**Fundoplication/Myotomy Clinical Care Pathway**

### Prior to DOS
- **Clinic Visit:** Discuss Care Map and Educate about post-op Esophageal Diet
- **Encourage patients to walk:** 15-20 minutes up to 1 mile per day starting 2 wks before surgery
- **Patient consumes a full liquid diet 3 days prior to surgery for Achalasia**
- **Resident Fellow places orders on Power Plan**

### Day 0: Pre-Op
- **Heparin + SCDs**
- **IV Fluids, per Anesthesia assessment**

### Day 0: Intra-Op in OR
- **IV Abx in OR**
- **Foley**
- **Place Patient in Split Leg Position**
- **Anesthesia to Place Bougie (Call Anesthesia Attending for guidance)**
- **Intra-Op Endoscopy at end of case**

### Day 0 (4 South)
- **NO straws or carbonated beverages!**
- **Order Nutrition Education**
- **Start Clear Liquid Diet**
- **Start crushed Oxycodone (Morphine for Breakthrough Pain)**
- **Start Liquid Tylenol**
- **Start IV Nausea medicine**
- **Team review meds for crushed or liquid form.**
- **Write and submit discharge meds***
- **Order to D/C Foley at midnight**

### Day 1
- **By 6am:** If patient has not urinated, nursing page team
- **Nutrition Education**
- **Ondansetron 4 mg tab PRN as needed for nausea**
- **Nursing or Surg Team does Med Education**
- **Discharge home*** while advancing to the soft esophageal diet and with crushed/liquid meds x 4 weeks**
- **Follow-up appt in 2-3 wks**

---

* Standard discharge meds: Check pharmacy note for crushed/liquid versions of home medications. Prescribe any of these the patient might need. In addition:
  - Oxycodone 5-15 mg PO Q3H PRN pain, please crush tabs.
  - Acetaminophen elixir 160mg/5mL - 650mg PO Q4h prn pain #480 ml
  - Senna elixir - 10mL PO QHS #240 ml hold for loose stools
  - If patients have omeprazole at home, can open those capsules, do NOT need a new rx for lansoprazole solutab. Only need PPI if partial wrap (Toupet), if Nissen, can d/c PPI.

** Need PCP follow-up when patient has significant co-morbidities or any complications. If patient is from out of town, check to see if clinic RN can call patient in 2 weeks instead.

*** Criteria for discharge: Patient is off oxygen; Patient is urinating; Patient is tolerating a full liquid diet; Pain under control with oral medications.