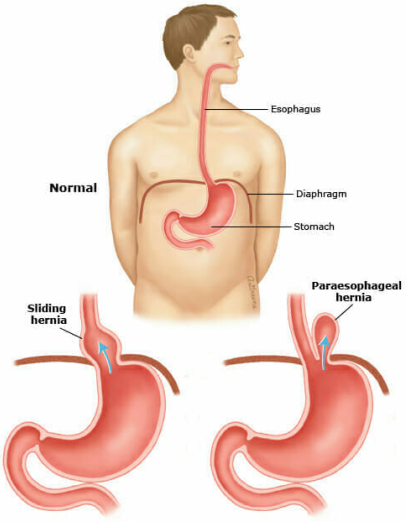
Robotic Assisted Paraesophageal Hernia Repair
(Hiatal Hernia / Reflux Operation)

What are symptoms of a Hiatal Hernia?

- Heartburn: A burning feeling in your chest, often worse when bending over or lying down.
- Regurgitation: Food or bitter stomach acid backing up into your throat or mouth.
- Chest Pain: Discomfort behind the breastbone that can sometimes mimic heart trouble.
- Trouble Swallowing: The feeling that food is stuck in your throat.
- Bloating and Belching: Excess gas or feeling full very quickly during a meal

Understanding a Hiatal Hernia

- A hernia is a hole in a wall. In this case, a hole in the diaphragm.
- The diaphragm is the wall separating the abdomen from the chest. It is the ceiling of the abdomen and the floor of the chest
- The esophagus passes through the chest and enters the abdomen through an opening in the diaphragm called the hiatus.
- A Hiatal hernia is when this normal opening for the esophagus becomes too large, creating an opening into the chest.
- Organs of the abdomen can pass through this hole and become twisted or trapped. Organs at risk are Stomach, Colon, spleen and pancreas
- If the trapped organ becomes twisted, the

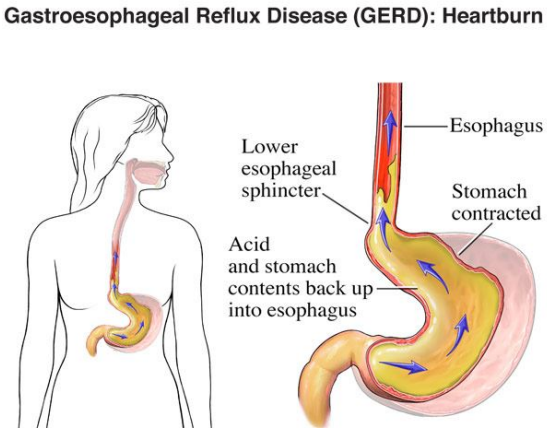


blood supply can be cut off. This is "strangulated" and is a medical emergency. It can be fatal if blood perfusion is not restored quickly.

- The purpose of a hernia repair is to close this 'opening' to prevent complications of incarceration, strangulation, or simply Reflux symptoms.

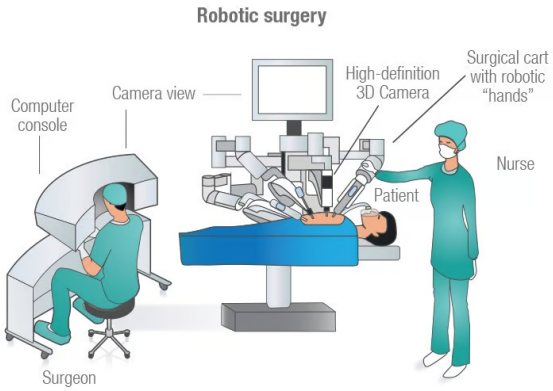
Understanding Gastro-Esophageal Reflux Disease (GERD)

- Your stomach is thick and capable of containing the caustic stomach-acid
- Your esophagus is made of delicate tissue and is not meant to bathe in stomach acid.
- Your esophagus has 2 barriers to prevent the reflux of acid.
  - Lower Esophageal Sphincter (LES). This muscle acts like a belt around the base of the esophagus. It constricts to close the door between the esophagus and the stomach.
  - Proper hiatal anatomy supports the LES and prevents the stomach from entering the chest. This anatomical breakdown contributes to GERD.



What Is a Robotic Operation?

- Robotic surgery is a type of laparoscopic operation (small incisions). Every movement by the robot is controlled by the surgeon at the console. The robot does not operate or move independently.
- The surgeon is present in the room and within a few feet from the patient
- The robotic console provides better visualization, 3D HD cameras, and better instrument stability.



Before Your Surgery

- No food or drink after midnight unless otherwise instructed
- The following medications usually need to be held before the operation.
  - Anticoagulation (Aspirin, Brilinta, Eliquis, Coumadin, Plavix, Xarelto, ect). Discuss specifics with your surgeon and staff.
- Shower the night before or morning of surgery
- Wear loose-fitting clothing
- Arrange transportation home. Someone will need to stay with you the night of the operation.

After Your Surgery

- Walk frequently beginning the day of surgery
- Do Not lift objects heavier than 10–15 pounds for SIX weeks (or as directed)
- Keep incisions clean and dry.
  - You may shower the day after surgery
  - Do NOT soak the incision in water (pools, tubs, baths, ect) for 3 weeks
- Most patients return to desk work within several days and more strenuous activity after 6 weeks.

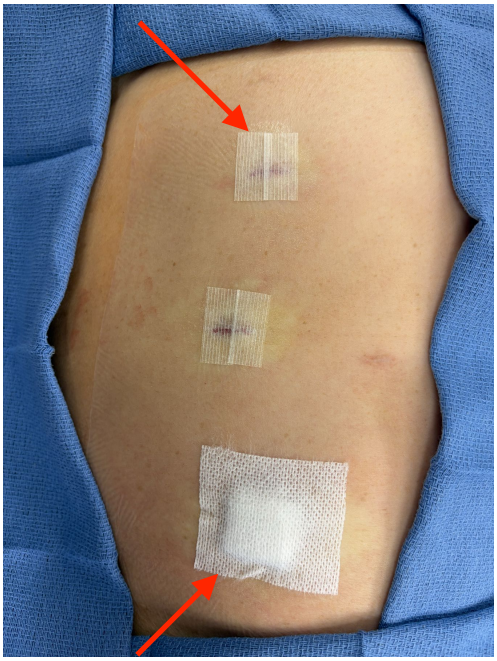
Normal After Surgery

- Shoulder discomfort from the gas used during surgery. Resolves after 48h
- Mild fever up to 100.5°F. Fever Greater than 101.5°F (38.6°C) should be reported to your surgeon.
- Bruising around the incisions is normal
- You will feel a bump under each of the incisions. This is scar tissue and will soften and flatten after 1-2 months

Bandages

- STERI-STRIPS:
  - The top layer of bandages can be removed after 24 hours. This is a large square of tape. Underneath this bandage are smaller bandages called stern-strips

Steri-Strips



Top layer - bandage/gauze

- Steri-strips will usually fall off after 10 days. If they have not fallen off after 14 days, peel them off yourself.
- You can shower with stern-strips in place.

- DERMABOND
  - This is a thin layer of glue over the incision. It will flake off after 7-10 days but it can also require gentle removal with your fingernail after 14 days.

Constipation

- Constipation is common after general anesthetic and during the use of pain medication.
- If you do not have a bowel movement within 48h after your operation, take laxatives
  - Mirilax 17mg powder twice daily until constipation has resolved

Physical Restrictions

- Do not lift anything over 10 pounds for SIX weeks after your operation
- Do not exercise within SIX weeks of your operation
- After FOUR weeks, you can begin light cardiovascular exercise such as walking or elliptical machine

Call JRK Surgical If You Experience

- Fever greater than 101.5°F (38.6°C)
- Increasing redness, swelling, or drainage from an incision
- Persistent nausea or vomiting
- Worsening abdominal pain

Seek Emergency Care Immediately For

- Chest pain
- Shortness of breath
- Heavy bleeding
- Loss of consciousness

Youtube Videos of Related Operations:

- Paraesophageal hernia with mesh and toupee fundoplication
  - https://www.youtube.com/watch?v=njWOO0a6VmA
- Paraesophageal hernia with mesh and implantation of LINX Magnetic bracelet
  - https://www.youtube.com/watch?v=qBPN8oojalM
- Heller Myotomy and Dor Fundoplication
  - https://www.youtube.com/watch?v=A-VLtfmdS2s