

ANTI-REFLUX SURGERY POST-OPERATIVE INSTRUCTIONS

PAIN

You will be given a prescription for Mobic, a prescription strength NSAID. This should be taken 2x/day for the first 5 days. If you have mild to moderate pain on top of this, you can take Tylenol 4 times a day. You will also be given a prescription for Percocet. If your pain is moderate to severe, you can take the Percocet. Percocet should be taken as follows: 1 to 2 tablets every 6 hours. You should avoid driving while taking Percocet because it can make you drowsy. The goal of pain management is to avoid narcotics. All pain meds can make you constipated and possibly confused and/or drowsy

Your pain will be most severe the first three to five days following surgery, and then it should gradually subside. The intermittent use of an ice pack on the wound for the first 48 hours will help to reduce pain and prevent swelling. All the aches and pains associated with a hernia repair will take several weeks to months to fully resolve, but you should see a gradual improvement daily.

INCISION

Any clear plastic bandage covering an incision (wound or surgical scar) can be removed on the day after surgery. Remove the gauze under the bandage as well. There are small paper tapes covering the incision under the gauze.

All incisions will be covered by small paper tapes. The incisions, which have been closed with dissolvable stitches, are under these pieces of tape. Do not remove the small pieces of tape by yourself – they will fall off on their own in 5 to 7 days. **DO NOT PLACE ANY ANTIBIOTIC OINTMENTS OR CREAMS ON THE NEW SCAR.**

If any redness or swelling occurs around the incisions call the office. Some fluid (yellow to light red to orange) may ooze or leak from the incisions. This is generally normal. However, if the fluid is foul smelling, thick, or does not decrease in amount, call our office.

SHOWERING/BATHING

You may shower at any time but no bathing until 2 weeks after surgery. When you shower, you can get the clear plastic bandage wet (it is water-proof) or wash over the paper tapes with soap and water (they can get wet). Do not remove the small pieces of tape by yourself – they will fall off on their own in 5 to 7 days.

PHYSICAL ACTIVITY

When you return home, your body will tell you how much and what kind of activity you are able to do. When you start experiencing soreness or pain, it's time to slow down or stop what you are doing. Relax - you are not going to break, twist, or pull apart anything inside of you when you experience pain or soreness. Remember – it is important to walk as much as possible for the first week after surgery. Try to return to your normal daily activities as much as possible after surgery.

RECOVERY

Generally, you will need to spend one night in the hospital. Patients generally return to work an average of 3 to 7 days after surgery, depending on their pain and level of discomfort.

DIET

You will be placed on a Clear liquid diet for approximately 3 to 5 days after surgery. Clear liquids consist of broth, flat soda, water, or juice. If you tolerate clear liquids without difficulty, you will be advanced to a soft diet. A soft diet consists of foods that are easy to chew and swallow such as foods softened by cooking or mashing, canned or soft-cooked fruits and vegetables, or moist, tender meats, fish, and poultry. It is common to get full quickly when eating and occasionally feel bloated after surgery. These symptoms usually improve within a few weeks. Both the anesthesia and pain medications can cause constipation. If you do not have a bowel movement within 48 hours of surgery, you may take one ounce of milk of magnesia.

FOLLOW UP

Please call the office to schedule a post-operative follow-up visit for one week after surgery.

WHEN TO CONTACT THE OFFICE

Please call the office if you experience any of the following:

- Persistent fever over 101° F
- Increasing abdominal swelling
- Pain that is not relieved by your medications
- Persistent nausea or vomiting
- Chills
- Purulent drainage (pus) from any incision
- Redness surrounding any of your incisions that is worsening or getting bigger
- Purulent drainage (pus) from any incision
- Redness surrounding any of your incisions that is worsening or getting bigger
- Inability to eat or drink liquids
- Inability to eat or drink liquids

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