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Post-operative Instructions for Laparoscopic Ventral Hernia Repair

Findings:

Follow-up

Your follow-up appointment is an in-office appointment at _____. See our address below.

Please call our office the Monday morning after your surgery to arrange a:

___week in-person follow-up appointment.

Office Number 905-702-2629. The office is in the medical building behind Georgetown Hospital. .

Address:
40 Hillside Drive, Suite 204
Georgetown ON L7G 4W3
Email: info@georgetowngeneralsurgery.com

Presenting to the Emergency Department:

If you have worsening abdominal pain, fevers, chills, nausea and vomiting or unable to tolerate fluids, or any significant concern regarding your wounds or your wellbeing after surgery, call our office. If you have severe symptoms and you need immediate assistance, come to the emergency department at for assessment. If possible return to Georgetown Hospital.

Pain and Symptom Control

The first 1-3 days after surgery you will notice soreness at the laparoscopic incisions and at your previous hernia site. You may also notice, over the first 1-3 days, some shoulder soreness (from residual gas in your abdomen irritating the diaphragm) and/or throat soreness from the breathing tube inserted into the throat during the operation. This should improve quickly over time.

Your incisional pain will typically resolve within the first two weeks however you may have sensitivity at the incisions for up to 6 months. In addition as the nerves in your abdominal wall

heal you may have periodic short bursts of sharp pain burning or itching around your incisions and your abdominal wall. You may have some mild pain or numbness in your abdominal wall which will improve over time.

If you are having worsening pain despite pain medication or requiring more and more pain medication, present to the emergency department for assessment or call our office.

You will be sent home with a prescription pain medication like Statex. We recommend you take around the clock over-the-counter pain medication for the first 1-2 days after the surgery, alternating between Tylenol (325-975 mg) and Advil (200-600mg) every three hours, and supplementing with your prescription pain medication as needed. **If you are using a prescription pain medication make sure you use a stool softener as needed like Restoralax to avoid constipation.**

For example you could take 650 mg of Tylenol at 8:00 am and 400 mg of Advil at 11:00 am and if you have some persistent soreness after 30 min to 1hr take Statex (or other prescribed medication) at that time but continue to take around the clock Tylenol or Advil. **DO NOT** go over the maximum daily dose of any medication.

If your pain is minimal certainly return to as needed pain medication rather than taking it regularly but try to use Tylenol or Advil first rather than the prescription pain medication.

Speak to your doctor if you have any concerns with Advil or Tylenol including liver disease, kidney disease, a history of stomach ulcers or use of blood thinners.

Incision Care and Showering:

Typically there will be 3-4 small laparoscopic incisions about 0.5 to 1cm in diameter usually along the left side and possibly a larger surgical incision ranging from 3cm to 10 cm in length where your hernia is. Major variations will be discussed by your surgeon.

- 1) **You will notice some bruising or swelling at your previous hernia site that are related to normal post-surgical changes and not recurrence of the hernia.** If there is any significant warmth, increasing pain, increasing size of the swelling or if it is related to general abdominal pain and nausea and vomiting, return to the emergency department or call our office.
- 2) Watch for signs of infection:
 - a. Increasing redness or warmth around the incisions
 - b. Pus-like drainage
 - c. Excess swelling or bleeding
 - d. If you take your temperature and it is greater than 38.5 C in two readings 4 hours apart
- 3) Typically there will be 1 inch white rectangular shaped strips (steri-strips) over the wounds which should fall off after a week. If they do not fall off, please remove yourself after a shower, after 7 days. Glue residue can be removed with the help of alcohol swabs.
- 4) Keep the incisions dry and covered for the first 48 hrs.

- 5) You may shower after 48 hrs provided there is no concern about drainage or infection at the incision.
- 6) Do not soak the incisions, and pat dry after the shower. You may soak in a tub or pool **after** 2 weeks if there have been no concerns about wound healing.
- 7) No ointments, powders or creams on the incisions unless discussed with surgeon
- 8) No additional dressings are needed on your incisions unless discussed with surgeon

Activity:

- 1) Immediately after your surgery you are encouraged to get out of bed and walk as this will decrease the risk of blood clots and pneumonias after surgery.
- 2) You are able to do most activities around the house including dressing yourself, walking up and down stairs.
- 3) Do not lift anything greater than 15 lbs for the first two weeks to avoid wound disruption or hernia formation. After two weeks you may slowly return to regular activity being careful to monitor any sensation of pain or strain on your incisions or previous hernia site.
- 4) With respect to driving, you should not drive for the first 48 hrs after surgery and anytime you are requiring prescription pain medication. If you are easily fatigued, have pain that will restrict sudden movement or range of motion, or are having difficulty with being alert or concentrating, DO NOT drive.
- 5) With respect to sexual intercourse, as long as the type of activity is not cause significant discomfort for your incisions or previous hernia site you may slowly return to regular activity as you feel comfortable.
- 6) With respect to work, for jobs not requiring heavy lifting (greater than 15lbs) we recommend you take at least 1 week off, and possibly more depending on your recovery. With respect to jobs requiring lifting greater than 15 lbs you may require at least 4 to 6 weeks off work, depending on the work. Talk to your doctor.

Diet:

- 1) There are no long term changes to your diet.
- 2) After your surgery, while in hospital you will be immediately started on clear fluids and progressed slowly to a solid diet prior to discharge, although it is not a strict requirement for discharge.
- 3) You can slowly return to your regular diet, but for the first two to three days you may not feel like eating anything heavy as it takes some time for your bowels to start moving regularly
- 4) After any surgery always make sure you are drinking plenty of water as dehydration can be a common cause of post-operative emergency visits.
- 5) You may consume caffeinated beverages immediately after your surgery but for the first week be sure you are keeping hydrated as caffeine will dehydrate you.
- 6) Do not drink alcohol for the first 48 hrs after surgery and anytime while you are requiring prescription pain medication. Be very careful with alcohol as it can interfere with other

medications, and dehydrate you, and impair your recovery. If possible avoid for the first two weeks.

Medications:

Unless discussed, you may return to your regular medications following the surgery, once you are able to tolerate liquids. Any exceptions (for ex. Blood thinners) will be discussed with you. If you have any questions regarding your home medications contact my office or your family physician.

Other Instructions: _____
