Location
Your hernia surgery can be performed at 3 different locations. The choice of location for your surgery will depend on multiple factors including location availability, your insurance and your medical condition.

The Length of Surgery
After you leave the pre-op area an additional 30 minutes is required for anesthetic and surgical preparation prior to the start of your surgery. Times ranging from 1-2 hours are common with more time required for some large incisional hernias. After surgery you will spend 1-2 hours in the recovery room before returning to your room or being discharged. The amount of time from arrival to discharge can range from 4-6 hours.

The Operation
Some small hernias can be repaired by simply stitching the defect closed but most are repaired using mesh to strengthen the weak area without creating tension. The mesh can be used in one of several ways depending on the size of the hernia. Mesh can be sutured to the superficial margins of the defect (a standard repair), implanted deep to the defect (Kugal repair), or in a sandwich technique (two sheets one superficial and one deep to the margins of the defect). Dr. Smith will discuss the use of mesh at your pre-operative apt.

Risks
Like all operations, hernia repairs have risks. These include but are not limited to the recurrence of the hernia, bleeding, infection and the risks of anesthesia. Inguinal hernia surgery additionally has the risks of testicular swelling followed by atrophy with loss of function, and chronic ilioinguinal nerve pain. Each of the surgical risks is 1% or less. In general if you are healthy and have no significant medical problems your risks of anesthesia are very small. If you have medical problems your risks of anesthesia may be more accurately defined by your Anesthesiologist.

Recovery
Most patients (except some with large incisional hernias or major medical problems) will be able to go home on the day of surgery.

**Bruising**
There is typically some bruising below your wound. Men who had had an inguinal hernia can expect to see some of this blood settle into the penis or scrotum causing red or purple discolorations. There should be no pain from this and it will resolve in 1-2 weeks.

**Swelling**
Everyone has some swelling primarily below and around the wound with some residual firmness of the tissues that will last 2-3 months. If your hernia went into the scrotum prior to surgery fluid and blood may collect there after surgery and this too will resolve in time.

**Numbness**
Sometimes there is temporary or occasionally permanent loss of sensation in the groin immediately below the incision. This does not affect muscle function or sexual function and is of minimal significance.

**Pain**
Some pain and discomfort is expected. Most patients find that their activities need to be significantly limited for 2-3 days and to a lesser extent for 1-2 weeks.

**Diet**
Immediately after surgery your diet should be simple and bland. There are no specific dietary restrictions related to having hernia surgery.

**Activity**
You should intentionally walk daily limits of tolerance starting 2-3 days after surgery. You may climb stairs, but take them slowly. Most patients can drive in 2-3 days and return to work in 5-10 days. You may not drive if you are taking narcotic pain medication.
**Bandages**

Keep your Band-Aides and bandages dry and in place for 1-2 days. You should then remove your bandages leaving your Steri-Strips (tapes) in place. When they begin to loosen on their own you may remove them.

**Drains**

In cases of incisional hernias sometimes a drain is placed at the time of surgery. These drains remain in place about 1 week. You will be instructed on emptying and care. You may shower with the drain in. drain sites should be kept clean and dry. Neosporin and a clean dry bandage should be applied daily.

**Bathing**

Until your bandages are removed keep them dry. After your bandages have been removed you may shower and wash the wound(s). Gently washing over the Steri-Strips should not cause them to come off prematurely. Do not soak in a tub or swim for 2 weeks after surgery.

**Sex**

You are unlikely to damage your surgery with sexual activity. Your comfort level will be the determining factor as to the appropriate time to resume sexual activity. Until you are pain free you and your partner will need to make appropriate adjustments.

**Medications**

Unless otherwise instructed you can resume previously prescribed medications immediately after surgery.

*Pain Relief:* **Ibuprofen** (Motrin) and **Hydrocodone/Acetaminophen** (Lortab, Norco or Vicodin) are routinely prescribed for the relief of post-operative pain. For maximum benefit both medications should be taken at the maximum frequency indicated by your prescriptions.

**Medication side Effects:**

**Ibuprofen** can cause heart burn, acid indigestion or even peptic ulcers and should be avoided if these symptoms occur. **Hydrocodone** frequently causes drowsiness, may cause nausea, (especially on an empty stomach) and causes constipation. Constipation can be treated by taking a laxative or prevented by taking supplemental fiber (Citrucel, Metamucil or others) and stool softeners (Colace, Surfak and Senekot)

Treating constipation will help keep your pain under control and you should begin treating this the day after surgery if this is a problem.

Should your pain be inadequately controlled or should you be unable to control the side effects, please call the office at (214) 827-5820 to discuss alternatives.

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