

Post Operative Instructions for Inguinal Hernia Repair

Description of procedure

An Inguinal Hernia is a common problem in men and women resulting from a defect in the anterior abdominal wall which allows the intra abdominal contents such as bowel or inter abdominal fat to rupture through the abdominal wall. Reasons for fixing this hernia include pain when the intra abdominal contents are pushed through the abdominal wall defect and the risk of incarceration and strangulation of the bowel, which can become a life threatening complication. During the surgical procedure an incision is made over the abdominal wall defect; the defect is exposed and a piece of mesh is placed over the top of the defect and sutured into position. After this the abdominal wall, subcutaneous tissue and skin are closed with absorbable and non-absorbable sutures.

Post operative pain control

Although this is a common surgical procedure and patients generally do very well most people under estimate the amount of discomfort they will experience postoperatively. This is largely because the frequent use of the muscle's which have been manipulated during surgery. Most patients typically find that narcotic pain medications are required for at least the first 5 days and at times longer. Many patients find that using ice packs off and on during the first 2 to 3 days is also helpful to control pain, discomfort and swelling. The ice packs should be placed directly over the operative site and removed when they become uncomfortably cold after which time they can be replaced in an alternating manner. Often male patients will find that wearing a scrotal support or elevating the scrotum can help ease the discomfort as well.

Common findings a patient may note on physical exam after the surgery

There may be significant amount of bruising around the hernia incision. In some male patients they will find this bruising down into the scrotum and penis. This is not a worrisome finding and should resolve in 1 to 2 weeks. You will also notice a healing ridge or ridge of inflamed thickened tissue directly underneath the incision. This is present in virtually all patients and again is of no concern and will resolve slowly over a period of several weeks. Other patients may notice bruising that extends towards the hipbone. For patients with bilateral hernias a "swimming suit" distribution of bruising is common but this again is of no concern and will resolve without further treatment. Swelling is very common after the surgery. You will note swelling in the area of the incision and in male patients sometimes the swelling can extend into the scrotum and penis and the swelling can become rather dramatic. Again, elevation of the scrotum with support or a wash cloth folded as the patient is reclining will help decrease the swelling of the scrotum and the penis.

Common things to watch for after surgery

- #1. Urinary retention.** Often times, older patients and male patients will have a difficult time urinating after surgery. If you cannot urinate within 8 to 10 hours or if you start getting pressure over the position of the bladder you should call your physician immediately. Your surgeon will direct you to the Emergency Room where the ER nurse will place a urinary catheter attached to a bag that attaches to your leg. This will drain over the course of the next couple of days relieving the urinary retention and will be removed in our office.
- #2. Signs of infection.** Bruising and swelling is common after inguinal hernia surgery. If, however, the redness surrounding the wound becomes increasingly intense, spreads over the next day or two, is hot and angry or there is drainage of fluid or puss from the wound, these are indications of infection and your surgeon should be called immediately. Fortunately, infections after inguinal hernia surgery are extremely rare.
- #3. Constipation.** Narcotic pain medication commonly causes constipation in postoperative patients. It is almost always appropriate to take a stool softener such as Colace[®] once in the morning and once at night in order to lessen the effects of constipation from the narcotics. Should you still be constipated after surgery a Ducolax[®] suppository, which can be obtained over the counter can be used once in the morning and

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once at night as needed to produce a bowel movement. Some patients also find benefit from using milk of magnesia 30cc by mouth in the morning and at night until bowel movements resume. Should these over the counter medications be inadequate to produce normal bowel movements please call your doctor to receive additional instructions.

Post operative restrictions

- #1. Keep the wound dry for 48 hours. Avoid immersing the wound in a bath, swimming pool or hot tub until your post-operative visit in 7 to 10 days.
- #2. You are encouraged to be active post-operatively and even the day of surgery should be up walking 3 to 4 times around the house. It is acceptable to go carefully up and down stairs and to get in and out of cars and to go the bathroom and dinner table. Heavy lifting, strenuous activities and exercise should be avoided until 3 weeks from the time of surgery. After this time, you should start your exercise or work routine slowly, and advance as tolerated. If the pain worsens then, of course, the activity should be decreased or stopped altogether and then increase as the pain resolves. There are no dietary restrictions after hernia surgery after initial nausea has resolved following anesthesia.

Follow up

You should call your surgeon any time you have questions regarding your surgery. A routine follow up visit is made 7 to 10 days following the surgery. Call the office to schedule this for a time that is convenient for you. Following this visit you maybe scheduled 5 to 6 weeks following for final post operative visit.