

Hiatal Hernia

Why does acid reflux occur?

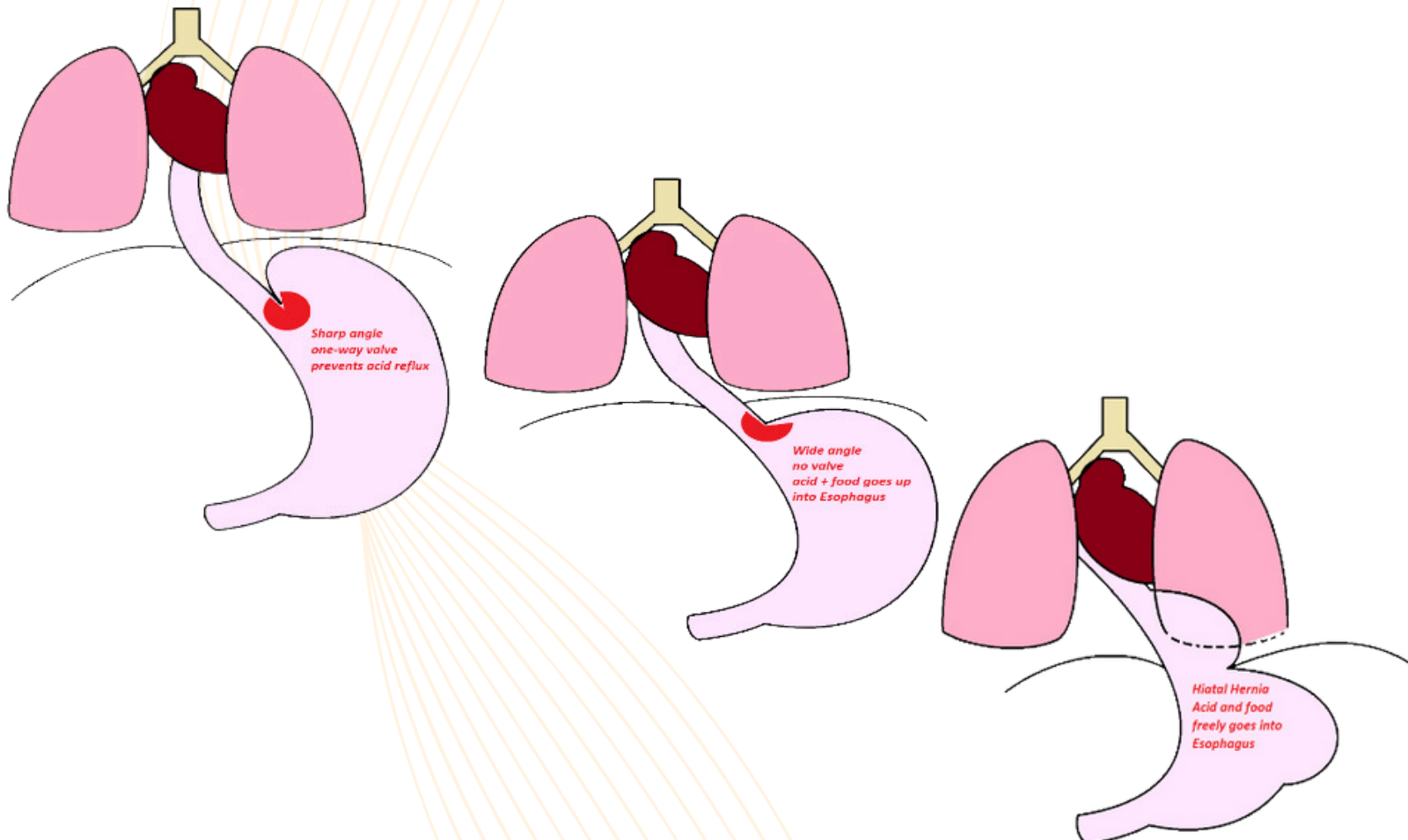
Usually, your stomach protects your esophagus from acid reflux by a one-way valve. This forms from a tight angle between the esophagus and the stomach. When this angle goes away, acid reflux can occur.

When the stomach is pushed up into the chest, this worsens the acid reflux even more.

- This is called “hiatal hernia” when the stomach is pushed into the chest.

Acid reflux can damage your esophagus:

- Causing burning pain
- Causing difficulty swallowing
- Causing esophageal cancer (rare)



Can I just use medication to treat my acid reflux?

You can use medication to treat acid reflux with anti-acid medicines

- This is better if the surgeon determines the benefit to be less than the risk of surgery

Reducing acid in the stomach is the key to preventing acid reflux damage to the esophagus

However, it has a few side effects:

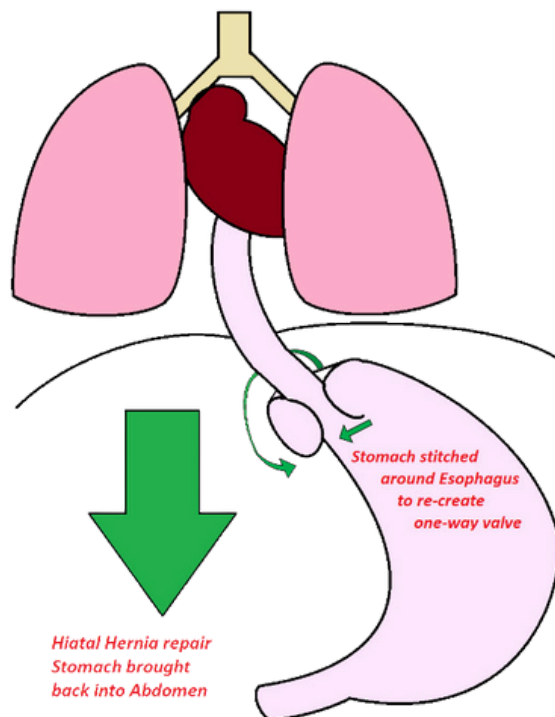
- Acid is important for absorbing calcium – very important if you have osteoporosis
- Acid is important for absorbing iron – very important if you have anemia
- Acid is important for killing bacteria like C diff

Surgery can prevent the above and reduce the need for lifetime use of anti-acid medication

How does anti-acid reflux surgery work?

The surgeon pulls the stomach out of the chest and fixes the hole in the diaphragm with stitches

The surgeon re-creates the one-way valve between the stomach and esophagus



What you need before hiatal hernia repair:

High abdominal pressure causes the stomach to push up into the chest. Your surgeon will determine how much weight you may need to lose to make the surgery effective

What to expect for the surgery:

- Operation takes about 3 hours to perform
- Operation is done with 4 small incisions
- One of the incisions will be more painful than the others
 - Take prescribed pain medication
 - Take Ibuprofen 600mg three times per day around the clock
 - Take Tylenol maximum 3 g per day around the clock
 - Use Heat pad
- There will be surgical glue and internal stitches. No stitch removal needed
 - Some redness and swelling may occur around the wound.
 - Call the clinic urgently for any fever, chills, uncontrollable pain or pus from wounds
- Call the clinic to schedule an appointment in 2-3 weeks

What to expect after the surgery:

You will be on a full liquid diet for 2 weeks

- Protein shakes, Creamy soup, Custard, Smoothies, Syrup/Honey, Milkshakes, Eggnog
- You will then be on a low fiber soft diet for 2 months
- No indigestible vegetable matter
- No broccoli, spinach leaves, celery, brussels sprouts, lettuce etc
- Fruits, including avocado and cucumbers are permissible

Eating will change after surgery due to swelling

- You will experience some difficulty swallowing, pressure sensation. This is normal
- This will improve with time
- Swallow small amounts frequently, walk often after each small meal
- Sip water between each small meal

Your body will change after surgery:

- No lifting or straining x 8 weeks
- No submerging wound under water x 2 weeks – Shower is OK immediately however
- You will not be able to burp or vomit – these are part of reflux
- You will pass gas and stool more frequently

You will have some abdominal pain after surgery

- Take prescribed pain medication
- Take Ibuprofen 600mg three times per day around the clock
- Take Tylenol maximum 3 g per day
- Use Heat pad