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PATIENT RECOVERY GUIDE

Laparoscopic Heller Myotomy

A guide to your surgery, diet, and recovery at William Osler Health System

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- This booklet is for general educational purposes only and does not constitute medical advice.
- Instructions given to you by Dr. Irshad's team always take precedence over information in this booklet.
- If you are experiencing a medical emergency, call 911 or go to Emergency immediately.
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ABOUT YOUR PROCEDURE

What is a Laparoscopic Heller Myotomy?

Achalasia is a condition in which the lower esophageal sphincter (the muscle valve at the bottom of the esophagus) fails to relax properly, making it very difficult to swallow food and liquids. A Heller Myotomy surgically cuts through the tight muscle fibres of this sphincter to allow normal passage of food into the stomach.

Dr. Irshad performs this laparoscopically — through small keyhole incisions in the abdomen using a camera. This minimises recovery time compared to open surgery. At the same time, Dr. Irshad typically adds a partial fundoplication (a partial anti-reflux wrap) to reduce the risk of acid reflux after the myotomy.

BEFORE SURGERY

Preparing for your Heller Myotomy

2–4 weeks before surgery:

- Stop blood thinners as specifically directed by Dr. Irshad's team. Do NOT stop without guidance.
- Stop herbal supplements (fish oil, vitamin E, ginkgo, garlic tablets).
- Begin transitioning to a soft or liquid diet as advised by Dr. Irshad's team to help empty the esophagus before surgery.

1 week before surgery:

- Attend pre-admission testing if scheduled at Brampton Civic Hospital.
- Transition to a full liquid diet if instructed by Dr. Irshad's team.
- Arrange 2–3 weeks of help at home.
- Fill all post-operative prescriptions.

The night before and day of surgery:

- Nothing to eat after midnight. Clear fluids until 2 hours before arrival.
- Take only approved medications with a small sip of water.
- No jewelry, nail polish, or contact lenses.
- Confirm your driver — you cannot drive yourself home.

RECOVERY

Week-by-week recovery guide

Hospital (1–2 days)	• Most patients go home the following day • Pain is managed with oral medications • You will begin clear fluids by mouth once the team confirms you are ready
Week 1–2	• Liquid diet only. Eat slowly and sit upright during and after meals • Take all pain medications as prescribed • Short, gentle walks only. No lifting over 5 lbs
Week 3–4	• Progress to soft, pureed foods • Continue eating small portions and chewing thoroughly • Most patients feel significantly better • No driving until off narcotic pain medication
Week 5–6	• Gradual return to normal foods as tolerated • Follow-up appointment with Dr. Irshad • Return to desk work typically around this time
6+ weeks	• Return to all normal activities and diet as advised by Dr. Irshad • Physical work cleared at follow-up appointment

DIET AFTER SURGERY

Eating well after Heller Myotomy

IMPORTANT DIETARY RULES

- Eat slowly — take at least 20 minutes per meal.
- Chew every bite thoroughly before swallowing.
- Sit upright during meals and for at least 30 minutes afterward.
- Eat small portions — do not overfill your stomach.
- Avoid tough meats, dry bread, and foods that previously caused you problems.
- Do not eat immediately before lying down or going to sleep.

Reflux after Heller Myotomy: The myotomy weakens the lower esophageal sphincter, which can allow acid reflux. Dr. Irshad adds an anti-reflux procedure at the same time to reduce this risk. Some patients still benefit from reflux medication (such as omeprazole) long-term. Report any significant heartburn or regurgitation to our clinic.

WARNING SIGNS

When to seek immediate care

GO TO EMERGENCY OR CALL 911 IF YOU EXPERIENCE:

- Sudden, severe shortness of breath
- Chest pain that is new or worsening
- Fever above 38.5°C (101.3°F)
- Signs of wound infection: redness, warmth, swelling, or pus at incision
- Coughing up blood
- A swollen or painful leg (possible blood clot)

CALL OUR CLINIC AT (905) 458-4520 IF YOU HAVE:

- Return of difficulty swallowing that is worsening rather than improving
- Significant heartburn or regurgitation
- Nausea or vomiting preventing you from eating or taking medications
- Pain not controlled by your prescribed medications
- Any concern about your recovery

QUESTIONS? CONTACT OUR CLINIC

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