



Umbilical and Ventral Hernia Repair with Mesh Post-op Instructions

Surgery

You have just undergone minimally invasive surgery to repair a hernia in the umbilicus (belly button), or front of your abdomen. This involves making a small incision in your abdomen in order to gain access to your hernia or hernias. A piece of mesh is placed inside your abdomen in order to repair the hernia defect from the inside.

The end result of this repair is identical to laparoscopic hernia repair, but the procedure is less invasive. There is less dissection involved and local anesthesia with sedation is often used instead of general anesthesia, leading to a quicker recovery.

Pain

Upon discharge from the hospital, you will be given a prescription for pain medication. Because pain medication can be constipating, be sure to drink lots of fluids and eat plenty of fruits and vegetables. It will also be helpful to take a stool softener such as Senokot or Colace twice a day. Citrucel or Benefiber are good fiber supplements that can be taken once or twice a day in order to prevent constipation .

Ice can be used to alleviate your discomfort. It is safe to ice the incision area and below for 20 minutes at a time, several times a day during the first few days after surgery.

If you are unable to have a bowel movement following surgery, a mild laxative such as Milk of Magnesia may be used. Being up and about after surgery is also helpful in regulating bowel function. To minimize pain when you are moving about, support your incision with a small pillow or rolled up towel.

Most patients can take Acetaminophen (Tylenol) instead of the prescription medicine. Ibuprofen(Advil) or Naproxen (Aleve) can often be taken in addition to the Tylenol or your

prescription. Since most pain medicine can be taken every 8 hours, some people find it helpful to take Acetaminophen every 8 hours and Ibuprofen every 8 hours, but staggered by 4 hours, thus taking something for pain every 4 hours and avoiding narcotics all together. For example, a patient might take Ibuprofen at 1:00 pm, 9:00pm and 5:00 am and Tylenol at 9:00 am, 5pm, and 1 am if needed.

Please read the instructions provided while you were in the hospital, or the bottle on your over the counter medicine, if you have question about this.

Incision

Your incision is closed using a number of sutures below the skin surface. When you remove the outer dressing (see bathing instructions below for when to remove the dressing), you will find a special ribbed tape covering the incisions. The ribbed tape will fall off on its own.

All patients will have swelling and some black and blue discoloration at the incision site or around it. The swelling does not mean your hernia was not repaired. This swelling and discoloration is normal and will resolve over the next several weeks to months. Sometimes this swelling can feel quite hard, and may seem to appear several days after surgery.

Many patients have used Arnica Montana, either as a gel or orally, to reduce swelling and bruising after surgery. Arnica is a safe, homeopathic medicine that works well in many patients. Most natural food stores will carry it.

Bathing

You have a waterproof bandage on your incision. It is fine to shower any time after surgery. Two days after surgery, remove the outer dressing. It is still safe for you to get into the shower. Be careful not to scrub at the incision line; simply let the water run over the incision and gently pat the area dry.

It is fine to swim in a pool or take a bath after the steri-strips have fallen off (or 2 weeks after surgery - whichever occurs first).

Activity

Following surgery, you are encouraged to do as much walking as is comfortable. You may climb stairs, taking them one at a time and slowly.

You are not to operate a vehicle while you are taking pain medication. This will interfere with your ability to drive safely. Once you have finished taking pain medication, it is safe for you to drive.

Lifting heavy objects and exercise is okay 2 weeks after surgery, but if lifting causes pain in your incision, please stop. If pain persists, call the office and speak with the nurse.

Precautions

Although not commonly seen, any incision is susceptible to infection. If you develop a fever of 101 degrees or above, have unexpected pain, redness or drainage from the incision, please contact my office.

Your pain and swelling should gradually improve after the second postoperative day. Some patients will experience more swelling in the first week, especially if they are very active. If your symptoms worsen after that time, please call the office

Follow-up

If you do not already have a postoperative appointment, please call the office a day or two after you go home to schedule your appointment for approximately 2 weeks after surgery.

Call the office if you have questions or concerns about your recovery: 617-466-3373

Post-op FAQ:

Below are questions that patients often ask us before and after surgery. This was created to help you better prepare for the day of surgery and for recovery. While these answers do not substitute for an appointment with us, they are created to help you remember what may have been said in the office during your consultation

Will I be able to walk after surgery?

Yes. We want everyone to walk after surgery.

When can I shower after surgery?

You may shower the day after surgery. There is a waterproof bandage on the incision. YOU may continue to shower after the dressing is removed.

When does my stomach look more bloated or full?

The combination of abdominal surgery and medications that you received during surgery slow down the intestine. This causes fluid and gas to build up in the abdomen which you will notice for the first few days after surgery. Be sure to drink fluids, take stool softeners if you are on prescription pain medications. The fullness will slowly go away during the first week after surgery and will be completely gone after 2-3 weeks in most people

When should I take my dressing off?

Please peel off the clear plastic and remove the gauze 2 days after your surgery. There is no need to put anything over the steri strips that are glued to the skin.

Can I put a bandaid over the steri strips?

Sure. Some people find that a bandaid feels better. Sometimes a bandaid can help keep your clothes clean in the small chance a few drops of blood seep from under the steri strips.

Can I go up steps after my hernia surgery?

Yes. Please take steps slowly and one at a time.

Can I lift a gallon of milk?

Yes, as long as it's once or twice! You may lift up to 25 lbs as long as you are not performing many repetitive motions the first two weeks. Any repetitive activities can cause harm to your repair

Can I bend down to tie my shoes after surgery?

Yes, just move slowly.

When can I drive after surgery?

You CAN'T drive if taking the prescription opioids. We suggest waiting 24 full hours after your last dose of prescription pain medication before you drive. If you have not taken prescription medication or finished them, you may drive if you feel that you are able to.

Can I go for a long walk after hernia surgery?

Yes, we encourage it. Just avoid strenuous hiking trails and don't wear a backpack.

When can I go for a run after surgery?

You can go for a run two weeks after hernia surgery.

When can I resume sexual activity?

You may resume sexual activity two weeks after hernia surgery.

When can I go back to work after hernia surgery?

You may go to work whenever you feel like, as long as your job does not require heavy lifting. Approximately 75% of our patients go to work within 3 days of surgery.

When can I go back to the gym?

You may return to the gym two weeks after surgery. Please use common sense and resume activity gradually.

How much pain will I have after surgery?

Everyone is different! Some pain, of course, is expected. Most of our patients feel that Tylenol and Motrin are strong enough to take care of their pain.

How likely is the hernia to come back after surgery?

The chance that an inguinal hernia comes back after surgery is less than 2%. The chance that an umbilical hernia comes back is 5-10%. The chance that a ventral hernia comes back is less than 20%.

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