



Post-Operative Guidelines for Anti-Reflux Surgery

Activity: In most cases, common sense applies to daily activities. Please stay active but avoid straining yourself. It takes up to 6 weeks for the healing process to be complete. Daily walks and light aerobic exercises are encouraged. Remember, at the time of discharge you may be “*sore*” but you are not “*sick*”. It is OK to ride in a car, walk up stairs and go outside. In fact we encourage it. The faster people return to being active the fewer complications they have after surgery.

Return to Work: There is no mandatory length of time that one must stay out of work after surgery. Persons who have more physically demanding jobs should give themselves more time to heal prior to returning to work, (usually 10-14 days). Patients with more sedentary or light-duty type of work can return to work prior to their first post-operative evaluation if they desire. We are happy to sign “work-excuse” notices for patients at the first post-operative appointment.

Pain Control: Internally you have had a very complex surgery. Some pain in the mid chest, back, shoulders, throat and abdomen is not unusual. The pain should steadily improve. Most of the pain is from swelling and bruising. As a result, anti-inflammatory medications like Advil/Motrin and Ibuprofen work very well. We encourage patients to take 2 or 3 of these tablets every 8 hrs with some food during the first 5 days after surgery. You will also be given a prescription for a mild narcotic that will help reduce any additional pain.

Bowel Function: The general anesthetic you received to do your surgery, pain medications, and bowel manipulation during surgery can result in sluggish bowel activity after surgery. There is nothing about your surgery that prevents you from taking standard over-the-counter remedies for constipation after surgery. Time and lots of fluid tend to help as well. It is not unusual for some patients to feel bloated or distended in the first few weeks after surgery. People with a history of chronic GERD or Reflux have a habit of unconsciously swallowing a lot of air and belching during the day. After surgery, they continue to swallow air out of habit. Since burping is very difficult they often get distended until the air is passed as gas. This is not a permanent problem. Time and over-the-counter anti-gas pills help.

Diet: While in the hospital your diet will be slowly advanced from liquids to soft foods. Liquid diet only in the first week, then start with the “SPLAT” diet. Basically if what you’re eating hits the ground and goes *splat* you can eat it. If it is hard or dry or bounces when you drop it, you should avoid it in the first 2 weeks after surgery. Please be aware that the food you eat does not have to be bland. It can be as spicy as you prefer. It is also very important to avoid carbonated beverages and straws early in your recovery. Remember to try new foods carefully. Eat small bites and have some fluid handy to wash it down with. It is not unusual to feel full faster than you did before surgery. Listen to your body. Eat slowly and you will be much more comfortable. The dietary restrictions are meant to be a guide not an absolute. People advance from the soft diet to a completely regular diet at different rates. Your progress will be evaluated in the post-operative office visits. **If you are vomiting or unable to keep a liquid diet down please call Dr. Gillian immediately.**

Wound Care: In most cases you will have 5 small incisions. You may remove the Band-Aids and shower on the day of discharge. Leave the white ‘steri-strips’ or glue on the skin for the first week to improve the cosmetic result. There is no need to cover the incisions or put antibiotic lotions on them. It is not unusual for the area around each incision to feel bruised. However if the incisions get red or begin to drain fluid more than 2 days after surgery please call us.

Post-Operative Care and Questions: Please Call Dr. Gillian’s office for any concerns and for your post-operative appointment 7 to 10 days after surgery.

SPLAT DIET FOR POST NISSEN, TOUPET, & TIF SURGERY

Why follow a “Splat Diet” after a Nissen, Toupet, or TIF surgery?

The “Splat Diet” is designed to help prevent uncomfortable side effects often associated with eating after undergoing a Nissen, Toupet, or TIF surgery. The “Splat Diet” is a temporary “transitional’ diet which modifies the texture, temperature, and the types of food you will eat safely and nutritiously which will assist the healing of your body.

How long do I need to follow this diet?

Individual diet progress varies depending on your ability to swallow and the degree of healing. It is recommended that you follow the splat diet for at least 2 weeks; it is important to advance to include chewable foods slowly as your swallowing ability improves and the swelling decreases.

DR. GILLIAN OR DIVYA WILL DISCUSS YOUR DIET ADVANCEMENT AT YOUR FIRST POST OPERATIVE APPOINTMENT.

What can I eat?

Moist cooked, finely minced foods are key terms to apply to food textures and consistencies when planning your meals and snacks. Your food should be cut in small pieces (the size of a small crouton), for adequate chewing and ease of swallowing and digestion.

Be extremely cautious when eating meats (pork, beef, and dry poultry) for about two weeks following surgery. Dry, solid “heavy” foods such as whole meats are not well tolerated and should be temporarily limited/avoided to prevent further irritation to the esophagus.

NOTE: IT IS IMPORTANT TO INCLUDE ALL OTHER DIET MODIFICATIONS TO YOUR “SPLAT DIET” MEAL PLAN, SUCH AS LOW SODIUM. DIABETIC RESTRICTIONS, ETC. AS APPROPRIATE TO YOUR HEALTH STATUS.

Tips for preparing your meals.

- Use well-cooked tender foods. Avoid “tough” meats and “doughy” breads.
- Add appropriate liquids to your food to make it moist. (I.E. broths, gravies, sauces)
- Add seasoning such as ground spices/herbs to make food more acceptable.
- Use a variety of foods to keep meals and snacks interesting.
- Key points to include to your “Splat Diet”
- Avoid “BLOATING” or excessive “GAS” by not drinking with straws, slurping foods, chewing gum, sucking hard candy or ice cubes, and drinking carbonated beverages.
- Sit upright when eating. Remain in the upright position for 40-60 minutes after eating. Avoid eating 2 hours prior to bedtime.
- STOP EATING WHEN YOU FEEL FULL.
- Sip liquids when taking solids at meals and snacks.
- Eat slowly and relaxed.
- Avoid extremely hot beverages and foods (Warm is better than hot).
- Spicy food is OKAY.
- Be careful in “social” circumstances. Don’t get distracted and eat too much and/or too quickly.
- Taking GAS X in the morning and at lunch will help you feel less bloated or distended as the day progresses.

SUGGESTED FOOD SELECTIONS FOR “SPLAT DIET” FOLLOWING SURGERY FOR A FEW WEEKS

FOOD GROUP	GENERALL WELL TOLERATED	AVOID DO NOT EAT
Beverages	ALL OKAY, EXCEPT THOSE LISTED TO AVOID	Carbonated Drinks Extremely hot beverages
Milk/Milk Products	All OKAY, EXCEPT THOSE LISTED TO AVOID.	Any containing coconuts, nuts, seeds, or dried fruit.
Meat & Meat alternatives EAT WITH EXTREME CAUTION	Tender, moist, finely minced meat, poultry, & fish. with gravy or sauces. Moist Casseroles, stews, minced meat, soft cooked eggs, cottage cheese.	Tough stringy meats (i.e. spare ribs) Nuts, Seeds Crunch peanut butter Stringy cheese
Breads & Cereals	Hot Cereal Well soaked cold cereals Pasta Moist Rice Well chewed dry toast & crackers	Fresh or “doughy” bread Any containing coconut, butts, seeds, or dried fruits
Fruits	Canned/Cooked Fruit Ripe, fresh fruit with skin & seeds removed (i.e. peach, pear) Nectar, Juice	Coarse, abrasive fresh fruit Dried fruit Coconut Seeds, Skins
Vegetables	Well cooked, canned vegetables Use vegetables in stews, soups, casseroles, sauces	Coarse, abrasive raw vegetables (i.e. carrots, celery) Stringy or steamed/ barely cooked veg.
Desserts & Snacks	Puddings, custards, gelatin Soft well chewed cookies, cakes	Popcorn, Chips, anything containing coconut, nuts, seeds, or dried fruit.
Fats & Oil	ALL	NONE.

Post- Procedure Week	1	2	3	4	5	6	7	8	9	10	11	12
Broth of any kind	•	•	•	•	•	•	•	•	•	•	•	•
Strained Soups	•	•	•	•	•	•	•	•	•	•	•	•
Nutritional Supplements & vitamins	•	•	•	•	•	•	•	•	•	•	•	•
Pudding	•	•	•	•	•	•	•	•	•	•	•	•
Milk	•	•	•	•	•	•	•	•	•	•	•	•
Gelatin	•	•	•	•	•	•	•	•	•	•	•	•
Yogurt	•	•	•	•	•	•	•	•	•	•	•	•
Cottage Cheese	•	•	•	•	•	•	•	•	•	•	•	•
Well-cooked & pureed vegetables	•	•	•	•	•	•	•	•	•	•	•	•
Soft Eggs	•	•	•	•	•	•	•	•	•	•	•	•
Cereals (softened in milk)	•	•	•	•	•	•	•	•	•	•	•	•
Alcohol (Non-Carbonated)		•	•	•	•	•	•	•	•	•	•	•
Canned fruits (without skins)		•	•	•	•	•	•	•	•	•	•	•
Ground meats & fish		•	•	•	•	•	•	•	•	•	•	•
Overcooked vegetable / meatless casseroles		•	•	•	•	•	•	•	•	•	•	•
Mashed potatoes (runny)		•	•	•	•	•	•	•	•	•	•	•
Overcooked pasta & noodles		•	•	•	•	•	•	•	•	•	•	•
Bananas			•	•	•	•	•	•	•	•	•	•
Melons			•	•	•	•	•	•	•	•	•	•
Berries*			•	•	•	•	•	•	•	•	•	•
Tofu			•	•	•	•	•	•	•	•	•	•
Overcooked vegetables			•	•	•	•	•	•	•	•	•	•
Soft & moist white rice			•	•	•	•	•	•	•	•	•	•
Salads with small pieces				•	•	•	•	•	•	•	•	•
Citrus				•	•	•	•	•	•	•	•	•
Bread				•	•	•	•	•	•	•	•	•
Meats						•	•	•	•	•	•	•
Fresh fruits & vegetables								•	•	•	•	•
Carbonated beverages**												

*No strawberries or raspberries (due to seeds).

**No carbonated beverages (soda, beer, sparkling wine & water, etc.) until approved by Physician.

Note: If you need a knife to eat it, wait till Week 6.