



Hernia Repair

A hernia is a weakness or tear in the wall of the abdomen, sometimes called a “rupture.” Your surgeon may repair it with an open incision or through a laparoscope. There are many different types of hernias.

- **Incisional hernia** occurs at the site of a previous surgical incision, anywhere on the abdomen.
- **Umbilical hernia** occurs in the umbilical ring around the naval.
- **Inguinal hernia** occurs in the groin near the internal ring.
- **Femoral hernia** occurs in the thigh, just below the groin.

Return appointment

- Keep your scheduled appointment at your surgeon’s office.

Diet

- You will be started on clear liquids after surgery. Further instructions on advancing your diet will be given at the time of discharge.

Activities and restrictions

- Follow your doctor’s orders concerning driving, returning to work, exercising, climbing stairs and lifting.
- Sexual intercourse is allowed when comfortable.
- Support your incision with your hand or pillow when walking, coughing, laughing, etc. to decrease discomfort.
- Light exercise can improve circulation. Walk as much as possible.

Discomfort

- Take prescribed pain medication as directed by your surgeon. Narcotics should be taken with food to help avoid stomach upset.
- As you continue to recover, you will need less pain medication. Tylenol or Advil may be used with the consent of your surgeon.

Medications

- Resume your regular medications unless otherwise instructed by your doctor.

Wound care

- An ice pack may be applied to the incisional site.
- You may bathe/shower as directed by your surgeon.
- If you have narrow strips of tape across your incision, do not remove them – they will peel and eventually fall off.
- Male patients may experience swelling of the scrotum. To control this, wear close-fitting briefs, elevate the scrotum on a towel while resting and apply an ice pack to the scrotal area.

Urination

- If unable to urinate 8 hours after surgery, call your surgeon for further directions. Some surgeons allow patients to be discharged without urinating if they have no urge to do so and are comfortable.

Reason to contact your physician

- Temperature of 100 degrees or higher
- Pain not controlled with prescribed pain medication
- Large amounts of bleeding, drainage, redness or swelling
- Prolonged nausea or vomiting

Common post-surgical problems or concerns

- **Fatigue** – It takes a lot of energy to heal. Fatigue is common for 4-6 weeks after surgery but it gradually should improve over time.
- **Appetite Changes** – Appetite may be poor or foods may taste differently for several weeks after surgery. This should resolve within 4 to 6 weeks after surgery.
- **Bowel Function** – Constipation and diarrhea are common after surgery. Bowel habits should stabilize within 2-4 weeks after surgery. Constipation may be treated with over-the-counter laxatives but it is not worrisome unless it is associated with undue pain, vomiting or inability to pass gas. Diarrhea with 6 or more episodes per day may be due to infection and should be brought to the doctor's attention. Otherwise, diarrhea may be treated by drinking plenty of liquids and taking over-the-counter anti-diarrheal medications.
- **Hormone Cycles** – Hormonal rhythms such as menstrual cycles often are irregular for 4 to 6 weeks after surgery. No specific treatment is needed.
- **Sleep Cycle** – Altered sleep patterns such as insomnia or daytime napping is related to the body's response to the stress of surgery and the healing process. Common sleep aids may be used. The normal sleep cycle should resume by 4-6 weeks after surgery.