

Procedure:

Paraesophageal hernia repair (nissen fundoplication, gastropexy).

Indication:

Hiatal hernia with GERD that is unrelieved by medical management. A paraesophageal hernia is a true herniated sack of gastric fundus within the thoracic cavity.

Description:

Performed either laparoscopically or via open abdomen. The hernia is dissected and the hiatal defect is closed. A nissen fundoplication is then most often performed (wrapping of stomach around esophagus to retain competency of the lower esophageal sphincter (to reduce GERD)). A gastropexy is also most often performed (fixation of the stomach to the anterior abdominal wall (to prevent reoccurrence of herniation)).

Post-op Implications:**Complications:**

Herniation: Barium esophogram can detect, also CXR.

Bleeding: Dissection of gastric blood vessels can cause excessive bleeding, usually controlled intra-op.

N/V: retching from emesis can disrupt closures, needs barium esophagogram asap.

Gastric/esophageal perforation: Sepsis if undetected.

Pneumothorax: Caused by a tear in the pleura during mediastinal dissection.

Gas-bloat syndrome: inability to vent air from stomach and delayed gastric emptying causes discomfort.

Dysphagia: Most patients experience this to some degree during first 2-6weeks due to inflammation and edema slowing bolus transit of solid foods.

Meds:

Antiemetics: scheduled for first 24hrs, emesis can result in disruption of the hernia repair. Pain control: Most likely PCA, if open procedure then most likely will have epidural.

Principles:

Temporary ileus is an expected physiologic response from bowel manipulation. Normal bowel function may take 5 days to return.

Care Plan:

Aggressive pulmonary toileting, skin care, wound care, foley care, pain control. Possible PCA, epidural, And G-tube care. Manage IVF. NPO until barium swallow study on POD 1.

Course of Care:

Most likely extubated in OR. POD #1OOB, if ambulating, D/C foley. Barium swallow study, if no leak, advance diet from NPO to CL, then to soft solids, then low residue diet for several weeks.

Room Setup:

Humidified O2, oral suction, standard IV-pump, possible PCA, possible epidural, SCDs, and possible suction for NG/OG tube.