



The Surgical Institute

at True North

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Diet Restrictions after Nissen Fundoplication

The purpose of a fundoplication is to reduce reflux. In order to accomplish this, the stomach is wrapped around the esophagus to create a new valve. While this is effective at reducing reflux, the swelling that follows the procedure can sometimes make it difficult to swallow some foods. Occasionally food can get lodged in the esophagus and must be pulled back out through another procedure. Listed below are the restrictions following your surgery. If these are followed carefully, you should have no problems progressing back to your normal diet.

DIET

Immediately following surgery: NPO

You will be instructed not to eat or drink anything for the first 4 hours after surgery. You will be allowed clear liquids after 4 hours if there is no nausea. Any nausea should be reported to the nurse immediately.

Clear liquid diet after surgery. You will have clear liquids for the day of surgery until the following morning. Clear liquid includes any liquid that you can see through except the following: absolutely no carbonated beverage for six weeks. Be careful not to consume too much. A bloated feeling, or full feeling, is normal - but you should slow your liquid consumption if you experience this.

Postoperative diet while in the hospital:

You will advance to a full liquid diet the morning after surgery if there is no nausea or vomiting. This can include juice, milk, shakes, anything that can be consumed through a straw. Once you tolerate this well, you can progress to a soft mechanical diet when you leave the hospital.

First two weeks after surgery:

For the first two weeks after surgery, you can eat any soft diet. Soft foods are anything that is in the consistency of mashed potatoes or thinner. Eat and drink slowly over a 1-hour period until you feel full. Chew your food well. Drink plenty of fluids to keep the food moist. This will help with swallowing. Avoid gas forming foods such as tomato products, peppermint, black pepper, alcohol, onions, green peppers, chewing gum, menthol, fatty foods, beans, spicy foods, nuts, or raw vegetables. Avoid breads, crackers, biscuits, pancakes, waffles, and french toast. **NO MEATS.** Remember, no carbonated beverages.

Week 3-4

You will have an appointment in the clinic 2 weeks from your surgery. If you are doing well without complications, your provider will likely advise that you increase your diet to a thicker consistency. This diet should be anything you could eat if you didn't have teeth. This will include well cooked pastas, cooked vegetables, potted meats such as deviled ham or chicken, soft tuna, or finely ground beef. No hamburgers or solid meat. No chicken, hotdogs, meatballs, steak, beef jerky, solid fish, shellfish, or anything that would require a utensil to cut. No potato chips, tortillas, or any sharp foods. If any food group causes symptoms, avoid them and try reintroducing them later. Remember, no carbonated beverages.

Week 5-6

You may increase your diet to include foods that can be cut with a fork. This includes almost all fruits and vegetables, pastas, ground beef including hamburgers, or casseroles. This should consist of healthy foods. Early after beginning a regular diet, avoid hot dogs, steak, or anything difficult to swallow. Try these slowly after you feel back to normal.

After 6 Weeks

You may eat anything you wish but use caution to avoid foods that continue to cause trouble swallowing. You may return to carbonated beverages.

ACTIVITY

Immediately following surgery:

You will be asked to participate with physical therapy. The first 4 hours should be spent resting and sitting on the edge of the bed. After 4 hours you will get up and plan to spend as much time possible in a chair. Begin walking further each time until you feel no difficulty with walking. Ask your nurses for assistance, especially early on.

First two weeks after surgery:

After you leave the hospital, plan on taking it easy the first 2 weeks. Activity should include walking, but no strenuous exercise. Do not strain or bend over, lift heavy objects (>10 lbs), push objects, jump, or ride ATV, motorcycles, or horses.

Week 3-6

After your post-op visit, if you are doing well, your surgeon will likely release you back to your regular activities. Continue to use caution to avoid activities that may increase abdominal pressure such as lifting objects over 30 lbs. If activity causes pain, cease that activity and wait a week to re-introduce it slowly. Depending on your occupational requirements, you may return to work but consider the above recommendations in your occupational requirements. The Surgical Institute staff would be happy to assist with "Return to Work" forms and releases.

MEDICATIONS

Immediately following surgery:

You will be given narcotics to manage any postoperative pain. You will be given nausea medication every 4 hours after surgery. If you still have nausea, notify your nurse and she will have instructions to give additional and different medications to control your nausea. If you continue to have nausea, please have your nurse notify Dr. Miller or Dr. Watkins. We will check your blood sugar frequently after surgery to ensure your levels are normal. This does not mean you are diabetic, however you may receive insulin to control your blood sugars. This helps prevent infection. You will have numerous other medications that are routine. Please notify the nurse if any of these medications cause unwanted symptoms.

First two weeks after surgery:

You will be sent home with a prescription for a liquid narcotic for severe pain. Remember, you cannot drive if you are taking this narcotic. Only use this medication if needed. If possible, try to control your pain with Tylenol or children's Motrin. Most adults can take 2 tablespoons of children's liquid Motrin every 8 hours. If you experience heartburn that lasts longer than 1 hour, notify The Surgical Institute office. You may experience constipation. You should take a stool softener such as Colace every 8 hours after surgery until you are having regular soft bowel movements. If you have constipation not controlled by the Colace, try Miralax 1 capful twice a day until symptoms improve. If symptoms do not improve after 72 hours, notify The Surgical Institute office.

SIDE-EFFECTS

Flatulence:

It is not uncommon to experience increased flatulence or bloating after surgery. Most flatulence is air that is swallowed because you cannot burp as effectively as you could before surgery. If bloating is severe, call The Surgical Institute office.

Incisions:

Your wounds will be covered with glue. This will fall off over time. Occasionally the sites may be a little red and weep a little fluid. This should not cause alarm. Warm, red, painful incisions should be reported to The Surgical Institute office as soon as possible.

Difficulty swallowing:

It is normal to have more difficulty swallowing. This is due to the wrap and repair and should not cause alarm. Follow the food recommendations above. If food is getting more difficult to swallow as time goes on, please notify The Surgical Institute office. It generally should get easier with time. If food sticks to your throat after surgery, stand up, walk around, and try sipping some lukewarm water. This should pass in 10-15 minutes. If it persists longer than 15 minutes, contact The Surgical Institute office. If the office is closed, proceed to the emergency room.

Serious issues:

Occasionally, but rarely, patients have severe complications after surgery. Symptoms can vary but any of the following symptoms should raise concern: Fever higher than 101F, new or worsening chest pain, leg pain in your calf, foul smell drainage from your wounds, new nausea or any vomiting, food sticking >15 minutes, or new shortness of breath or difficulties with ordinary activities. Should you experience any of these, please notify The Surgical Institute office immediately. If the office is closed, proceed to the emergency department.