

Inguinal Hernia Repair: Your recovery and what to expect at home.

The course of your recovery will depend on many factors. The following instructions will help in guiding your recovery and answer many of the most common post op questions. If you have additional questions, please call my office at 702-258-7788.

WOUND CARE:

Remove the outer bandage/dressing after 48 hrs. Wash the area daily with warm, soapy water, and pat it dry. Do not soak in water (bath, hot tub, pool, etc) for 14 days.

Leave the white tapes (steri-strips) on the skin for 2 weeks or until they fall off.

Keep the incision area clean and dry between showers. You may cover it with a gauze bandage if it weeps or rubs against clothing.

Some patients will develop a bulge at or near the previous hernia site within 1 week post surgery. This is called a "seroma," which is a small pocket of fluid. Your body will reabsorb the fluid but a small amount may leak from the incision as well. This should improve in 1-2 weeks and it is neither a complication nor uncommon.

In men, the scrotum may become discolored and swollen after surgery. This is common and will improve in 1-2 weeks.

- 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 barrier between the ice and your skin.

ACTIVITIES AND LIFESTYLE:

- Avoid heavy lifting (no more than about 15 pounds) for 3 weeks. Lifting in excess can lead to re-injury, additional swelling and/or an increase in your pain level.
- You may use stairs and take short walks.
- You need to gradually increase your walking distance daily, stopping before you become exhausted. Many post operative complications, including pneumonia, can be avoided by getting up and walking around after surgery.
- Patients should not drive for 1 week after surgery and NEVER while taking narcotic pain medication.

Most people are able to return to work within 1 to 2 weeks after hernia surgery. **Please contact my medical assistant if you need: FMLA/disability forms completed, a work release or have ANY other questions related to your post operative recovery period.** 702-258-7788

MEDICINES:

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.

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 within 24 hours.

Stop the narcotic pain medicine as soon as possible because it has many side effects including constipation and nausea. Be sure to drink plenty of water and take stool softeners as directed to help avoid opioid-induced constipation.

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.

SEEK MEDICAL CARE IF:

You have a continued fever >101.5

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 at any incision site.

You have foul-smelling drainage from any incision site.

You are unable to have a bowel movement for 3+ days

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

- Trouble breathing.
- Severe belly pain.
- A loss of consciousness
- Sudden chest pain.

Regards,

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