

Post Heller Myotomy Dietary Guidelines

Everyone's recovery is different. Some food may feel like it gets hung up when you eat. So advancing your diet slowly is critical to a good outcome. Listen to your body and do not rush your diet. Also, for the first few weeks eat slowly.

Clear Liquid Diet

Right after surgery for 1–2 days

Water

Decaf Tea

Apple/Grape/Cranberry Juice

Chicken/Beef broth

Jello

Ice pops

AVOID CARBONATED BEVERAGES

Full Liquid Diet

Day 2–7

Milk

Cream of wheat or cream of rice

Strained cream soups

Ice cream

Sherbert

Plain yogurt without fruit/seeds

Instant breakfast: Carnation, Ensure or Boost

Soft Diet

Day 7 until your 2 week follow-up appointment

Scrambled Eggs

Oatmeal

Baked or mashed potato

Tofu, Fish

Soft rice

Pasta: spaghetti, noodles

Steamed or pureed vegetables

Additional Tips to Recovery

- Eat small frequent meals (6–8 per day)
- You can crush most of your medication for the first 4 weeks after surgery. Please note, extended release tablets should not be crushed.
- Drink majority of liquids between meals, as drinking with meals will make you full. It is ok to take sips with meals to assist in swallowing.
- Sit upright while eating and remain upright for at least 30 minutes after meals.
- Avoid foods that you know cause you to have gas.
- Avoid drinking through a straw and chewing gum to prevent excess gas production.
- It is normal for the food to feel like it is stuck, or going down slowly in the esophagus due to the wrap and swelling and should improve in 6–8 weeks after surgery.

Frequently Asked Questions:

1. Will I develop reflux after surgery?

Because there is a greater tendency to develop acid reflux after food can freely pass to the stomach, a partial fundoplication is often done as well. If you experience heartburn after surgery please contact our office.

2. When will I be able to start a regular diet?

Typically, you can begin a regular diet within 8 weeks of surgery. You can restart foods that you previously did not eat because of achalasia. Some foods may cause issues, however you may try reintroducing them slowly over the course of the next several months before excluding them from your diet.

3. Will my symptoms come back?

This is unlikely. If you feel your symptoms are coming back please check in with us. The likelihood of this is less than 15% at 10 years.



Weill Cornell Medicine



Robotic Heller Myotomy for Achalasia

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What is Achalasia?

Achalasia is a rare motility disorder of the esophagus characterized by degeneration of the esophageal muscles resulting in an impaired transport of food in the esophagus. Common symptoms of achalasia include difficulty in swallowing (dysphagia), chest pain, and regurgitation of food and liquids. Patients often experience the sensation that swallowed material, both solids and liquids, gets stuck in the chest. This problem often begins slowly and progresses gradually. There can be severe complications of achalasia including lung problems and weight loss. People with achalasia also have an increased risk of developing esophageal cancer.

Robotic Heller Myotomy

Although achalasia **cannot be cured**, the symptoms can usually be controlled with treatment. A surgical procedure called the Heller myotomy has become the treatment of choice and offers long-term symptomatic relief to those who have the disorder. The procedure consists of making 5 tiny incisions on your belly. This procedure weakens the muscles at the gastroesophageal junction, enabling food to pass more easily through the lower esophageal sphincter (LES) downward to the stomach.

Surgery reliably relieves dysphagia for 80% to 90% of patients. Symptom relief is sustained in about 85% of people 10 years after surgery. Thus, surgery is considered to be a more definitive treatment for achalasia than balloon dilation or botulinum toxin injection.

Why Robotic Surgery?

There are several options and techniques to treat achalasia. We believe the robotic platform combines accurate visualization, improved dexterity and surgical technique with physician comfort and control. This allows for optimum outcomes with superior repair, and low risk of complications even in the most complicated cases.



Preparing for Robotic Heller Myotomy

Prior to having the surgery there are tests that may be necessary in order for the surgeon to determine several things about your esophagus and stomach and how they are functioning.

- Esophageal Manometry
- Esophagram
- Upper Endoscopy
- pH testing

DO NOT drive if taking pain medications.

What to Expect After Surgery:

When you leave the hospital, you will have a prescription for medicine to help with pain. Post-operative medications typically include narcotics for pain relief medications to control nausea. If you were taking any medications for your reflux you typically stop these unless told otherwise. These should no longer be necessary. You will be kept on anti-nausea medications for the next 2 weeks. Please let us know if you are having any symptoms of reflux when you see us in the office.

Your bowel movements may be irregular for several weeks, but they should gradually return to what you experienced before surgery. If you go for more than a couple of days without having a bowel movement, you may try eating prunes or taking a gentle laxative, such as milk of magnesia. This is not uncommon and nothing to be concerned about. Sometimes pain medicine can make you constipated, but as your need for pain medicine decreases, so will the constipation.

You may take showers immediately as you will have a waterproof dressing on the small cuts. You can take the dressing off before your shower on post-op day 3. There is skin glue underneath that can get wet at this point. It will usually peel off in 7 to 10 days.

You may return to full activity when you feel up to it. You may perform normal daily activities as you feel up to it. This includes walking up and down stairs, walking outside the house, traveling as a passenger in a car or a plane, etc. There are no exercise restrictions. You may resume swimming and baths 2 weeks after surgery. I want you to walk about a mile the day after surgery. This can be done over the course of the entire day. This will improve your recovery.