

## Discharge Instructions – Foregut Surgery

- 1. If appointment is not yet given, call your surgeon's office and schedule appointment: For Dr Pryor 516-321-8282. For Drs. Bedrosian and Defnet, 718-470-7319.
- 2. Check temperature twice daily for the first week, call if temp is 101.5°F or higher. Use incentive spirometry 4 times daily for 10 days. Report feelings of restlessness, fatigue, abdominal pain, nausea, vomiting to your surgeon's office. If you have calf pain and swelling, shortness of breath, difficulty breathing, and/or chest pain visit the closest emergency room immediately.
- 3. You may shower; do not scrub incisions. (Notify us of redness or drainage from incisions). If any significant drainage, note color, odor and amount. Wash with soap and gently pat dry.
- 4. Walk daily at least every 3 hours for first week after surgery. Avoid heavy lifting (>20 lbs.) or straining for 4 weeks. When you do lift, keep your back straight and bend at the knees allowing your legs to do most of the work. Do not exercise until cleared by your surgeon
- 5. Patients may develop nausea and vomiting in the early postoperative period 1-2 weeks after surgery. Symptoms may improve if the following medications are taken as needed. It is advisable that you complete the full dose of each medication given unless otherwise specified by your doctor. Medications may be taken by mouth. Your nurse will obtain them from Vivo Pharmacy on 1st floor prior to discharge.
  - Levsin (Rx) For esophageal or gastric spasm (Not for Cardiac and Renal pts upon discharge)
  - **Prilosec** (Rx) for the first 3 weeks to minimize heartburn
  - Ondansetron (Zofran) ODT to prevent nausea (Rx) not for those on SSRIs and SNRIs
  - Tylenol 1000mg every 6 hours as needed for pain
  - Ibuprofen 600mg every 6 hours as needed for pain take with food
  - Oxycodone 5 mg every 6 hours only as needed for severe pain
  - Colace 200mg daily as needed for constipation
  - Miralax 17 g daily as needed for constipation
- 6. Avoid Alcohol and smoking.
- 7. If you encounter a problem, contact your surgeon or return to the Emergency Room where you had your surgery, or have the physician where you go contact your surgeon immediately if you present for treatment. There are many physicians who are unfamiliar with foregut surgery and serious errors in treatment can occur.
- 8. The post-op diet is divided into 3 categories to allow a gradual adjustment. Drink or eat slowly. Drinking or eating too fast or too much will cause nausea and or vomiting.
- 9. Feel free to contact your surgical team with any questions.