

Going Home After Hernia Surgery

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Now that your surgery is over, you are ready to go home. This booklet offers guidelines for your continued recovery. It also includes answers to many questions asked by people who have had this type of surgery.

After you go home, you may find it helpful to refer to this booklet. If you have any questions about any of the guidelines in this booklet, please contact your surgeon or the nurse clinician on the unit.

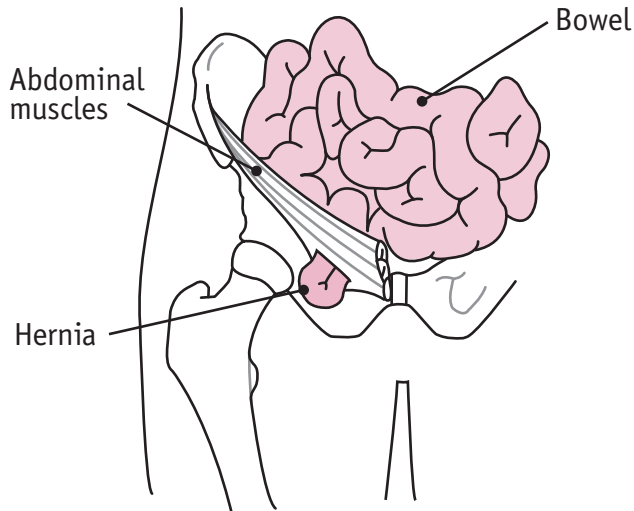
You must call and book an appointment to see your:

Surgeon: in 1 to 2 weeks

Remember:

Staples/sutures to be removed by _____
on _____

Home Care Nursing arranged to start _____
For: _____



Physical Activity

Although recovery usually takes 6 to 8 weeks, each person gets better at his/her own rate. Many things affect the time it takes to feel fit again. Some of these are: how active people are before their surgery, the type and extent of surgery they had, their previous medical history and their age.

When you get home you may be surprised by how tired you feel. This is a normal feeling. Your energy level will improve over the next few weeks.

Why Exercise?

For the first 3 to 6 weeks after your surgery your body is in the process of healing. During this time exercise is needed to increase your strength and improve your circulation.

A gradual increase of your activity will help you feel better. It will also help you heal faster and regain your confidence more quickly.



Guidelines to Help You Gradually Increase Your Activity

- Plan your day to allow time for both activity and rest.
- For the first few days at home, do the same amount of activity that you were doing in the hospital. This includes the deep breathing and coughing exercises.
- Then begin walking daily. Start slowly with a comfortable distance (for example 1 block). As you are able, gradually increase how far you walk. Remember not to over extend your walk; the distance you walk is the distance you will need to walk back. Pace yourself.

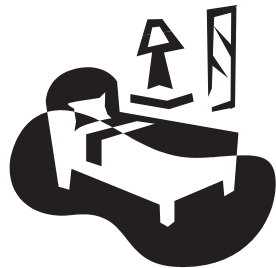
- For the next 6 to 8 weeks, avoid heavy lifting, pushing or pulling objects that weigh more than 10 pounds. Such as: vacuuming, gardening, carrying groceries and even picking up children. Such activities can cause you to delay wound healing and possibly develop another hernia. Use your legs when you lift.
- Listen to your body. It will tell you when to stop what you are doing and when you are ready to do more. If you notice that you have increased pain, feel short of breath, or feel very tired during activity, stop and rest. You may have increased your activity level too fast. When you feel better, you can try again more slowly. If you do not feel better or if you cannot increase your activity, please call your family doctor.

Rest and Relaxation

Rest is an important part of your recovery.

Guidelines to Help You Rest and Relax

- Take things one day at a time.
- Alternate rest with exercise.
- Get at least eight hours of sleep every night (if possible).
- Plan two 30 to 60 minute rest periods each day during the first week at home. These can be naps or just relaxing times.



Guidelines for Your Activity

You may:

- Be driven in a car anytime.
- Drive your own car when you are able to shoulder check and you stop taking pain medications, which can make you drowsy. It is okay to drive if you are taking plain Tylenol or a Non-Steroidal Anti-Inflammatory Drug (NSAID).
- Fly in an airplane anytime.
- Shower anytime. If you are sent home with a drain, some prefer to sponge bathe until the drain is removed and others choose to shower while the drain is in place. **Do not** take a tub bath until the drain is removed.
- Resume exercise routine (gym, weights) in 6 weeks. (**Do not** put undue stress on your abdominal muscles for a minimum of 8 to 12 weeks.)
- Resume sports (golf, tennis, running etc.) in 6 weeks.
- Go back to work: the amount of time it takes for one to recover depends on your health and type of surgery performed. Some people are able to return to work in 3 to 4 weeks and others return in 6 to 8 weeks. If you are unsure, ask your family doctor or ask your surgeon during your follow-up appointment.
- Sexual activity uses the same amount of energy as climbing up two flights of stairs at a normal pace. Ideally, when you can climb 2 flights of stairs without getting tired and short of breath, you can return to your normal sexual activity.

Some people find that their sex drive may be reduced in the early recovery period after surgery. This usually improves as you begin to feel stronger.

Prior to Going Home

You may be seen by an **occupational therapist (OT)** before you go home. The OT will assess your level of function and recommend any equipment you may need in order to manage at home. For example: a raised toilet seat, bath stool or walker. The equipment can be borrowed from the Red Cross Society by donation up to 3 months and also can be purchased if need be. The OT may also request a community OT referral to assess you in your own home environment. All this information will be given to you before you go home.

You may be seen by a **social worker** before you go home. The social worker will arrange any home support you may need upon going home. For example: help with personal care (bathing, dressing, laundry) or meals.

Diet

Often people have a change in appetite after surgery. It may take a few weeks to regain your normal appetite but it will improve as you begin to feel better. When you first go home, you may find that small meals (5 to 6 meals a day) are more pleasing to you. If you experience discomfort with chewing or swallowing, try taking the pain medication 30 minutes before your meals. You may want to initially limit tough fibre foods such as tough meat, corn, nuts, popcorn and fruit membranes (skin). Since good nutrition speeds healing and lessens fatigue, try to eat a well balanced diet.



The diet you follow at home is an important part of your recovery and general health. Your recommended diet is:

- Soft Regular (low cholesterol, low fat)
- Diabetic
- Other _____

If you are sent home on a particular diet texture, please follow this diet regime as directed or until you follow-up with your surgeon.

Medications



Your surgeon may send you home with some medications. You will be provided with a prescription and be responsible for filling it from a drug store. Remember to take them as ordered and ask your pharmacist if you have any questions.

You will also be told whether you need to continue with your previous medications and when to re-start them. If by chance you are not told by the time you are discharged home, ask your family doctor.

Please **do not stop or change** your medications on your own. Your family doctor may change, re-order or stop them for you.

Avoid aspirin (in any form) as it can increase the chance of bleeding. If you usually take a regular low dose of ASA, ask your family doctor prior to taking it.

Please ask your surgeon or family doctor before taking any **herbal medications** (some of them can also cause a risk of bleeding).

Do not drink alcohol when taking any type of medication.

Pain Medication

People vary in the amount of discomfort and pain they feel. Some experience pain and others have a tingling and/or numbness sensation around the incision. The numbness is usually temporary and resolves within a few weeks. If the numbness lasts longer than that, inform your surgeon during your follow-up appointment. Your surgeon will provide you with a prescription for pain medication to keep you comfortable. Keeping discomfort and pain under control helps people recover.

If you have pain most of the time:

Take the pain medication on a regular basis as prescribed by your surgeon. Most pain medications work best if you can take them before the pain becomes too strong.

If you find that you only have pain when doing certain activities, such as walking, bathing, or during dressing changes:

Take the pain medication about 30 minutes before the activity.

Do not worry about becoming addicted to your pain medication. People only become addicted if they take their pain medication for reasons other than to control pain.

Some pain medications can make people feel drowsy or dizzy. If you notice this, please **do not** drive or use power tools. It is against the law to drive while taking narcotics.

Constipation is a common problem with pain medications. To prevent constipation, eat foods that are high in fibre (bran, fresh fruits, vegetables and whole grains), drink plenty of fluids such as prune juice and water (6 to 8 glasses each day unless you have been told otherwise due to heart and kidney problems) and try to keep as active as you can.

- If you continue to be constipated, ask your pharmacist to recommend a mild laxative or stool softener. Try to resolve the constipation with natural foods rather than using laxatives (**not** recommended on a regular basis).

Antibiotics

You may be sent home on antibiotics for a specific time period. You will be provided with a prescription and be responsible for filling it from a drug store. Remember to take them as ordered and ask your pharmacist if you have any questions. It is important to complete the entire course of antibiotics despite feeling better. You do not want your body to become resistant to them.

Avoid alcohol while taking antibiotics.

Incision Care

You can gently wash your incision with soap and water. **Do not** rub your incision, pat it dry instead with a clean towel. Unless you are told otherwise, you may shower the day after you go home. **Do not** take a tub bath for the first few weeks.



When you shower, **do not** let the water spray right on your incision. Soaking your incision in the tub or having water spray onto it may damage the healing skin and increase the risk of infection.

As your incision heals it may become itchy. Avoid any rubbing or scratching as the itchiness is a normal part of the healing process. **Do not** use lotions or powder on your incision until the skin is completely healed (approximately for 2 weeks).

The staples to your incision may be removed while you are in hospital. **When the staples are removed**, white paper tapes (steri-strips) will be applied for extra support to your incision. **Do not** remove them yourself. After 5 to 7 days these tapes will start to become non-sticky and eventually peel and fall off. There is no need to replace them, leave the incision exposed to allow healing.

Note: When you take a shower with steri-strips in place, they will become wet, which is fine. All you need to do is pat dry them. If the ends of the steri-strips curl up, you can either press down on them or you can trim that portion off with scissors. If majority of the steri-strip has peeled off, you can remove that one strip.

If you are sent home with staples, you will be informed who will remove them and when. Normally staples are removed 7 to 10 days after surgery. You can still take a shower with the staples in place.

Slight numbness, swelling, tingling, bumpiness, firmness and discoloration around the incision site are normal findings after surgery. They will improve with time. If they persist with no improvement, inform your surgeon or family doctor.

Note: You may be instructed by your surgeon to wear an abdominal binder for extra support. The nurse will teach you how to apply and remove the abdominal binder. If need be, you will be send home with one as well.

Wound Care

If you are sent home with a wound that requires dressing changes and/or packing, the nurse clinician will make arrangements for a home care nurse to either visit you at home or for you to visit their ambulatory clinic. The home care nurse will change your dressing, monitor the wound progress and help you with any other health problems you may come across once you are at home. The number and length of visits depends on your needs. The nurse will contact your surgeon if concerned about any aspect of your health.



Please note: the number of times a dressing is changed in the community is different than in the hospital. They use different products.

You may continue to have showers with an open wound. A home care nurse will contact you the morning of the visit with a time. Inform the nurse, that you'll be taking a shower 30 minutes prior to that time. In doing so, you will prevent yourself from sitting in a wet dressing (cause for infections).

When you take a shower, leave the current dressing on, wrap a piece of plastic saran wrap on top and tape the edges with waterproof tape. This will allow the plastic wrap to be damp and prevent the dressing from being soaked. After your shower, you can remove the plastic wrap and leave the dressing to be changed by the nurse.

Drain Care

There may be a possibility where you are sent home with a hemovac drain. If this is the case, the nurses will teach you how to manage and care for the drain. You will be shown and provided with written instructions about drain emptying, stripping (to prevent the tube from blocking) and recording the amount of drainage. It is important to make sure the drain is working to prevent a collection of fluid inside the wound area.

Prior to you being sent home, arrangements will be made for a home care nurse to either visit you at home or for you to visit their ambulatory clinic. The number and length of visits depends on your needs. The nurse will help you to care for the drain, change the dressing around the drain site (every 3 to 4 days) and address any other health problems you may come across once you are at home.

The drain will either be removed by your surgeon in your follow-up appointment or by the home care nurse when the drainage is a certain amount. Therefore, it is important you empty and record the drainage daily (as taught in the hospital by the nurses). When the drain is removed, some fluid may leak from the opening site. A small dressing will be applied until the drainage stops.

Please note: The home care nurse will **not** empty the hemovac drain. It is important you learn this within the hospital. The home care nurse will provide any additional teaching that is required and change the dressing every 3 to 4 days. You will be provided with some extra gauze in case you need to change the dressing around the drain site yourself. Additional gauze can be purchased at any medical supply store.

Note: Please refer to the 'Hemovac Booklet' for additional information.



Things to remember when the hemovac drain is in place:

- **Do not** take a tub bath until the drain is removed. You may take a sponge bath or shower. Remember to cover the insertion site of the drain.
- Monitor the drain site for any increased redness, swelling or purulent drainage.
- Monitor the color of the drainage (there should be no persistent bright red or green drainage).
- If your drain has stopped draining and then suddenly drains a lot of fluid or if your drain is constantly draining and then suddenly stops.
- Secure the drain to prevent it from being pulled on and falling out.

Note: If you notice any of the above, call your home care nurse or surgeon.

Monitoring Output from Drain

Please empty and strip your drain **at least twice a day** and as needed.

Date	Time	Type of Drain	Amount	Colour

Discharge Criteria



Each person recovers differently from the type of surgery they had performed or due to other pre-existing medical conditions. Therefore, the length of hospital stay is different for each patient. Prior to sending you home, your surgeon will make sure your:

- blood work is within the normal range or coming down towards the normal range
- temperature is within the normal range
- incision is healing
- eating safely, not necessarily at your baseline prior to coming into hospital
- walking safely, not necessarily at your baseline prior to coming into hospital
- able to manage at home (with or without community/family supports)

Follow-up Appointment



You can (optional) call and make an appointment to see your family doctor within a few days after going home. This will allow your family doctor to review your post-operative baseline and general health status. If you happen to come across any complications, at least your family doctor has a baseline to compare you with.

You must call your surgeon's office either the day you go home or the next day to make a follow-up appointment. Normally a follow-up appointment is made for 1 to 2 weeks after going home, unless advised otherwise. During this appointment, your surgeon will review your overall recovery progress, inform you of the results of the pathology report and tell you if any further treatment is required.



Please Contact your Surgeon or Family Doctor if you notice:

- Chills, fever, a temperature over 38.5°C (100.5°F) for 2 straight readings, when measured by mouth.
- Your prescribed pain medication is not relieving your pain.
- Increased redness, swelling or purulent foul drainage from the incision.
- Large amounts of blood from the incision (enough to soak a tissue or handkerchief).
- Constant bleeding or drainage from the incision (enough to soak a tissue or handkerchief).
- Nausea and/or vomiting that lasts beyond 24 hours.
- If the hemovac drain is accidentally pulled on and moves out of position or if it completely falls out.
- Difficulties with swallowing resulting in decrease appetite and constant weight loss.
- If you experience any pain, aching or redness in your calves or swelling of the legs, go to the nearest emergency room.

Note: If you cannot get a hold of your surgeon or family doctor, you need to contact another doctor (walk-in clinic or emergency department).

If you do come to the emergency department, it would be helpful to inform the nurse and physician that you recently had surgery, and the name of your surgeon.

Questions to Ask Hospital Staff

After reading this booklet, you may have some questions. Feel free to write them down here to ask your surgeon and/or nurse clinician.

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