

MIS Hiatus Hernia With or Without Myotomy

Clinical Pathway

Site Applicability

Vancouver General Hospital (VGH)

Pathway Patient Goals

Inclusion Criteria

- Myotomy for achalasia

Home Discharge Criteria

Instructions

1. Review pathway once per shift for patient care goals and expected outcomes
2. Do not document on this pathway, complete documentation in the Electronic Health Record (Cerner) or paper chart as per policy

Pre-Operative (admit prior) / Chest Centre	
Category / Focus / Care	Desired Outcomes
Discharge Planning/Teaching <ul style="list-style-type: none"> • Pamphlet: Pain Control After Surgery • Pamphlet: Welcome to the Chest Centre • Pamphlet: Hiatus Hernia Repair: A Patient and Family Guide • Pamphlet: Smoking Cessation • Pamphlet: ICOUGH • Pamphlet: Lowering your risk for a Surgical Infection • Pamphlet: Your safety while in hospital • Discuss expected length of stay 2-3 days • As per patient history, identify issues that may affect discharge and follow up as appropriate (SW/CML) 	<ul style="list-style-type: none"> • Understands pre-op care & usual post-op course, plan for pain management, and measures to prevent post-op complications – per patient education pamphlet • Understands usual length of stay and expected discharge time of 10 am • Appropriate discharge plan in place, if not, social work/CML has been consulted
Tests <ul style="list-style-type: none"> • CBC with automated differential and platelet count • Electrolytes • INR, PTT • Electrocardiogram 	<ul style="list-style-type: none"> • Consults and tests completed and acceptable for surgery
Treatments/ Assessments <ul style="list-style-type: none"> • Patient Admission Assessment completed • Anesthesia consult • Medication Reconciliation completed • Bowel prep on admission to ward (Phosphate oral solution PO on admission to ward) • Pre-operative cleansing wipes at HS and in am 	<ul style="list-style-type: none"> • Pre-operative baseline assessment completed and acceptable for surgery
Activity/Rest and/or ADLs <ul style="list-style-type: none"> • Activity as tolerated 	<ul style="list-style-type: none"> • Adequate sleep/rest
Nutrition <ul style="list-style-type: none"> • Clear fluids 24 hours prior to surgery • Carbohydrate loading at HS (500 ml of clear juice) e.g. apple juice • Carbohydrate loading in am (250 ml of clear juice) e.g. apple juice • May drink clear fluids after midnight until 3 hours pre-op, then NPO 	<ul style="list-style-type: none"> • Has been on clear fluids for 24 hours pre-op • Adequate preoperative hydration and CHO intake

OR Day / PACU / Chest Centre	
Category / Focus / Care	Desired Outcomes
Discharge Planning/Teaching <ul style="list-style-type: none"> Reinforce post-op care plan Surgeon communicates with family post-op Transfer to ward when PACU discharge criteria met 	<ul style="list-style-type: none"> Understands usual events / expectations of operative day Understands usual post-op course, plan for pain management, and measures to prevent post-op complications – per patient education pamphlets
Treatments/ Assessments <ul style="list-style-type: none"> VS, assessment, and treatment as per PACU standards of care Vital signs Q4H and PRN Systems assessment Q4H and PRN Intake and output O2 to keep SaO2 >92 % Peripheral IV 	<ul style="list-style-type: none"> Alert and oriented as pre-op, no delirium Vital signs within expected parameters SpO2 within normal limits of titration protocol Respiratory rate, rhythm and effort are stable No evidence of cardiac pain No dysrhythmia requiring intervention No evidence of new myocardial ischemia/infarction Incision dressings dry and intact IV patent and site free from pain, redness or swelling
Activity/Rest and/or ADLs <ul style="list-style-type: none"> DB & C, incentive spirometry (3 breaths) Q30min while awake HOB minimum 30° at all times Activity as tolerated Mouth care TID 	<ul style="list-style-type: none"> Adequate sleep/rest Performs ADL's with assistance Effective deep breathing and coughing
Pain <ul style="list-style-type: none"> Analgesia as per Powerplan 	<ul style="list-style-type: none"> Adequate pain control, pain (<4/10) is not interfering with mobilization and DB & C Sedation score less than 3 and/or respiratory rate greater than 8/min
Nutrition <ul style="list-style-type: none"> NPO Gastric emptying medications as per Powerplan 	<ul style="list-style-type: none"> No evidence of abdominal distention; no nausea or vomiting
Elimination <ul style="list-style-type: none"> Foley catheter to straight drainage Catheter care BID If present, remove Foley at 0600 	<ul style="list-style-type: none"> Urine output greater than 0.5-1.0 ml/kg/hr

Post-Op Day 1	
Category / Focus / Care	Desired Outcomes
Discharge Planning/Teaching <ul style="list-style-type: none"> • Ensure patient has all required teaching booklets, reinforce post op care plan • Assess for issues affecting discharge and follow-up as appropriate • If patient to be discharged, refer to Discharge Criteria 	<ul style="list-style-type: none"> • Understands usual post-op course, plan for pain management, and measures to prevent post-op complications – per patient education pamphlets • Appropriate discharge plan in place, if not, social work/CML has been consulted • Patient and family prepared for anticipated discharge date
Treatments/ Assessments <ul style="list-style-type: none"> • Vital signs Q6H and PRN • Systems assessment Q shift and PRN • Intake and output Q6H • O2 to keep SaO2 >92% • Peripheral IV • Saline lock maintenance 	<ul style="list-style-type: none"> • Alert and oriented as pre-op, no delirium • Vital signs within expected parameters • SpO2 within normal limits of titration protocol • Respiratory rate, rhythm and effort are stable • Incision dressings dry and intact • IV patent and site free from pain, redness or swelling
Activity/Rest and/or ADLs <ul style="list-style-type: none"> • DB & C, incentive spirometry (3 breaths) Q30min while awake • HOB minimum 30° at all times • Activity as tolerated • Mouth care TID 	<ul style="list-style-type: none"> • Adequate sleep/rest • Performs ADL's with assistance • Effective deep breathing and coughing
Pain <ul style="list-style-type: none"> • Analgesia as per Powerplan 	<ul style="list-style-type: none"> • Adequate pain control, pain (<4/10) is not interfering with mobilization and DB & C • Sedation score less than 3 and/or respiratory rate greater than 8/min
Nutrition <ul style="list-style-type: none"> • Esophageal Surgery Diet; Clear Fluid breakfast • If clear fluids tolerated, advance to ESD Full Fluid at lunch • If full fluids tolerated, ESD soft diet at dinner • Gastric emptying medications as per Powerplan • Dietitian to initiate diet teaching 	<ul style="list-style-type: none"> • No evidence of abdominal distention; no nausea or vomiting
Elimination <ul style="list-style-type: none"> • Bowel protocol 	<ul style="list-style-type: none"> • Urine output greater than 0.5-1.0 ml/kg/hr

Post-Op Day 2	
Category / Focus / Care	Desired Outcomes
Discharge Planning/Teaching <ul style="list-style-type: none"> Ensure patient has all required teaching booklets, reinforce post op care plan Assess for issues affecting discharge and follow-up as appropriate If patient to be discharged, refer to Discharge Criteria 	<ul style="list-style-type: none"> Understands usual post-op course, plan for pain management, and measures to prevent post-op complications – per patient education pamphlets Appropriate discharge plan in place, if not, social work/CML has been consulted Patient and family prepared for anticipated discharge date
Treatments/ Assessments <ul style="list-style-type: none"> Vital signs Q8H and PRN Systems assessment Q shift and PRN O2 to keep SaO2 >92% Incisions open to air Saline lock maintenance 	<ul style="list-style-type: none"> Alert and oriented as pre-op, no delirium Vital signs within expected parameters SpO2 within normal limits of titration protocol Respiratory rate, rhythm and effort are stable Incisions dry and intact, wound edges approximated IV patent and site free from pain, redness or swelling
Activity/Rest and/or ADLs <ul style="list-style-type: none"> DB & C, incentive spirometry (3 breaths) Q30min while awake HOB minimum 30° at all times Activity as tolerated Mouth care TID 	<ul style="list-style-type: none"> Adequate sleep/rest Performs ADL's with assistance Effective deep breathing and coughing
Pain <ul style="list-style-type: none"> Analgesia as per Powerplan 	<ul style="list-style-type: none"> Adequate pain control, pain (<4/10) is not interfering with mobilization and DB & C Sedation score less than 3 and/or respiratory rate greater than 8/min
Nutrition <ul style="list-style-type: none"> ESD soft diet Gastric emptying medications as per Powerplan Dietitian to initiate diet teaching 	<ul style="list-style-type: none"> No evidence of abdominal distention; no nausea or vomiting
Elimination <ul style="list-style-type: none"> Bowel protocol 	<ul style="list-style-type: none"> Urine output greater than 0.5-1.0 ml/kg/hr BM since surgery

Post-Op Day 3	
Category / Focus / Care	Desired Outcomes
Discharge Planning/Teaching <ul style="list-style-type: none"> Ensure patient has all required teaching booklets, reinforce post op care plan Assess for issues affecting discharge and follow-up as appropriate If patient to be discharged, refer to Discharge Criteria 	<ul style="list-style-type: none"> Understands usual post-op course, plan for pain management, and measures to prevent post-op complications – per patient education pamphlets Appropriate discharge plan in place, if not, social work/CML has been consulted Patient and family prepared for anticipated discharge date
Treatments/ Assessments <ul style="list-style-type: none"> Vital signs Q8H and PRN Systems assessment Q shift and PRN O2 to keep SaO2 >92% Incisions open to air (if no drainage) Discontinue saline lock prior to discharge 	<ul style="list-style-type: none"> Alert and oriented as pre-op, no delirium Vital signs within expected parameters SpO2 within normal limits of titration protocol Respiratory rate, rhythm and effort are stable Incisions dry and intact, wound edges approximated
Activity/Rest and/or ADLs <ul style="list-style-type: none"> DB & C, incentive spirometry (3 breaths) Q30min while awake HOB minimum 30° at all times Activity as tolerated Mouth care TID 	<ul style="list-style-type: none"> Adequate sleep/rest Performs ADL's with assistance Effective deep breathing and coughing
Pain <ul style="list-style-type: none"> Analgesia as per Powerplan 	<ul style="list-style-type: none"> Adequate pain control, pain (<4/10) is not interfering with mobilization and DB & C Sedation score less than 3 and/or respiratory rate greater than 8/min
Nutrition <ul style="list-style-type: none"> ESD soft diet Gastric emptying medications as per Powerplan Dietitian to initiate diet teaching 	<ul style="list-style-type: none"> No evidence of abdominal distention; no nausea or vomiting
Elimination <ul style="list-style-type: none"> Bowel protocol 	<ul style="list-style-type: none"> Urine output greater than 0.5-1.0 ml/kg/hr BM since surgery

Discharge Criteria (must be completed on discharge)

- Seen by dietitian and diet teaching completed
- Pamphlet: Hiatus Hernia Repair: A Patient and Family Guide
- Pamphlet: Eating after a Hiatus Hernia repair/Heller Myotomy, OR Pamphlet: Fluid diet following a Hiatus Hernia repair/Heller Myotomy
- Patient instructed on pain management strategies and how to wean from pain medicines at home
- Patient instructed on bowel management while taking opioids
- Incision staples can be removed 5-7 days after surgery. If patient going home with staples, give patient staple remover to have staples removed in GP office
- MIS incisions free of redness and drainage
- My Discharge Plan given to patient
- ADLs performed to an acceptable level (close to baseline) prior to discharge
- Prescription(s) and Discharge Medication Reconciliation form given to patient and new medications reviewed with patient

Developed By

Effective Date:	
Posted Date:	
Last Revised:	
Last Reviewed:	
Approved By:	
	Endorsed By:
	Final Sign Off:
Owners:	VCH
	Developer Lead(s): <ul style="list-style-type: none"> • Patient Care Coordinator, Chest Centre T12 & LB8D, VGH