

Post Op Hiatal Hernia Care & Information

Physical Activity

Early return to light activity is encouraged. This includes walking from Day 2-3 short distances & building up to normal distances at one week.

At two-three weeks you can exercise bike ride, swim (if wounds healed), light jogging & light limb weights. You can also resume sexual intercourse.

At four weeks you can return to all normal activities except for heavy lifting, golf, squash, tennis, surfing and weighted squats.

At six weeks you can return to all normal activities.

Work

Returning to work depends on size & complexity of the hernia repair & type of work returning to.

Most people will be able to return to desk jobs at 1-2 weeks

Active jobs, car travel & light duties (up to 12kg) 2-3 weeks

Jobs involving heavy manual work & lifting – 6 weeks

Driving & Travel

It is usually safe to drive a car short distances at 5-7 days postoperatively. The important test is that you can brake quickly if required.

Travelling long distances in a car as passenger or driver is not advised until 2 weeks post-operatively.

Short Haul Air Travel should be safe after one week & long haul after three weeks

Wound care

You will leave hospital with 2 layers of dressings on your wounds. The Outer layer is waterproof and allows you to shower from day 1 after your surgery.

Waterproof dressing can be removed after 5-7 days. Steri strips can remain on until they fall off (usually 14days). Please ensure they are dried well after showering (especially belly button)

Pain Control

You will be given pain medication upon discharge. Usually 2-3 days post-surgery the discomfort should be easily controlled with paracetamol alone.

Whilst the stronger pain medication is useful in the early post-operative period, prolonged use will result in constipation, nausea and episodes of light-headedness.

We strongly recommend to stop the stronger medications as soon as the pain starts to subside.

Consulting Locations:

Suite 402, John Flynn Specialist Suites * Suite 8, Ground Floor, HQ Building, 58 Riverwalk Ave, Robina

Operating Locations:

John Flynn Private Hospital * Tweed Heads & Murwillumbah Public Hospital

Bowel Care

All patients experience some slowing of bowel function after Surgery. This can be caused by fasting prior to surgery, pain medications and less physical activity. It is recommended all patients take an aperient for 7 days post-surgery to help bowel function return to normal. This will be supplied to you upon discharge.

When to Call your Doctor

- Bleeding / Fever
- Increasing abdominal or groin swelling
- Pain that is not relieved by your medications
- Persistent nausea or vomiting
- Inability to urinate
- Persistent cough or shortness of breath
- Redness around wound or signs of infection

Diet

The passageway within the body connecting the throat to the stomach (the oesophagus) becomes swollen and irritated temporarily after surgery. It is recommended to modify the texture, temperature and types of food you eat to help the body heal and to help reduce symptoms such as difficulty swallowing, pain or abdominal bloating. As the swelling settles, the oesophagus will become more supple and you will gradually be able to manage a normal diet.

General Things to Remember

- Eat & drink slowly – avoid gulping
- Eat small frequent meals (five meals per day)
- Avoid fizzy drinks, chewing gum or drinking straws (to reduce gas/bloating)
- Consume nourishing drinks such as milkshakes & fruit smoothies and limit cordial, tea & coffee as they provide little nutrition.
- Sit upright for 60minutes after meals
- Chew all foods well

Your diet will progress in stages beginning with liquids & slowly advancing to a soft diet. We have recommended time periods for each stage as a guide, please be aware your tolerance to food may be different.

1. Fluid Diet

Whilst in hospital you will start of a fluid diet which you need to follow for the first two weeks after surgery

2. Pureed/Mashed Diet

If you feel no pain or discomfort swallowing fluids at the end of the two weeks you can start on a pureed/mashed diet for the next two weeks

3. Soft Diet

If you feel no pain or discomfort on the pureed diet after two weeks proceed to a soft diet avoiding any hard lumps and gradually increase to a normal diet. If any pain or discomfort occurs you should return to the texture previously tolerated and try later

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Please feel free to contact us anytime should you have questions or concerns

Skye & Jayne - Practice Nurses

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Food Group	Fluid Diet Weeks 1 & 2	Pureed Diet Weeks 3 & 4	Soft Diet Weeks 5 & 6	Foods to AVOID
Bread, Cereals, Rice, Pasta, Noodles	Strained porridge made on milk Add pasta & rice to soups & blend to a smooth fluid consistency	Smooth lump free cereals (pureed porridge)	Porridge or cereal with milk Well cooked pasta & rice Bread with crust removed, softened with spread	Plain bread Donuts Crackers Course/dry cereals Cereals with dried fruit & nuts
Vegetables & Legumes	Vegetable Juice Add vegetables & legumes to soups & blend to a smooth fluid consistency	Vegetable Juice Pureed or mashed vegetables (using milk/butter)	Vegetable juice Mashed or soft-cooked vegetables (excluding corn)	Raw vegetables Hard fibrous or stringy vegetable (corn, broccoli stalks)
Fruit	Fruit juice Add fruit to milkshakes & blend to a smooth fluid consistency	Fruit juice Purred or mashed canned / stewed fruit Pureed or mashed soft fresh fruit eg banana / pear	Fruit juice Canned or stewed fruit Soft fresh fruit eg banana, pear, mango, watermelon	Hard fibrous pieces of fruit eg pineapple, raw apple Dried fruit
Milk, cheese, yoghurt	Milk Drinking yoghurt	Milk Plain yoghurt (no fruit/nuts) Cheese spread	Milk Fruit Yoghurt Soft cheese	Hard Cheese

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