Pre-and Post Op Hernia Surgery Instructions
(Inguinal, Ventral, Incisional or Umbilical)

Prior to your operation:

Your surgeon may order some specific labs related to your surgery.

There will be an opportunity to meet with the anesthesiologist prior to the operation to discuss the anesthesia for your surgery. Depending on the location of the surgery, that may be the day of the surgery or several days prior.

No special dietary changes are needed prior to the surgery.

All aspirin and aspirin like drugs (ibuprofen (Motrin), Aleve, Indomethacin) must be stopped 7-10 days prior to surgery. Please make sure your surgeon is aware of any other blood thinning medicines.

Some hernia patients are asked to bowel prep for their operation. If this is the case, please see the instructions on the bowel preparation sheet.

Day of the Surgery:

You are not to eat or drink anything after midnight the day prior to your surgery.

If you are on regular medications like blood pressure medicines, you should take these with a sip of water only. Please do not take oral diabetes medicines and talk with your primary care doctor as to how much insulin you should take if you are on insulin.

You are to come to the facility at the designated time to be prepared for surgery. You will have a chance to meet with your surgeon in the holding area prior to the surgery.

Post-OP Instructions and Care:

Regardless of whether your surgery is done laparoscopically or through an open operation, the incisions will be closed with either staples or sutures (covered with glue or steri-strips). In either case, by the time you go home you will not need to cover the incisions. If there is glue or steri-strips, expect that they will fall off on their own, but if they remain after 8-10 days, you may remove them. They are easiest to remove in the shower.

If you do not have a drain after your surgery, you may shower the day after your surgery. If you have a drain after the operation, you will need to wait till the drain is removed. Please do sponge bathe in the mean time. Once you are allowed to shower you may get the incisions wet and wash with normal soap and water. Do not submerge in the water (bath, pool, ocean, hot tub etc) for 1 week after your surgery. If you have staples, do not submerge until the staples are out.
Swelling or bruising may occur after hernia surgeries. For inguinal hernias, the swelling is often times in the groin area or the scrotum. The bruising may be on the base or shaft of the penis, in the scrotum or on the sides. For abdominal wall hernias the swelling and bruising is most often around the incisions. For inguinal hernias, a scrotal support often times provides good symptomatic relief and an abdominal binder is recommended for abdominal wall hernias. You are to contact your surgeon if the swelling continues to worsen within the first few days.

There are no true dietary restrictions after the surgery. Some component of bloating may exist after the surgery. For abdominal wall hernias this may be more pronounced as the intestines may be slow to return to normal function. It is usually easier to stick to light, bland foods and even liquids for the first few days after surgery. Once intestinal function returns (marked by passage of gas and stool) you may eat anything that you feel you can tolerate.

Everyone will be given a prescription for pain medication to take after the operation. The prescription can be requested prior to surgery so that you have it at home after your operation. The medication is usually a narcotic and can cause some constipation. We usually recommend taking a stool softener with the narcotic to help with this. Some examples are Colace or Surfak. You may also take ibuprofen (if this does not upset your stomach) or Tylenol if you do not need something as strong as the narcotics, or even as an adjunct to them.

Regardless of whether your operation is done open or laparoscopically, you need to limit your activity after surgery. If done open, there is no heavy lifting or straining (no more that 10 lbs) for 4-5 weeks after surgery. If done laparoscopically, you may return to normal activities after 2-3 weeks. Most patients can return to work or school after 1-2 weeks from their surgery date.

Very often times a foley catheter is placed in the bladder for the surgery. The catheter is always placed after you are put to sleep and taken out before you wake up so that you do not feel it. There may be some burning or difficulty the first time you urinate. If you are going home the day of your surgery, you are encouraged to remain at the facility till you are able to urinate. Once at home, if you are still having difficulties, try sitting in a shallow bath of warm water. Relax, it will come. If you cannot urinate and are uncomfortable, call your surgeon.

A seroma is a benign fluid collection that may occur after surgery at the sight of the hernia. This is more common in abdominal wall hernias than inguinal hernias but may be seen in either. This may appear as a rapid recurrence of your hernia but is not a hernia at all. It is rarely large and most often small non-painful. These will resolve on their own most of the time but may remain for several weeks. Please do not let anyone other than your surgeon try to treat the seroma.

There are certain things to expect after the operation. Shoulder pain can be a part of any laparoscopic surgery. This is referred pain to the shoulder from the gas used during the surgery. It is most often the left shoulder, but may be the right side too. It can be felt in the shoulder blade are as well. It usually goes away in the first 24-36 hours and is best
managed with anti-inflammatories like ibuprofen and activity (walking). If you are concerned – do contact your surgeon or your primary doctor. Feeling “gassy” or “crampy” may also be seen after hernia surgeries. The small intestines can sometimes react to the surgery by “going to sleep”. As they return to function, you may feel bloated. This will pass in the first few days. There may be some numbness or sensitivity in the inner thigh or scrotum after an inguinal hernia repair. This too will pass in the first few weeks.

Most patients will be given an appointment to follow-up in the office after surgery, when they are given their surgery date. If you were not given an appointment, please call the office to make one – for 10-14 days after the surgery. The office number is (954) 966-8559.

There is a physician on call for you 24 hours a day. In case of an emergency you may call the office at the above number or please proceed to your nearest emergency room, or call 911. You should notify your surgeon if:

- You have fever over 101 degrees F
- You have worsening pain, not relieved with the pain medications
- You have nausea or vomitting that persists
- You have redness around the incisions that is worsening or drainage from the incisions
- Chest pain or shortness of breath