

Ventral 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 guide your recovery and answer many common questions. If you have any additional questions or concerns, please call my office at 702-258-7788.

WOUND CARE:

Your incision should remain dry and covered the first 48hrs after surgery. At that time, you may remove any outer bandages to shower, taking care to wash around the incisions. If you have steri-strips (white tape-like coverings), leave them in place. They will typically fall off on their own in 1-2 weeks. If you have staples, you may feel more comfortable putting a light bandage back over your incision after you have showered. You may re-cover your incision if your clothing rubs uncomfortably, if you have an open wound or any drainage coming from the incision. Otherwise, leave it open to air and keep it as clean and dry as possible.

Some patients will develop a bulge at or near the previous hernia site within 1 week of 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. Though it can take several weeks for your body to begin reabsorbing a seroma, it is neither a complication nor uncommon.

You may submerge your incisions underwater –pools, bathtubs, etc. – 2 weeks after surgery.

ACTIVITIES AND LIFESTYLE:

Avoid heavy lifting (no more than about 15 pounds) for 3 weeks. Lifting in excess can lead to re-injury 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.

Most patients should not drive for 1 week after surgery and NEVER while taking narcotic pain medication.

- Most patients are able to return to work within 2-3 weeks post operatively. **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

YOUR MEDICATIONS:

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. It can cause 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 experience excessive diarrhea (more than 5-6 times per day)

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,

Jimmy Xu, M.D.
Las Vegas Surgical
8930 W. Sunset Rd., Suite 300
Las Vegas, NV 89148
702-258-7788