, crackers, coarse/dry cereals)
Meat, Fish, Poultry, Eggs, Nuts, Legumes	Add, fish, and legumes to soups – blend to a smooth fluid consistency. Egg flips	Pureed meat, fish, poultry and legumes with gravy/sauce e.g. pureed casserole. Scrambled eggs	Soft, cooked meat, fish, and poultry with gravy/sauce e.g. casseroles, mince. All eggs. Baked beans Well-cooked lentils Soft tofu (Avoid solid meat, dry fish, raw nuts or seeds for 4 weeks)
Vegetables, Legumes	Vegetable juice Add vegetables and legumes to soups – blend to a smooth fluid consistency	Vegetable juice Pureed or mashed vegetables (using milk and butter)	Vegetable juice Mashed or soft cooked vegetables (Avoid raw vegetables, fibrous veg including corn and broccoli stalks).
Fruit	Fruit juice Add fruit to milkshakes – blend to a smooth fluid consistency.	Fruit juice Pureed or mashed canned, stewed or soft fresh fruits	Fruit juice Canned, stewed or soft fresh fruits e.g. banana, paw paw, mango, pear, watermelon. (Avoid fibrous fruit like pineapple, raw apples)
Milk, Yoghurt, Cheese	Milk, drinking yoghurt	Milk, cheese spread, plain yoghurt (No fruit/muesli/nuts) , ice creams	Milk, yoghurts, custards, soft cheese (Avoid hard cheeses)
Extra foods	Thin custard, plain ice cream, jelly, cordial, Milo™, flavoured milk	Mousse, crème caramel, flavoured milk, butter, baked egg custard	Creamed rice, biscuits dunked to soften, cake served with ice cream or custard, chocolate (Avoid hard lollies, dry cookies & biscuits, popcorn)



A/PROF CHRISTOPHER LIM
MBBS, BSc (Med), MRCS, MS, FRACS
HEPATOBIILIARY, PANCREATIC &
GENERAL SURGEON

POSTOPERATIVE ADVICE:
HIATUS HERNIA REPAIR

Modified version of the consensus document from Dietitian/Nutritionists from the Nutrition Education Materials Online, "NEMO", team.

https://www.health.qld.gov.au/_data/assets/pdf_file/0033/149685/gastro-fundo.pdf