

Preparing for your Laparoscopic Myotomy

Pre and post-operative information

Department of Thoracic Surgery



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What is a Laparoscopic Myotomy?

Laparoscopic Myotomy is a surgery done for patients with achalasia. The procedure consists of making 5 small incisions into your abdominal wall with a scope. The muscle at the lower end of your esophagus is then cut, allowing food to pass through easier into your stomach.

Planning for your Laparoscopic Myotomy

- **Do not** smoke at least 4 weeks prior to surgery.
- **Do not** take any nonsteroidal anti-inflammatory medication (i.e. Motrin®, Ibuprofen, and Aleve®) or Aspirin products up to 1 week prior to your surgery date.
- **If you have a prior heart history, with heart stents, you may need to remain on your Aspirin; this will be addressed with you prior to surgery.**
- Acetaminophen (Tylenol®) is fine to take prior to surgery.
- **Do** let us know if you are using an herbal medication, since some can result in excessive bleeding or other complications at operation.
- **Do** walk 2-3 miles a day prior to surgery to get yourself in the best shape possible for surgery.
- **Do** bring your blue blood sheet with you the day of surgery. You will get this sheet at the time you get your pre-operative labs drawn, which will be done within a few weeks prior to your surgery.

Preparing for your Laparoscopic Myotomy

- **Bowel Prep**

In order to make sure your esophagus has no food particles, it is important for you to begin a clear liquid diet prior to surgery-

- **You must begin a clear liquid diet 3 days prior** to your OR. This includes clear soups (bouillon, chicken, or beef broth), juices (grape, apple or cranberry juice), Jell-O without fruit, popsicles, coffee or tea without milk or cream, Gatorade, and carbonated beverages. Please note hard candy, gum, and sugar are **ok**. Avoid alcohol and all solid food. You should take in at **least** 10 cups of fluid this day.

- **Medications**

Which medications to take or hold will be discussed at your pre-operative history and physical appointment. You will need to hold any blood thinners (examples Coumadin, Plavix) for one week prior to surgery. If you need to transition over to a different type of blood thinner, like Lovenox we will let you know when the last dose of this medication will be, prior to surgery.

Where the Laparoscopic Myotomy will be performed:

- Your surgery will be performed at the main hospital. You will need to park in parking lot P5, the Cardiovascular Center, and then go to the 4th floor and check in to the surgery family waiting room. The waiting room is the location that your family will also remain while you are in surgery. Generally the surgeon will come out and speak with your family, once the surgery is done.

What can I expect during the procedure?

- From the family waiting room, you will report to the pre-operative area. You will be here about an hour and a half to two hours prior to surgery; this is where you will meet with the anesthesiologist.
- You will be under general anesthesia for this surgery.
- The length of the operation will generally be about 3- 4 hours.

When you awaken from general anesthesia you will have a few tubes placed. All of these are important and will allow us to monitor you while you are in the hospital.

- **Nasogastric Tube(NG)**-- A nasogastric tube (NGT) is placed in the operating room through your nose and into your stomach to help evacuate fluid and air. This tube generally remains in for one night only. Although it may be uncomfortable, it is very important to keep in as long as instructed by your surgeon. Generally this is removed the next morning
- **IV-** This is used to give fluids into your veins during surgery and after as needed.
- **Incentive spirometer (IS)** - This is a breathing exercise device. Along with coughing and walking, it helps to prevent collapse of the lungs and pneumonia, after surgery
- **Sequential Compression Devices(SCD's)** - These “pumps” are placed around your legs and used to keep blood from pooling in your the calves. If blood remains there for a period of time without movement, it can form a blood clot.
- Other ways to prevent blood clots after surgery include leg exercises such as ankle circles and pointing your toes to the ceiling then to the

wall. You should do each 10 times every hour with both legs. Most importantly, you must walk in the hallways after surgery (you may need some help getting up and out of bed the first few times).

- The hospital stay is generally 1-3 days. You will need a Barium Swallow prior to being sent home, to assure that there is no leak or obstruction.
- We realize that there is pain involved with surgery, and the pain may interfere with deep breathing and walking. Please let us know if your pain is not well controlled with your pain medicine.

Caring for yourself after a Laparoscopic Myotomy:

Pain Management

- Most pain can be associated with the “gas” that is used to inflate the abdomen during surgery; the best way to get rid of this is to walk!
- However, you will be prescribed a pain medication. With this you will also be prescribed a stool softener, to help avoid constipation, which can occur often while taking most commonly prescribed pain medications. It is also important to drink plenty of water and other fluids, to avoid constipation.

Taking care of my Incisions

You will have 5 small incisions on you abdomen.

- It is not uncommon for the incision closest to the belly button to have some drainage. Please monitor this drainage, we do get concerned if it becomes thick in consistency, or is greenish in color. Please do not hesitate to contact us with questions, regarding the drainage.
- No dressings are needed for the incisions unless otherwise instructed. Avoid tight clothing around the incision sites or fabrics which may irritate the skin.

- Keep your incision clean with soap and water in the shower. You need to wait 48 hours after surgery(unless otherwise instructed), before taking a shower.
- No tub baths, or soaking your incisions in a pool/hot tub until they are well healed, which will be around 4 weeks or may be determined at your post-operative visit.

Contact us if you have any of the following signs and symptoms: (our contact information is on page 9):

- Temperature above 101 F
- Significant increase in abdominal pain or discomfort
- Redness, swelling or drainage from the incision sites
- Incision opening up
- Change in overall health status nausea, vomiting, chills, profuse sweating, diarrhea or constipation
- Difficulty swallowing

Activity Level

- Do not lift anything greater than 10 lbs. for a month
- No driving for 2-3 days after surgery, or longer while taking narcotic pain medicine
- You will fatigue easily at first, but you will build up strength and energy by being persistent. Walking is an excellent activity for increasing stamina. Begin slowly and increase your activity over time. Walk every day-during inclement weather walk in a shopping mall or inside your home.
- We recommend that you continue to use your spirometer at least four times a day until you are back to your normal activity pattern. The deep

breathing improves lung function and helps prevent postoperative complications with lung congestion.

Diet

It will be very important that you see a dietitian prior to discharge as you will be on a special diet for 2 weeks. If you are unable to speak with the dietitian, she will leave the information for you to go over, please feel free to contact her, should you have questions.

Attached is a sample copy of the diet.-

Meal Planning for a Mushy Soft Diet After Laparoscopic Myotomy

Contact Numbers:

Thoracic Surgery Nurses/Clinic Number (734) 936 - 8857

For all medical questions, it is best to call the nurse/clinic first. If there is an urgent issue, call your physician's office number and state the problem.

Our office hours are Monday thru Friday from 8am-5pm

After hours or on weekends and holidays call the paging operator at (734) 936 - 6267 and ask for the General Thoracic Surgery Resident on call.

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