

Dr. Steven Williams

POST OPERATIVE PATIENT INSTRUCTIONS

Procedure: Inguinal Hernia Repair

WHAT TO EXPECT

- Surgery usually takes about 1 hour
- Recover from anesthesia usually for 1 ½ hour or so before you are ready to go home
Expect to be discharged home the day of surgery
- Pain or discomfort 5-7 days POST- OP, the first 2 days are the toughest, but keep moving.
- You will have absorbable sutures hidden under your skin with skin glue on top of your skin.
The glue will fall off over the next 2-3 weeks, do not pick at the glue
- You will have some swelling of your incision and mild bruising that can travel into the genitals. This is normal, but if your scrotum is more than twice its usual size or if you having bruising extending to your flank or upper leg call us for an early follow-up to check.
- (MEN) – Wear a jockstrap and elevate the scrotum with a towel while sitting or lying to help reduce the swelling that might occur.
- USE AN ICE PACK! Place an ice pack on top of a towel to separate your skin incision from the ice itself. Use the ice to reduce swelling for the first 48hrs after surgery.

DIET

You have no dietary restrictions after your surgery, but lots of water and high fiber foods to avoid constipation is encouraged.

WOUND CARE

1. Unless otherwise directed, you may shower daily with your choice of soap and water to keep your incision clean and help reduce the risk of skin infection.
2. **DO NOT SOAK!** No tubs, pools or hot springs until you are seen on your follow up appointment. Submerging in water increases the risk of infection.

LIMITATION

1. **DO NO LIFT, PUSH OR PULL MORE THAN 15 lbs.** or use your abdominal muscles for 6 weeks after surgery. This allows time for your incisions to heal and reduces the risk of recurrent hernia formation. The “heavy lifting” restriction is really just trying to avoid abdominal strain. Do not use your ab muscles for 6 weeks while the hernia repair is healing.
2. You should be up and moving around the night of your surgery and walking 5-6 times a day at a minimum there after. You will be **LESS** sore if you move around.

FOLLOW UP APPOINTMENT

If you have not already done so, call our office (208) 321-4790 and schedule a post operative visit for 2 weeks after your surgery.

WHEN TO CALL

- Fever: Temperature greater than 101°F
 - Uncontrolled pain
 - No bowel movement in 3 days
 - Shortness of breath – New Onset and severe call 911
 - Chest Pressure or pain- New Onset and severe call 911
 - Lower leg swelling
 - Persistent Nausea
 - Extreme bruising or swelling around the incision
 - If you have other questions or concerns **PAIN**
1. Use your prescription pain medication “narcotic” or “non-narcotic” as directed on the prescription.
 2. DO NOT take additional Tylenol (acetaminophen) if your pain medication has Tylenol (acetaminophen) in it.
 3. You may take ibuprofen 200 mg tablets: 600 to 800mg total (so 3 or 4 of the 200mg tablets) every 8 hours OR Aleve (Naproxen) 1 tablet every 12 hours as needed along with your narcotic pain medicine.
 4. Use ice to decrease the swelling: Wrap a ziplock bag of ice in a cloth or towel and place it on and off your incisions every 15-30 minutes as needed for the first 2 days. It will help decrease inflammation.

BOWEL CARE

1. Start bowel care IMMEDIATELY after surgery to prevent constipation. It is very common and is caused by the surgery, anesthesia, and especially narcotics. Listed below are different options for you that are available over the counter at your local pharmacy or grocery store.
 - Stool Softeners (colace & docusate calcium) soften the stool, making it easier to pass. Stool softeners can be most effective if you drink plenty of water throughout the day.
 - Laxatives: Such as Correctol, Ex-Lax, and Senokot make stool move faster through the intestines by irritating the lining of the intestines. Regular use of stimulant laxatives is NOT recommended. Stimulant laxatives change the tone and feeling in the large intestine, and you can become dependent on using laxatives all the time to have a bowel movement.
2. **Our recommendation to start BEFORE the day of surgery-** Colace 1 capsule twice a day OR Miralax 1 scoop twice a day.
3. **Our recommendation if you have not had a bowel movement in 1 day after surgery** Increase Miralax to 2 scoops twice a day and consider adding another agent.

4. **Our recommendation if you have not had a bowel movement in 2 days-** Stay on Miralax and Colace and use a Dulcolax suppository twice a day until you have a bowel movement. Consider a fleet enema twice daily until you have had a bowel movement.
5. **Our recommendation if you have not had a bowel movement in 3 days-** Magnesium Citrate: Drink ½ bottle and if you do not have a bowel movement in 2 hours drink the remainder ½ bottle as well as taking your Miralax and Colace.
6. If you develop loose stool stop the stool softeners.