

AFTER SURGERY

DURING YOUR HOSPITAL STAY

Monitoring

- Your nurse will closely monitor your condition.
- Initially after surgery, your blood pressure, pulse and temperature will be taken frequently.

Diet

- You will not have anything to eat or drink by mouth initially.
- You will be kept hydrated with IV fluids.
- The next day you will go for a test called an “Upper GI Series”.
- If the results are okay, you will progress to a clear liquid diet.
- You will be “slowly sipping” sugar free, non-carbonated fluids.
- Once discharged, you will follow the written guidelines of the diet regimen that the dietitian reviewed with you prior to your surgery.

Activity

- It is very important to get out of bed and walk around soon after surgery.
- The first time you get out of bed, the nursing staff will help you.
- You will progress to walking in the hallway independently the night after surgery.
- You will be encouraged to get out of bed as much as possible and increase your activity level as tolerated; this also decreases the risk of developing blood clots in the legs or an infection in your lungs (pneumonia).
- After a physical therapy evaluation, you may be transferred to the short term rehabilitation unit on the 3rd floor of the hospital, for a few days; if not you will be cleared for discharge.

Coughing/Deep Breathing

- Your nurse will show you how to do some simple deep breathing and coughing exercises.
- You should do these exercises every hour while awake.
- In addition, you will be shown how to use the Incentive Spirometer.

- You should use this device 10 times every hour while awake in order to prevent lung problems after surgery.

Leg Exercises

- You will be instructed to perform simple leg exercises in order to maintain adequate circulation while in bed.
- In addition, a Sequential Compression Device (SCD) may be used while you are in bed.
- This device helps to improve circulation and minimize inflammation (phlebitis) and the formation of blood clots (thrombus) in your legs.
- SCDs are like loose blood pressure cuffs that massage your legs.

Nausea And Vomiting

- Alert the nurse immediately if you are experiencing nausea or if you have an episode of vomiting.
- Do not wait until it gets worse.

Pain Management

- You need to let the staff know your level of pain or discomfort after surgery so the nurse can give you pain medication the surgeon has ordered.
- To help the staff assess your level of pain, you will be asked to rate the pain on a scale from 0-10, with 0 being no pain and 10 being unbearable pain.
- Taking the pain medication before the pain is excessive provides better relief.

Bowel And Bladder Functions

- You may experience some changes in bowel habits after surgery. Specifically, you may experience loose bowel movements for several days after surgery. This is very normal and self-limited.
- An increase in fluid intake and walking may alleviate constipation.
- Any difficulty with urination or moving your bowels should be reported to your nurse.

Discharge Procedure

- You will be discharged on the 2nd day after surgery, although this will depend on your specific needs.
- Your nurse and doctor will discuss discharge information at this time, and if needed you will receive prescriptions.

AFTER DISCHARGE

Diet

- Continue to follow the post-op diet nutritional guidelines that were given to you by the dietitian at your initial nutrition consultation. If you have any questions about the post-operative diet please ask for clarification or more information during your hospital stay. Or call your dietitian once home.

Remember:

- You will be eating 3 small meals (2-4oz) each day
- Eat very slowly and STOP when you feel full
- Chew your food until it is the texture of “baby food” before you swallow
- Think of your teeth as a “blender”
- Drink fluids between meals, NOT WITH MEALS
- Drink fluids 30 minutes before a meal and 30-60 minutes after a meal
- Sip fluids slowly and STOP when you feel full
- Fluids MUST be noncarbonated and sugar free

Activity

- We encourage you to walk as often as possible as tolerated.
- No heavy lifting (7 pounds) for 6 weeks.
- Light housework is permitted.
- Climbing stairs is generally permitted but it is usually recommended that you climb them slowly and pause every few steps.
- Continue to use your incentive spirometer at home along with coughing and breathing exercises.
- You may remove the surgical dressings and shower when you get home but no bathing or swimming for 2 weeks after discharge.
- No driving until after your first post-op visit (usually within 7 to 10 days).
- You can start walking on a treadmill 1 week after discharge, but not weight lifting or abdominal sit-ups for 6 weeks.
- You can usually resume sexual relations 2 weeks after discharge; check with your doctor.
- Do not do any long distance traveling for 6 to 8 weeks.
- Please speak with your surgeon about any travel plans prior to your surgery.

**You must not get pregnant for the
First 18 months to 2 years after surgery.
Your baby is at a greater risk for birth defects
and your health is also at risk the first year after surgery.
Rapid weight loss increases fertility
(your chance of becoming pregnant),
so you need to use 2 methods of birth control.**

Bladder And Bowel Functions

- You should be able to pass urine without difficulty.
- Call your doctor if you experience any burning, pain, bleeding, hesitancy or frequency.
- You may experience a change in bowel habits and/or gas.
- You are allowed to take Milk of Magnesia, Mylanta or Pepto-Bismol if necessary.
- Be sure to drink lots of water over the course of the day, especially after taking a laxative, stool softener or a fiber supplement.
- If constipation does not resolve within a week, call your doctor.
- You may take antidiarrheal products that are liquid or chewable, such as Imodium AD.
- If diarrhea persists beyond 1 week, call your doctor.

Care Of Your Incisions

- Generally, your skin clips (staples), will be removed on day 7 after surgery in the doctor's office.
- You can expect some pain, bruising and clear drainage at the incision sites.
- If the incisions become red, more painful or swollen, or if the drainage becomes cloudy or foul smelling – call your doctor immediately.
- You may shower 48 hours after surgery.

Medications

- You can resume your usual medications 1 day after surgery.
- You should see your primary doctor a week after surgery to review your medications.
- You should continue to take your medications in a crushed or liquid form for at least 2 weeks after surgery – please consult with your surgeon.
- For pain management you may take liquid or chewable over-the-counter medications, such as, junior strength Tylenol (chewable), children's Tylenol (liquid), adult chewable Tylenol or Excedrin Quick Tabs.

When Should I Call The Doctor's Office?

Contact your doctor for the following symptoms:

- Increased pain, swelling, redness or drainage from the incision sites that is cloudy or foul smelling; this may be signs of infection and you will need an antibiotic.
- Fever at or above 101 on two or more occasions during the first 1 to 3 weeks after surgery.
- A fast heart rate, usually greater than 120 beats per minute.
- Rigors or night sweats.
- Persistent pain, nausea, and/or vomiting after eating.
- Persistent diarrhea.
- New onset back, chest or left shoulder pain.
- Persistent hiccups and abdominal pain for more than 2 hours.
- Prolonged or unusual fatigue, disorientation, confusion or depression.
- Signs of bladder infection such as burning, pain, bleeding, hesitancy or frequency during urination
- If a bladder infection is suspected, a urinalysis must be done

Return Visit To Your Surgeon

- You will be expected to see your doctor 7 to 10 days after discharge.
- You will also be expected to see the doctor once a month for the first year after surgery and then every 3 months thereafter.
- Call your surgeon's office to arrange an appointment; Staten Island office (718) 667-8100 or Brooklyn office (718) 630-8892.

Return To Work

- Generally, you can return to work 1 week after surgery.