

Major (Open) Hernia Repair

Your surgery and recovery at home

This booklet belongs to: _____

We also give you '**Preparing for Your Surgery**' booklet.

Read both booklets carefully.

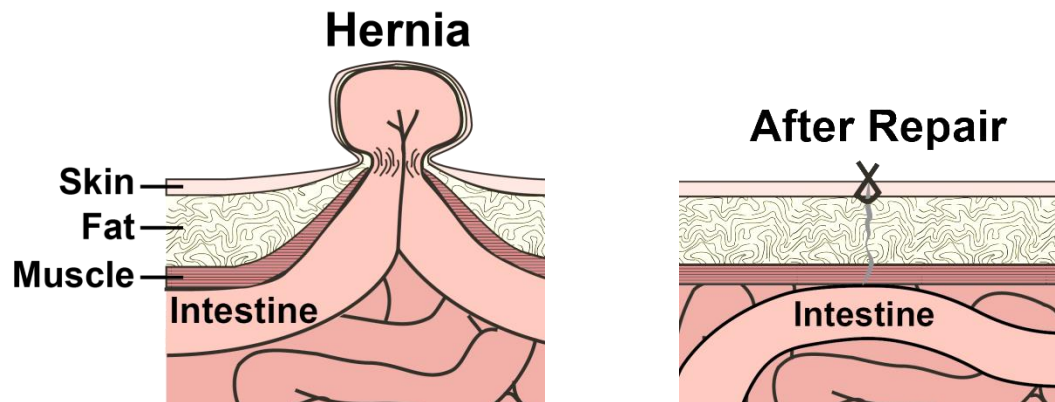
Bring both booklets to every hospital visit before your surgery.

Major (Open) Hernia Repair

You are having surgery (an operation) to repair your hernia.

A hernia happens when tissue or an organ (such as the intestine) squeezes through a weak spot in the surrounding muscle or tissues. It results in a bulge. The weak spot is from a weakness in the muscle from previous surgery.

The hernia is repaired by returning the organs or tissue back into the abdominal space and sewing the muscle closed. Sometimes a synthetic patch or mesh is placed over the weak spot to make the closure stronger.

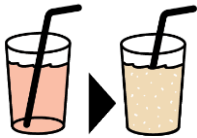









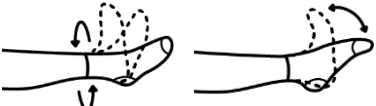
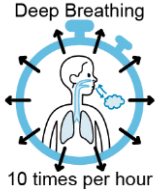
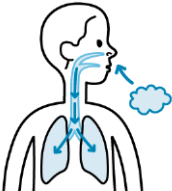














This surgery is done using an 'open incision'. The surgeon makes a cut (an incision) in the skin near the site of your hernia and does the surgery through that opening. The bulging tissue is pushed back into the abdomen. Sometimes mesh is placed over the hernia site and sewn to the surrounding tissue. If mesh is not used, the tissue is sewn together. The incision is then sewn closed. This surgery usually takes about 1 to 2 hours.

Read '**Preparing for Your Surgery**' booklet for instructions on how to prepare for your surgery.

Path to Home Guide: Incisional (Open) Hernia Repair

This gives you an example of a person's recovery in hospital after surgery.

Category	After Surgery			
	Surgery Day	Day 1	Day 2	Day 3 to 4
Nutrition	 Clear to full fluids	 Regular diet		
Activity	 Sit or stand at bedside  Walk short distance	 2 or more times  Sit for meals	 3 or more times 	
	Leg exercises every day 			
Deep Breathing Exercises	Every day  10 times per hour  Hold 5 sec 			
Pain Control	 PCA pump, epidural, or pills* 	 		
	Pain is at a level comfortable for you			
Tubes and lines	 Intravenous Urinary catheter (depending on type of repair)	 Intravenous capped  Catheter taken out	 	

* PCA Patient Controlled Analgesia is a pump connected to your intravenous that lets you give yourself pain medicine when you need it.

Epidural A small tube put into your lower back between 2 vertebrae and sits in the space around the spinal cord. Numbing medicine is delivered through the tube into the space, blocking any pain.

After Your Surgery

Going home



How long you stay in the hospital depends on:

- your health before the surgery
- the type of surgery
- how you recover from the surgery

Most people can go home 1 to 3 days after surgery, for both open and laparoscopic surgery.

You are ready to go when:

- ✓ You are eating and drinking regular food and drinks.
- ✓ Your bowels are working.
- ✓ Your incision is healing.
- ✓ Your pain is well controlled with pills.
- ✓ You know what medications (including new ones) you are taking, how to take them, and why you need them.
- ✓ You have prescription(s) for your medications, if needed.
- ✓ You have a ride home from the hospital.
- ✓ You have arranged for some help at home for the first few days, if needed.

Caring for Yourself at Home

Managing pain

It is normal to have some discomfort or pain when you return home. This should steadily improve but might last for a few days to a couple of weeks.

The level of pain and type of pain medication you need depends on:

- The type of surgery you had
- How the surgery was done (open or laparoscopy)
- If you were taking pain medicine before surgery

Your pain should be at a comfortable level that allows you to move, deep breathe, cough, and to do every day activities.

When you are ready to go home, your surgeon will give you instructions to take pain medicine. This might include a prescription for an opioid (narcotic).

For the first few days:

If your pain is at an uncomfortable level, take your pain medicine as directed.

As your pain improves, take your pain medicine less often and/or a smaller amount until you have little or no pain, then stop.

At first, you might have to take a prescription medication. After a short time and as your pain improves, a non-prescription pain medicine should be enough to manage your pain.

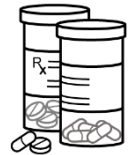
Always read the label and/or information from the pharmacist for how to take medication safely.

Non-prescription pain medicines (also called 'over-the-counter' medicines) - You buy them at the pharmacy without a prescription. You might only need to take this kind of medicine if you don't have much pain after surgery.

Examples of non-prescription medicines (and brand names):

- acetaminophen (Tylenol®)
 - non-steroidal anti-inflammatory drugs (NSAIDs)
- Examples: ibuprofen (Advil®, Motrin®) ★
 naproxen (Naprosyn, Aleve®) ★

★ **Note:** **NSAIDs are not for everyone after surgery.** If you have (or have had) health problems such as stomach ulcers, kidney disease, or a heart condition, check with your surgeon or family practitioner before using NSAIDs



Questions about medicines?

Call your local pharmacy and ask to speak to the pharmacist.

For after-hours help, call 8-1-1. Ask to speak to a pharmacist.

Remember

You can do other things to help ease your pain or distract you from the pain:

- ✓ Slow breathing
- ✓ Listen to music
- ✓ Watch T.V.

Family

Practitioner:

Refers to either a family doctor or nurse practitioner

Opioid (narcotic) pain medicines – You might get a small number of pills for severe pain. They are only meant to be taken for a short time. Take only as much as you need to allow you to do daily activities.

Examples of opioid pain medicines:

- Tylenol #3® (codeine and acetaminophen) ★
- Tramacet® (tramadol and acetaminophen) ★
- Oxycocet® / Percocet® (oxycodone and acetaminophen) ★
- tramadol, hydromorphone, morphine, oxycodone

★ **Note:** These medications also have 300 to 325mg acetaminophen in each tablet. In total, **do not** take more than 4000mg of acetaminophen in 24 hours (too much can harm your liver).

When taking non-prescription pain medicines as well, most people need to take a lower amount of the opioid or take the opioid less often.

Safe use of opioid pain medicines

If you are using any medicines with opioids (narcotics) in them, we want you to do so safely. However, serious problems can happen. Take note of the following safety information.

Before taking opioids:

- Tell your surgeon if you have sleep apnea. Opioids can make your sleep apnea worse.

Safely storing opioids:

- Store opioid medicines in a secure place.
- Keep out of sight and out of reach of children, teens, and pets.
- Never share your opioid medicine with anyone else.

Safely disposing of unused opioids:

- Take any unused opioid medicines back to your pharmacy to be safely disposed.
- Do not** keep unused medicines at home.

Safely taking opioids:

- Your pain should lessen over the first week. You should not need to take opioid pain medicine for more than 1 week.
- Always use the least amount possible for the shortest amount of time.
- Common side effects include constipation, feeling sick to your stomach (nausea), a dry mouth, sweating, dizziness, and feeling drowsy.
- **Do not** crush, cut, break, chew, or dissolve opioids before taking. Doing this could cause serious harm, even death.
- While taking opioid pain medicines:
 - **Do not** drive or drink alcohol.
 - **Do not** take any sleeping pills unless your doctor has said you can.

Drinking and eating

It might take some time before your appetite returns to normal. To heal, your body needs extra calories and nutrients, especially protein.

To get the nutrients you need:

- Drink at least 6 to 8 glasses of liquid each day (unless you have been told differently because of a medical condition).
- Eat foods high in protein such as meat, poultry, fish, eggs, dairy, peanut butter, tofu, or legumes.
- Eat 5 to 6 small meals throughout the day to help you get enough calories and protein.



Need help with food choices?

Call 8-1-1.
Ask to speak to a dietitian.

Keeping your bowels regular

You can get constipated because you are taking opioid pain medication, are less active, or eating less fibre.

To prevent constipation:

- Drink at least 6 to 8 glasses of liquid each day (unless you have been told differently because of a medical condition).
- Add high fibre foods to your diet such as bran, prunes, whole grains, vegetables, and fruit.
- Increase your activity.



If you continue to be constipated, talk with a pharmacist or family practitioner about taking a laxative.

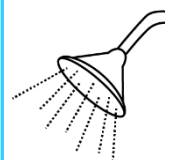
Caring for your incision

Always wash your hands before and after touching around your incision site(s).

Before you leave the hospital, your nurse will teach you how to care for your incision.

Showering:

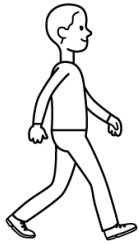
- You can shower starting 3 days after surgery.
- Continue to take only showers for at least 2 weeks after your surgery.
- Try not to let the shower spray directly on your incision(s) or bandage if still covered. Gently pat the area dry.



For at least the next 2 weeks or until the incision is healed:

- ✗ No soaking in a bath tub or hot tub.
- ✗ No swimming.
- ✗ No creams, lotions, or ointments on your incision, unless directed by your surgeon.

Doing any of these things could delay healing.



Being active

Activity and exercise help build and maintain your muscle strength, give you more energy, and help with recovery. You need to find a balance between rest and activity. Pace yourself for the first few weeks.

Slowly increase how much you do each day (your activity level). Increase the distance and time you walk. Only increase your activity level as much as you comfortably can.

If you are still having pain, exercise 30 minutes after you have taken your pain medication.

Your surgeon will tell you when you can increase your activities at your follow-up appointment.



A 4 litre milk jug weighs 4 kg (9 pounds)

For the next 4 to 6 weeks, limit heavy activities to protect your incision and abdominal muscles:

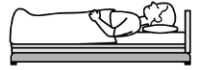
- ✗ **Do not** lift, push, or pull anything over 4 to 5 kilograms (10 pounds). This includes carrying children and groceries.
- ✗ **Do not** vacuum, rake leaves, paint walls, reach for things in high places, or any other reaching activity.
- ✗ **Do not** play any sports, do high intensity exercise, or weight training.

You can return to **sexual activity** when you feel ready and your pain is well controlled.



Usually, you can return to **driving** when you can shoulder check and comfortably wear your seatbelt. If you are not sure about it, ask your surgeon.

Remember: Do not drive when you are taking opioid pain medication.



Getting rest

It is very common in the first few weeks to feel tired and have low energy. Rest and sleep help you heal.

Try to get at least 8 hours of sleep each night. Take rest breaks and naps during the day, as needed.

If you have trouble sleeping, talk to your family practitioner.

Managing moods and emotions

After major surgery, it is quite common to have a low mood or changeable mood at times. If you find your mood is staying low or is getting worse, contact your family practitioner.

Questions you might have:

Examples: 'When can I go back to work?' 'When will I be able to return to my regular activities?' 'When can I return to my sports?'



When to get help

Call your surgeon or family practitioner if:

- You have problems with bowel movements.
 - No bowel movement since your surgery and home for 2 to 3 days
 - Diarrhea that is severe **or** continues for more than 2 days
 - Bright red blood in your stool (poop)
- You are throwing up or not able to keep fluids down.
- You have a fever over 38°C (101°F).
- Your incision is warm, red, swollen, or has blood or pus (yellow/green fluid) draining from it.
- You have a cough that continues to get worse.
- You notice stinging, burning, or pain when you urinate (go pee) or your urine smells bad.
- You have redness, tenderness, or pain in your calf or lower leg.
- Your pain does not ease with pain medicine, or stops you from moving and recovering.
- You feel increasingly tired or dizzy.

Cannot contact the surgeon or family practitioner?

Have any questions about your recovery?

► Call Fraser Health Virtual Care, 10:00 a.m. to 10:00 p.m., daily **1-800-314-0999**
fraserhealth.ca/virtualcare

► Call **8-1-1** (HealthLinkBC) to speak to a registered nurse any time - day or night.

► **Call 9-1-1** if you have any of the following:

- trouble breathing or shortness of breath
- chest pain
- sudden, severe pain

9-1-1



HealthLinkBC is available in 130 languages.

For an interpreter, say your language in English. Wait until an interpreter comes on the phone.

Appointments after surgery

Arrange to have your staples or sutures (stitches) removed 10 to 14 days after the surgery.

I have an appointment with: _____
(surgeon or family practitioner)

My appointment is on: _____

See your family practitioner 7 to 10 days after going home from the hospital.

My appointment is on: _____

See your surgeon 3 to 4 weeks after going home from the hospital.

My appointment is on: _____



www.fraserhealth.ca

This information does not replace the advice given to you by your healthcare provider.

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