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**LINX Patient Education Manual**  
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## **LINX POSTOP GUIDELINES:**

### Implant Card/Device Registration:

- You will receive a LINX implant card following your surgery. Carry your LINX implant card with you as notification to care providers that you have received a LINX System
- It is recommended that anyone implanted with the LINX System register the device with the MedicAlert Foundation ([www.medicalert.org](http://www.medicalert.org)) or a similar organization

### MRI:

- You may undergo magnetic resonance imaging (MRI) up to either 0.7-Tesla (0.7T) or 1.5-Tesla (1.5T). Scanning under different conditions may interfere with the magnetic strength of the LINX System.
- If a doctor prescribes an MRI examination for you, inform the doctor and MRI technologists that you have an implanted device prior to your MRI examination appointment.

### Activity:

- Walking is encouraged as soon as possible after surgery to help dissipate gas and prevent blood clot formation – it is recommended that you walk at least 5-10 minutes 5 times/day
- You may return to work/school when you are feeling well enough – typically patients return to work/school 1 week after surgery
- No heavy lifting of 15lbs or more for the first 4 weeks after surgery
- You can drive or operate heavy machinery when you are no longer taking narcotic pain medication and when you are alert, comfortable, and safe behind the wheel.

### Wound Care/Hygiene:

- Your incisions are closed with sutures underneath the skin as well as skin glue – the sutures will dissolve with time; the skin glue will slough off in 2-3 weeks
- You may notice some bruising around the incisions – this is normal and will resolve in a few days
- Some pink around the incisions is normal. Redness that is spreading outwards from the incision(s), increased pain, tenderness, pus-like drainage, or a fever over 101 are all signs of an infection – please call the office at 281-419-8400 or send message through Patient Portal if you exhibit any of these signs or symptoms.
- You may shower 24 hours after surgery - you do not have to cover your incisions to shower. Do not let water hit your incisions directly. You may wash with soap and water using a dabbing motion. Do not rub or scrub incision sites. Pat incisions dry after showering. NO baths, pools, hot tubs, and/or soaking incisions for 3 weeks postoperatively and/or until incisions are completely healed

Medications:

- You will be prescribed liquid pain medication – pain is typically minimal after laparoscopic surgery and improves quickly – You may switch to liquid or chewable Tylenol or ibuprofen (Motrin, Advil, etc.) as your pain improves and/or if the prescribed pain medication is too strong
- Phenergan or Zofran will be prescribed to control nausea
- You can continue your usual home medications after surgery unless otherwise instructed
- Reflux/Antacid medications:
  - Reflux/Antacid medications such as Nexium, Protonix, Prevacid, Tums, etc. should not be required after your surgery; however, it is best to taper off these medications.
  - **Reflux/Antacid tapering instructions:** Continue to take your prescribed reflux/antacid medication daily for 1 month, then decrease to every-other-day for 1 month, then discontinue.

Bloating/Constipation:

- You will likely feel very bloated for the first few days after surgery – it may take several days to pass gas or even have a bowel movement
- **Gas/Bloating:** You may use GasX per dosing instructions as needed for excessive gas/bloating, but WALKING is the best thing to do to relieve gas pains.
- **Constipation:** Increase fluid intake. You may use Miralax or Milk of Magnesia (2 tablespoons/30mL by mouth twice/day) as needed until you have a bowel movement. You may also use an over-the-counter stool softener, such as Colace or Senokot for hard to pass stool.

Urination:

- Some patients have difficulty urinating after laparoscopic surgery – this is due to the discomfort from the gas and anesthesia, which make it hard for the bladder to relax
- **GO TO ER** if you have not urinated for over 12 HOURS after discharge from the hospital

**SWALLOWING & DIET INSTRUCTIONS:**Swallowing Physical Therapy:

- In order for the LINX device to not get tight, stiffen up, or scar/freeze into place, swallowing physical therapy will be required.
- Swallowing physical therapy means **eating** – by eating you are exercising the device, allowing it to stay mobile.
- Swallowing physical therapy is necessary throughout **ALL** diet phases and should occur **every 1-2 hours** for the first 8 weeks after surgery.

Day of Surgery – 1 Week Postop: **LIQUID DIET**

- Examples include: Water, protein shakes/waters, coffee, tea, milk, Gatorade, broth, clear and cream soups (strained), fruit juices, popsicles, Jell-O, yogurt, and pudding. You need adequate fluid intake during this time so that you do not get dehydrated.
- No straws
- **NO SODA or CARBONATED BEVERAGES**
- Swallowing physical therapy every 1-2 hours with liquid foods with thicker consistency (yogurt, pudding)

Week 2 Postop: **PUREED DIET**

- During this diet stage it will be necessary to blend most of your food to baby-food consistency. The idea is to eat anything that is the consistency of apple sauce.
- Examples include: Apple sauce, cream of wheat, grits, soft fish finely mashed with fork, cooked vegetables that have been blended/pureed in food processor/blender, mashed banana, mashed avocado, eggs (scrambled or soft-boiled & finely mashed), cottage cheese, ricotta cheese, mashed sweet potatoes, and anything else you have blended in a blender. You may also have any of the liquids from the previous liquid diet phase (No straws).
- **NO SODA or CARBONATED BEVERAGES**
- Continue swallowing physical therapy every 1-2 hours with pureed foods

Week 3 - Week 8 Postop:

- Scar tissue begins to form – this is a good thing! This is your body's way of healing. The scar tissue forms a capsule around the device to prevent the LINX device from sliding up or down
- You may notice some difficulty in swallowing. This is to be expected. The discomfort you may feel resembles a tightness in the chest.
  - **Be very diligent with your swallowing physical therapy every 1-2 hours**
  - Cut up food very small and chew very well; take small bites and chew 15-20 times
  - Drink warm water prior to and during eating to help relax the esophageal muscles and keep the LINX moveable.
  - Work through this phase to prevent a tight device

Weeks 3-4: **SOFT DIET**

- This diet consists of soft, cooked foods that are easy to chew and digest
- Examples include: Chicken, pork, beef (should be ground or very tenderly cooked); fish (baked or broiled); eggs; cheese; vegetables (cooked – no seeds or skins); fruits (canned, no seeds or skins that can't be peeled); any of the foods from the previous liquid and pureed diet phases
- Continue swallowing physical therapy every 1-2 hours with soft foods

**Weeks 5-8: TRANSITION TO REGULAR DIET**

- Slowly begin in to incorporate your usual foods back into your diet
- Red meats, such as steak, white bread products, pasta, rice and raw vegetables are more likely to cause difficulty swallowing – these foods can be gradually incorporated back into your diet 7-8 weeks postoperatively
- Continue swallowing physical therapy every 1-2 hours through week 8 postop

**If you have trouble swallowing:**

- Assess what food(s) you are eating
- Cut back on the size of the bites of food. More than likely the amount you are eating is too big.
- Slow-down in eating. Many times, you may be eating too fast and food might not have the opportunity to completely pass through the esophagus before you start swallowing more food.
- Chew your food thoroughly – 15-20 chews per bite.
- **AVOID** drinking cold water. Stay with warm water to keep the esophageal muscles relaxed and the LINX device flexible.
- **DO NOT** get anxious. Anxiety will only cause panic.
- Web message us through the Patient Portal or call the office during business hours at (281)-419-8400

**FOLLOW-UP:**

**Post-Op Follow-Up:**

- Postop follow-up appointment scheduled 2 weeks & 6 weeks after surgery
- You can call our office at 281-419-8400 to schedule a postop follow-up appointment

**When to call your doctor:**

- Continued/uncontrolled nausea and/or vomiting
  - Notify the clinic immediately at (281)-419-8400
  - Medication(s) can be prescribed to prevent nausea/vomiting. Antiemetics, such as Zofran (4mg disintegrating tablet orally every 6 hours as needed) and/or Phenergan (25mg tablet orally every 6 hours as needed) may be prescribed
  - If antiemetics does not work, Dr. Howard will discuss adding antispasmodic medication
- Fever over 101 degrees

*When to call your doctor continued:*

- Signs of infection to incision site(s) - redness that is spreading outwards from the incision(s), increased pain, tenderness, pus-like drainage
- Difficulty/Painful swallowing
- Increased abdominal pain

*When to head to the Emergency Room/Call 911:*

- Unable to swallow water or saliva
- Food becomes stuck in your esophagus; choking
- Difficulty breathing