

Open Incisional Hernia Repair: What to Expect at Home

Your Recovery

The course of your recovery will depend on many factors. The following instructions will help guide your recovery and answer many of the common questions. If you have any questions, please call my office (510) 465-5523.

Activity

- Rest when you feel tired. Getting enough sleep will help you recover. Sleep with your head up by using three or four pillows. You can also try to sleep with your head up in a recliner chair. Do not sleep on your side or stomach for 1 week.
- Try to walk each day. Start by walking a little more than you did the day before. Bit by bit, increase the amount you walk. Walking boosts blood flow and helps prevent pneumonia and constipation.
- Put ice or a cold pack on the area of your incision(s) for 10 to 20 minutes at a time. Try to do this every 1 to 2 hours for the first 48 hours (when you are awake) or until the swelling goes down. Put a thin cloth between the ice and your skin.
- Avoid strenuous activities, such as biking, jogging, weight lifting, or aerobic exercise for 8 weeks.
- Avoid lifting anything that would make you strain for 8 weeks. This may include heavy grocery bags and milk containers, a heavy briefcase or backpack, cat litter or dog food bags, a vacuum cleaner, or a child.
- You may drive when you are no longer taking pain medicine and can quickly move your foot from the gas pedal to the brake. You must also be able to sit comfortably for a long period of time, even if you do not plan to go far. You might get caught in traffic.
- Most people are able to return to work within 3 to 4 weeks after surgery, but this will greatly depend on the type and complexity of your hernia repair.
- You may shower 48 hours after surgery. If you have a drain, do not wet the drain site; therefore, you may need to perform use a sponge bath until the drain is removed.
- You can have sex again in 3 weeks.

Diet

- **After surgery eat small meals for a couple of days. Chew well and eat slowly. Eat a low fat, low salt diet for the first 2 weeks.** You can eat your normal diet after the first 2 weeks. If your stomach is upset, try bland, low-fat foods like plain rice, broiled chicken, toast, and yogurt.
- Drink plenty of fluids.
- You may notice that your bowel movements are not regular right after your surgery. Take the stool softener and laxatives until you have a normal bowel movement. Then take the medications as needed.

Medicine

- Take pain medicines exactly as directed.
- Use Ibuprofen (Motrin), Acetaminophen (Tylenol) and ice to treat the pain from surgery. Only use narcotic pain medication if this doesn't work.
- In general, most patients only need narcotic pain medication for a few days after surgery. Take the prescribed narcotic pain medication only if your pain level is greater than 6 (out of 10) or increasing rapidly. You can take the narcotic pain medication in combination with ibuprofen.
- After the first few days, most patients do well with just a combination of ibuprofen (Motrin) and acetaminophen (Tylenol), and can stop the narcotic pain medication. Read and follow all instructions on the label.
- Many pain medicines have acetaminophen, which is Tylenol, including many prescription narcotics. Too much acetaminophen (Tylenol) can be harmful. Do not take more than 4000 mg of acetaminophen every 24 hours.
- **Stop the narcotic pain medicine as soon as possible because it has many side effects including constipation and nausea.**
- If you think your pain medicine is making you sick to your stomach:

Take your medicine after meals.

Ask your doctor for a different pain medicine.

Incision Care

- Remove the bandaid/dressing after 48 hrs. You may then wash the area daily with warm, soapy water, and pat it dry. Do not soak in water (bathing, hot tub, pool, etc) for 7 days.
- Leave the white (steri-strip) tape on the skin for 2 weeks or until it falls off.
- Keep the area clean and dry between showers. You may cover it with a gauze bandage if it weeps or rubs against clothing.
- It is common about 1 week after surgery to develop a bulge at the site of the previous hernia. This is called a "**seroma**," which is a small pocket of fluid. This is very common and normal. It is not a problem or complication. The fluid will reabsorb in a month or two.
- If a binder was provided to you, wear it whenever you are walking. You do not have to wear it when you are lying down or sitting, although you can wear it at all times if it is more comfortable for you. It is usually beneficial to wear it for 1-2 months after surgery
- If you have a drain, follow the instructions provided by the nurses. Record and dump the fluid in the bulb every day. Contact Dr. Liu's office (510) 465-5523 when the drain output is less than 30ml a day to have the drain removed. Do not wet the drain site; therefore, you may need to use a sponge bath until the drain is removed.

SEEK MEDICAL CARE IF:

- You have a fever >100.5.
- Your pain gets worse or is not helped by medicine.
- You have frequent nausea or vomiting.
- You have continued abdominal bloating.
- You have expanding redness or swelling in any incision areas.
- You have pus draining from any incision areas.
- You have not had a bowel movement for 2 days

CALL 911 ANYTIME YOU THINK YOU MAY NEED EMERGENCY CARE. FOR EXAMPLE, IF:

- You have trouble breathing.
- You have severe belly pain.
- You passed out.
- You have sudden chest pain.

Regards,



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