

Myotomy Surgery

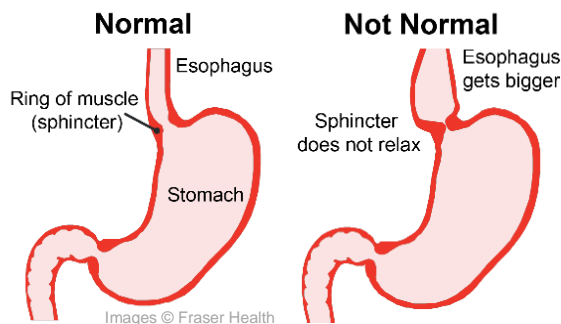
Your Surgery and Recovery at Home

My surgeon will do my surgery using this method:

- Laparoscopic** (Heller Myotomy)
- Endoscopic** (Per Oral Endoscopic Myotomy or POEM)

The esophagus (say *ee-saw-fa-gus*) is a muscular tube that connects the throat with the stomach. Some people call it the food pipe or gullet. A ring of muscle at the end of your esophagus closes off the stomach so food does not come back up.

When you have achalasia (sounds like *ah-ka-lay-sha*), this muscle doesn't open properly. The food you eat passes slower than normal, or not at all, into your stomach. Food can back up in to your esophagus and cause pain.



You are having surgery (called **myotomy**) to cut and relax the ring of muscle so that food can pass from your esophagus into your stomach.

Laparoscopic: The surgeon makes 3 to 4 small cuts in your abdomen. Through one of these incisions, the surgeon inserts a tiny camera (a laparoscope) so the area can be viewed on a video monitor. The surgery is done using long skinny tools inserted through the other small incisions.

Endoscopic: Your surgeon inserts a thin, flexible tube (endoscope) into your esophagus. This tube has a camera to see the inside of your esophagus. It also makes small incisions to relax the muscles and widen the passage for food.

Before you go home, you get an x-ray test (barium swallow) to check your esophagus.

You usually go home the next day after surgery. This depends on your health before surgery and your recovery.

Appointments after surgery

See your family practitioner 7 to 10 days after surgery

My appointment is on: _____

See your surgeon 3 to 4 weeks after surgery

My appointment is on: _____

Going home checklist

You are ready to go home when:

- You do not feel sick to your stomach (nausea).
- You can eat without throwing up.
- You know what medicine(s) to take, as well as when and how to take them.
- You have a ride home from the hospital.
- You have arranged for some help at home for the first few days. This should be organized before coming for surgery.

Drinking and Eating

You might need to eat a diet of fluids or soft foods while you recover. Our dietician sees you during your stay to talk about how to adjust your diet.

You might feel sick to your stomach (nausea) or throw up (vomit). This should not last long. It is important to stay hydrated.

If you feel sick or throw up:

- Drink 'flat' ginger ale, clear soups, and clear fluids, and eat mild foods until you feel better. Stay away from caffeine, carbonated soft drinks, and acidic fruit juices.
- Drink and eat small amounts often.
- Rest in bed until you feel better. Place a cool, damp cloth on your face and neck.
- Try not to smoke or be around smoking. Smoke can make your nausea worse.

If the nausea or vomiting does not go away, see your surgeon or family practitioner.

You might be constipated because you are less active or eating less fibre. To prevent constipation:

- Drink plenty of liquids each day (unless you have been told differently).
- Consider high fibre cooked cereal or prune juice.
- Walk and move around as much as you can.

If you continue to be constipated, talk with a pharmacist or family practitioner.

Caring for your incisions (laparoscopic)

Always wash your hands before and after touching around your incision sites.

You can shower once you return home. Try not to let the shower spray directly on your incision(s). Gently pat the area dry.

If you have white skin tapes (steri-strips) over your incisions, do not remove them. They should fall off within 1 week. If they don't, then remove them.

For at least 2 weeks until the incisions are healed:

- × No soaking in a bathtub or hot tub.
- × No swimming.
- × No creams, lotions, or ointments on your incision, unless directed by your surgeon.

Doing any of these things could delay healing.

Activity and Rest

Balance your activity and rest for the first few days. Try to get 8 hours of sleep each day. Take rest breaks during the day, as needed.

Do not lift, push, or pull anything over 5 kilograms (10 pounds) for 8 weeks. This includes carrying children and groceries.

Try to get 8 hours of sleep each day. Take rest breaks during the day, as needed.

You can usually return to driving 1 week after surgery, when you can shoulder check and do emergency braking. If you are not sure about driving, check with your surgeon.

Do not drive or drink alcohol if you are taking an opioid medication.

Managing pain

If you have been living with pain before surgery, be sure to tell your surgeon how you manage this pain, such as with medicines, herbs, supplements, cannabis products, other substances, massage, yoga, meditation, etc. This helps your surgeon create the best plan with you for managing pain after surgery.

Your surgeon gives you instructions to take pain medicine. This might include a prescription for an opioid (narcotic).

Your pain should be at a comfortable level that allows you to move, take deep breaths, cough, and to do every day activities. Take your pain medicine regularly for the first day or so, even if you have just a little pain. Also do other things to help ease your pain or distract you from the pain, such as slow breathing, listening to music, watching T.V.

Non-prescription pain medicines:

- acetaminophen (Tylenol®)
- non-steroidal anti-inflammatory drugs (NSAIDs)
Examples: ibuprofen (Advil®, Motrin®)
naproxen (Naprosyn, Aleve®)

NSAIDs are not for everyone after surgery. If you have (or have had) health problems such as stomach ulcers, kidney disease, or a heart condition, speak with your surgeon or family practitioner before using NSAIDs.

Prescription pain medicines with opioids (narcotics):

- Tramacet® (tramadol and acetaminophen)
- Tylenol #3® (codeine and acetaminophen)
- Oxycocet® / Percocet® (oxycodone and acetaminophen)

Note: These medications also have 300 to 325mg acetaminophen in each tablet. All total, **do not** take more than 4000mg of acetaminophen in 24 hours (too much can harm your liver).

Safe use of opioid pain medicines

If you are using any medicines that have opioids (narcotics) in them, take note of the following safety information.

- Tell your surgeon if you have sleep apnea. Opioids can make your sleep apnea worse.
- Your pain should lessen over the first week. You should not need to take opioid pain medicine for more than 1 week.
- Always use the least amount possible for the shortest amount of time.
- Common side effects include constipation, feeling sick to your stomach (nausea), a dry mouth, sweating, dizziness, and feeling drowsy.
- **Do not** crush, cut, break, chew, or dissolve opioids before taking. Doing this could cause serious harm, even death.
- While taking opioid pain medicines, **do not** drive, drink alcohol, or start taking any new sleeping pills.
- Store opioid medicines in a secure place. Keep out of sight and out of reach of children, teens, and pets.
- Never share your opioid medicine with anyone else.
- Take any unused opioid medicines back to your pharmacy to be safely disposed.
Do not keep unused medicines at home.

Always read the label and/or information from the pharmacist about how to take medication safely.

Questions about medications? Speak to your local pharmacist. After-hours, call 8-1-1 and ask to speak to a pharmacist.

When to get help

Call your surgeon or family practitioner if you have any of the following:

- problems swallowing
- nausea or throwing up not going away
- a fever over 38°C (101°F).
- a cough that does not go away or gets worse
- stinging, burning, or pain when you urinate (go pee)
- redness, tenderness, or pain in your calf or lower leg
- feel increasingly tired or dizzy

Can't contact your surgeon or family practitioner?
Have any questions about your recovery?

- **Call Fraser Health Virtual Care**
10:00 a.m. to 10:00 p.m., daily
1-800-314-0999
fraserhealth.ca/virtualcare

- **Call 8-1-1** (HealthLinkBC) to speak to a registered nurse any time - day or night.
HealthLinkBC is available in 130 languages.
For an interpreter, say your language in English. Wait until an interpreter comes on the phone.

- **Call 9-1-1** if you have any:
 - trouble breathing or shortness of breath
 - chest pain
 - sudden severe pain

Questions you might have:
