

Patient *education*

Your Guide to Hernia Surgery



Appointment Information

Date of surgery: _____

Time of surgery: _____

Arrive ____ minutes before surgery

Responsible adult who will come with you to surgery name and phone number: _____

Surgeon's name and phone number: _____

Your to-do list for surgery

As soon as possible

Make pre-op appointments suggested by your surgeon.

Stop smoking, chewing tobacco, or using illegal drugs. These can slow healing or cause bleeding or ulcers.

Eat well and exercise. Tell your doctor if you're having trouble eating or are losing weight without trying.

Ask your surgeon about:

- All medicines and supplements you're taking. The doctor will tell you which medicines you need to stop taking, and when to stop.
- Any history of blood clotting, deep vein thrombosis (DVT), or pulmonary embolism (PE). Do not stop taking any blood thinners without your doctor's permission.
- Your blood sugar, because surgery can make it hard for your body to control blood sugar.

Make arrangements to have a "responsible adult" (must be at least 18 years old) accompany you to surgery, drive you home, and be able to help during recovery. Your surgery will be canceled if you don't have a responsible adult with you.

Call if you have a change in your health prior to surgery. A new clearance from your primary care doctor will be needed.

2 weeks before surgery

Complete pre-op tests.

Stop all herbal medications or supplements.

Stop NSAIDS (such as Advil or Aleve), aspirin, vitamin E, and fish oil supplements.

Prepare for living at home during recovery, when you might need help with cleaning and meal preparation.

Types of hernia

Inguinal hernia is most common and is more frequent in men than women. It occurs when part of the intestine or fatty tissue enters into the groin region or top of the inner thigh, resulting in a bulge. There may be pain as well. Some inguinal hernias are present from birth, while others are due to aging or straining of the abdominal and groin areas.

Umbilical hernia is a tear in the abdominal wall that allows fat or intestine to protrude at the belly button area. Some umbilical hernias are present from birth. Others are due to obesity, childbirth, and straining of the abdominal wall.

Ventral hernia occurs when fatty tissue or bowel bulges through a hole or defect in the abdominal wall muscles. A ventral hernia can be anywhere on the abdomen and sometimes is called by where it's located. Some people are born with abnormalities in their abdominal wall, making them prone to hernias. Others result from obesity, lifting, and strain of the abdominal wall.

"Sports hernia" is a core muscle injury and is a relatively new diagnosis. Symptoms include persistent groin pain without evidence of the physical "bulge" and no other proven source of other hernias. A sports hernia is not a "true" hernia. These injuries involve micro tears and inflammation of the muscle of lower abdomen and the muscles of the groin and lower leg. This condition is most common in athletes and running enthusiasts.

Treatment

Your doctor will discuss the best treatment option for you.

Most hernias require surgery to repair. Our AHN surgeons are well trained in minimally invasive techniques. Most of our repairs can happen with laparoscopic surgery.

There are several advantages to laparoscopic surgery. It can decrease recovery time, wound infections, postoperative pain, and length of hospital stay.

Three small incisions are made near the belly button and lower abdomen. The surgeon reduces the hernia, restoring normal anatomy to the groin, and places a piece of mesh over the area to ensure a successful repair.

When the repair cannot be completed laparoscopically, the surgery is an "open" procedure. An incision is made over the hernia. The surgeon reduces the hernia, restoring normal anatomy and places a piece of mesh over the area.

Medications

Ask your doctor about your medicines, specifically:

- Should you stop taking them?
- When should you stop taking them?

Here are some guidelines for the most common medicine.

Over-the-counter (OTC) pain relievers

Stop NSAIDS (such as Advil or Aleve), aspirin, and any other herbal medications at least 2 weeks before surgery. These can result in bleeding ulcers.

Anticoagulants/blood thinners

Notify your surgeon if you have a history of blood clotting, DVT, or PE. Ask your doctor if and when to stop taking blood thinners. Do not stop any blood thinners without the consent of your doctor.

Breathing medicines

If you use an inhaler for asthma, use it as prescribed up until your surgery time. If you have a rescue inhaler, bring it with you.

Heart, blood pressure and other medications

On the morning of surgery, you may take any medications for any of these conditions with a small sip of water:

- Heart
- High blood pressure
- GERD
- Seizures
- Depression
- Thyroid disorders

Vitamins, herbs, and weight loss medicines

Stop all herbal medications, vitamin E, and fish oil at least 2 weeks before your surgery.

Although we recommend stopping weight loss medications at least 2 weeks before surgery, you should check with your doctor.

The day before surgery

You will receive a call on the last business day before your surgery to confirm the time you need to be at the surgery center. If you don't receive a call by 3 p.m., call 412-578-4711.

Remove makeup, jewelry, and body piercings

- Remove polish from finger and toe nails
- If you can't remove body piercings or jewelry, including wedding ring, on your own, see a jeweler or piercing specialist.

Shaving

- Don't shave in or around the area where you're having surgery 2 days before surgery. Staff will remove any hair, if needed, with clippers on the day of surgery.

Bathing

- Wash with the provided 4% CHG soap before bed as instructed.
- Put on clean clothes to sleep in.

Food and drink

- Stop drinking at: _____
- Stop eating at: _____

Don't drink alcohol for at least 24 hours before surgery. It can affect other medications.

Day of surgery

- Follow any directions your surgeon gave you for the morning.
- Take approved medicine in morning with a small sip of water.
- Wash again with the provided 4% CHG soap as instructed.
- Wear clean, loose clothing.
- Leave all valuables at home. The hospital and surgery center are not responsible for lost or stolen items.
- If you wear dentures, don't "glue" them in place.

Remember to bring:

- Insurance card, photo ID, and any copay.
- Medication list, rescue inhaler, or CPAP machine.
- Container for hearing aids, glasses, dentures, or prostheses, if applicable.

Allow time for parking and registering when you arrive.

When you arrive

A surgery center nurse will take you to a room to undress and get into bed.

You will have an intravenous (IV) line inserted.

You may have additional tests.

We will review your consent for the procedure with you.

An anesthesia team member will talk with you about anesthesia and obtain your consent for anesthesia.

You may receive any medications ordered by your surgeon or the anesthesiologist.

You may have a catheter placed during the operation. This will be removed at the end of the procedure.

After surgery

In the recovery room, nurses monitor your vital signs, pain, bandage, and symptoms after anesthesia, like nausea.

You will receive fluids and medications via the IV line and use an oxygen mask.

After the anesthesia has worn off and your comfort needs are met, you will be discharged to go home. The time required for this initial recovery varies with each person.

Before you leave

Make any follow-up appointments.

Review discharge instructions.

Be sure your medication is picked up today.

At home

Call the doctor if you have:

- Fever of 100.4 or higher.
- Persistent nausea or vomiting.
- Low urine output or diarrhea greater than six times per day.
- Pain that gets worse or is not relieved by rest or pain medication.
- Redness around the incision or drainage from the incision.
- Calf or thigh pain that increases when you flex your foot.
- Chest pain, shortness of breath, or racing heart.

Some individuals develop a lump similar to their hernia, after surgery. This is fluid that will dissolve over the next six months.

Pain

If you receive a prescription, take the medication as directed. Don't wait until your pain is not tolerable before you take it. Ask your surgeon if using additional over-the-counter pain medications is recommended.

Care of your incision

Your incisions are closed with sutures, or stitches, that will dissolve on their own. The sutures are covered with an adhesive glue to protect the incisions. This glue will wear off on its own.

Due to a risk of infection, **don't** use pools, baths, and hot tubs until you are seen for your first follow-up appointment. Your surgeon will tell you when you may begin to shower.

Unless instructed by your surgeon, **don't** use ointments, creams, or other medications on the incisions, as they can cause irritation and delay healing.

If you are discharged with:

- A pressure dressing — Leave it on. If you start to develop blisters or skin changes from the tape, you may remove it and call the office immediately.
- An abdominal binder — Wear this over an undershirt, at all times, until your next appointment.

Breathing exercise

After surgery, breathing exercises help to prevent pneumonia:

- Take three deep breaths in.
- On the last breath, hold it in, and then make a forceful cough.

Do this exercise every two hours while awake. If coughing causes pain, press a blanket or pillow against the surgical area to support it.

Diet

There are no diet restrictions after surgery.

But, after general anesthesia, you may want a light meal on the first day. If you have nausea, make sure you're drinking plenty of fluids.

Don't consume alcohol while taking pain medications.

Bowel movements

It may be several days after surgery before you have a bowel movement. Keep in mind that the prescription pain medication can cause constipation. You may need to take a stool softener.

If you haven't had a bowel movement by three days after surgery, you may add a gentle laxative. If constipation persists, call the office.

Sleep

It is important that you get lots of sleep to help recover after surgery. If you use a CPAP (continuous positive airway pressure) machine, use it for naps, as well as at night.

Activity

Your surgeon will tell you how long you must avoid heavy lifting and other strenuous activities.

You can resume walking immediately after surgery. Other daily activities can be added gradually. Don't do any activities that cause discomfort.

Your surgeon will decide on a safe date to return to work. Generally, you can return within a week if you're not taking narcotic pain medication and you can comply with the lifting restriction.

Don't drive for 24 hours after surgery due to the effects of general anesthesia. You may resume driving once you are no longer taking pain medication and can safely maneuver a vehicle.

Follow-up

You will be seen in the clinic approximately 2–4 weeks following surgery. This appointment will be given to you prior to discharge.

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ATTENTION: If you speak English, language assistance services, free of charge, are available to you. (412) 330-2400

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al (412) 330-2400

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