Hernia, Surgical Repair

A hernia occurs when an internal organ pushes out through a weak spot in the belly (*abdominal*) wall muscles. Hernias commonly occur in the groin and around the navel. Hernias often can be pushed back into place (*reduced*). Most hernias tend to get worse over time. Problems occur when abdominal contents get stuck in the opening (*incarcerated hernia*). The blood supply gets cut off (*strangulated hernia*). This is an emergency and needs surgery. Otherwise, hernia repair can be an *elective procedure*. This means you can schedule this at your convenience when an emergency is not present. Because complications can occur, if you decide to repair the hernia, it is best to do it soon. When it becomes an emergency procedure, there is increased risk of complications after surgery.

CAUSES

- Heavy lifting.
- Obesity.
- Prolonged coughing.
- Straining to move your bowels.
- Hernias can also occur through a cut (*incision*) by a surgeon after an abdominal operation.

HOME CARE INSTRUCTIONS **PRIOR TO** REPAIR:

- Bed rest is not required. You may continue your normal activities, but avoid heavy lifting (more than 10 pounds) or straining. Cough gently. If you are a smoker, it is best to stop. Even the best hernia repair can break down with the continual strain of coughing.
- Do not wear anything tight over your hernia. Do not try to keep it in with an outside bandage or truss. These can damage abdominal contents if they are trapped in the hernia sac.
- Eat a normal diet. Avoid constipation. Straining over long periods of time to have a bowel movement will increase hernia size. It also can breakdown repairs. If you cannot do this with diet alone, Metamucil® or other stool softeners may be used.

PRIOR TO SURGERY, SEEK IMMEDIATE MEDICAL CARE IF:

You have problems (*symptoms*) of a trapped *(incarcerated)* hernia. Symptoms include:

- An oral temperature above 102° F (38.9° C) develops, or as your caregiver suggests.
- Increasing abdominal pain.
- Feeling sick to your stomach (*nausea*) and vomiting.
- You stop passing gas or stool.
- The hernia is stuck outside the abdomen, looks discolored, feels hard, or is tender.
- You have any changes in your bowel habits or in the hernia that is unusual for you.

BEFORE SURGERY (WHEN ELECTIVE)

You should be present 1 hour prior to your procedure, or as directed by your caregiver. Check in at the admissions desk to fill out forms if you are not pre-registered. There will be consent forms to sign prior to the procedure. There is a waiting area for your family while you are having your procedure.

LET YOUR CAREGIVERS KNOW ABOUT THE FOLLOWING:

- Allergies
- Medications taken including herbs, eye drops, over the counter medications, and creams
- Use of steroids (by mouth or creams)
- Family or personal history of problems with anesthetics or Novocaine
- Possibility of pregnancy, if this applies
- Personal history of blood clots (*thrombophlebitis*)
- Family or personal history of bleeding or blood problems
- Previous surgery
- Other health problems

FOLLOWING SURGERY

After surgery, you will be taken to the recovery area. A nurse will watch and check your progress there. Once you are awake, stable, and taking fluids well, you will be allowed to go home as long as there are no problems. Once home, an ice pack (wrapped in a light towel) applied to your operative site may help with discomfort. It may also keep the swelling down. Do not lift anything heavier than 10 pounds (4.55 kilograms). Take showers not baths. Do not drive while taking narcotics. **Follow instructions as suggested by your caregiver.**

AFTER SURGERY, SEEK IMMEDIATE MEDICAL CARE IF:

- There is redness, swelling, or increasing pain in the wound.
- There is pus coming from the wound.
- There is drainage from a wound lasting longer than 1 day.
- An unexplained oral temperature above 102° F (38.9° C) develops.
- You notice a foul smell coming from the wound or dressing.
- There is a breaking open of a *wound* (edged not staying together) after the sutures have been removed.
- You notice increasing pain in the shoulders (shoulder strap areas).
- You develop dizzy episodes or fainting while standing.
- You develop persistent nausea or vomiting.
- You develop a rash.
- You have difficulty breathing.
- You develop any reaction or side effects to medications given.

MAKE SURE YOU:

- Understand these instructions.
- Will watch your condition.
- Will get help right away if you are not doing well or get worse.

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