
DISCHARGE INSTRUCTIONS FOR ABDOMINAL WALL HERNIA REPAIR

Follow-up:

Call 303-788-7700 for an appointment to see Kate Freeman, NP or Carrie Morrison, PA in 2 weeks.

For nonurgent questions, you may email Kate at kate@sofisite.com or Carrie at carrie@sofisite.com. Please allow 24-48 hours for response.

Diet:

You may resume a regular diet as soon as you feel ready. Mild nausea immediately after surgery may be treated with Dramamine (over the counter). If you become constipated (which is common with narcotics), use a laxative (e.g., Bisacodyl (Dulcolax) or Docusate sodium (Colace)).

Activity:

- Take it easy at home the first 2 days to help minimize swelling and bruising.
- Then a week of nonstrenuous normal activity including walking, driving, and sex, etc. After this you may return to unrestricted activity including working out.
- You may experience discomfort from time to time as you become more active, including occasional sharp pains - these normally represent some settling of the mesh, and should ease off within a day or two.
- **You may return to work when you feel ready.** Contact our office if needed.

Old Hernia Site:

Sometimes it will appear as if your hernia bulge is still there. This occurs when fluid occupies the space between the mesh and the overlying tissues; it does not mean a failed repair. Wearing an abdominal binder or a snug girdle will help decrease the amount of swelling and fluid accumulation in the old hernia site. We recommend wearing one for a few days. Part of the postoperative visit is to evaluate the operative sites. Please write down any questions or concerns and we will address them at that visit

Incision:

Your skin has been covered with a skin glue. You may shower and bathe whenever you wish with this skin glue on. The skin glue will peel off after a week or two and no further covering is needed. Avoid placing oily lotions on the skin glue as it will make it sticky. If there is some bleeding through the skin glue, cover it with a Band-Aid or gauze dressing. Some swelling and a lump under the incision will develop and is part of the natural healing process; you needn't be alarmed unless there is drainage more than a Band-Aid will handle. Bruising may occur here too. A bloated sensation is common and loose clothes are needed for a few days or weeks

Pain & Medication:

You will have been given a prescription for a narcotic pain reliever such as Oxycodone/Acetaminophen (Percocet). Use these as directed. As soon as you are able to, please switch to Acetaminophen (Tylenol), as directed on the package, up to 3000 mg/day. Try to avoid aspirin, ibuprofen (Motrin, Advil), Naproxen (Aleve), and other non-steroidal anti-inflammatories, as they may increase postoperative bruising. Placing ice to your hernia site for a few days off and on after surgery will decrease the need for pain medication.

You may resume other medications.

You may have been given a sheet that reviews your medications upon discharge from the hospital. Unless we have specifically informed you of any changes, if there are questions about your usual medications we ask that you review these with the provider that prescribed the medication.

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Shoulder Pain (Laparoscopic):

After laparoscopy, shoulder pain may occur due to irritation of the diaphragm muscle from carbon dioxide, a phenomenon called referred pain.

Call for:

1. Temperatures greater than 101.5.
2. Drainage of purulent material from the incisions.
3. Diarrhea > 2 days unrelated to laxative use.
4. Persistent, unremitting pain.
5. Other questions not answered by the above.

Other:

Patient Signature Date

Provider Signature Date

Patient Label