

# INPATIENT SURGICAL CONSULTANTS

JASON A. BRODSKY, MD, FACS

JOSHUA J. FELSHER, MD, FACS

MIN S. KIM, MD, FACS

## INSTRUCTIONS AFTER HERNIA REPAIR

1. Keep the incisions dry for 24 hours. Remove the dressings 24 hours after surgery. Unless specifically instructed, do not leave the dressing on for more than 48 hours. There may be steri-strips (small pieces of tape) over the incisions. Keep them in place until they loosen and the edges begin to curl. This usually happens one to two weeks after surgery.
2. Once the bandages are removed, you may take a shower. You may wash the incision gently and pat it dry. No further bandage is necessary. Do not take a bath or swim until you have been seen at your first postoperative visit in our office.
3. Black and blue bruising and mild swelling around the incision is common and harmless. On occasion, bruising may extend to the hips or (in males) to the penis and scrotum (this may be more pronounced if your hernia was fixed laparoscopically). If severe swelling, bleeding or increasing redness or tenderness occurs, call our office. An ice bag placed intermittently over the surgical site for the first 24 hours may help reduce swelling and soreness. It is normal to develop a firm, sausage-like swelling along the incision over the first few weeks after surgery. It becomes more noticeable over the first week as the initial swelling recedes. It is a normal part of the healing process and will disappear in a few months.
4. There are no restrictions as to what you may eat. Avoid overeating. Most patients do better with frequent small meals for the first week or two after surgery. Avoid alcohol if you are taking narcotic pain medicine (i.e. Percocet, Darvocet, Tylenol #3, etc).
5. Avoid constipation. It may be helpful to take a stool softener for the first week or until you are no longer taking narcotic pain medication. An example of this is Colace, which is available over the counter. Take one tablet (100 mg) twice daily. You may also use a fiber supplement such as Metamucil or Fibercon. If 2 days pass without a bowel movement, take a gentle laxative such as Milk of Magnesia (two tablespoons by mouth). If this is not effective within 24 hours, take a stronger laxative such as magnesium citrate or take a Fleet's enema.
6. Do not lift anything greater than 15 pounds or perform focused abdominal exercises (sit-ups, crunches, etc) for one month after surgery. Otherwise, activity should be undertaken as tolerated. You are encouraged to walk and should try to do so several times each day. You may drive once you are confident you can safely control a car. You may not drive within 24 hours of taking any narcotic pain medication. Most people are ready to drive 4 or 5 days after surgery.
7. Most people experience mild to moderate discomfort and pain after surgery. Over the counter pain medication provides adequate relief of post operative pain. Only take the narcotic pain medication for pain not relieved by over the counter medications. Try not to take more than necessary, as these prescription medications may cause dizziness, constipation or nausea.
  - \_\_\_ Ibuprofen (motrin, advil, etc) 400 mg three times daily with meals
  - \_\_\_ Tylenol 650 mg (two regular strength tablets) every 4 hours as needed for pain
  - \_\_\_ Percocet 5/325 one tablet every 4 hours as needed for pain
  - \_\_\_ Darvocet N-100 one tablet every 6 hours as needed for pain (do not take with Tylenol)
  - \_\_\_ Tylenol #3 one to two tablets every 4 hours as needed for pain (do not take with regular Tylenol)
8. Call the office (240-403-0621) for worsening abdominal pain, vomiting, fevers over 101 degrees, wound drainage or any other concerns. Call the office (240-403-0621) to schedule a post-op follow-up visit. You should be seen 10-14 days following your surgery.