

INCISIONAL HERNIA INFORMATION SHEET

DR. JULIE MILLER BA, MD, FRACS

Specialist Endocrine and General Surgeon

Suite 12, Level 2, The Women's Hospital (03) 9347 6301

You have an incisional hernia. Because of your current symptoms and/or findings, and the potential for complications arising from the presence of this hernia, surgical repair has been recommended.

WHAT IS AN INCISIONAL HERNIA?

Incisional hernias occur due to a weakness or gap in a previous incision of the abdominal wall, resulting in a bulge of intra-abdominal contents and/or pain or discomfort. Incisional hernias occur when the old incision does not heal properly. It occurs more often in overweight patients, smokers, after emergency surgery, and when there was a wound infection.

HOW IS A HERNIA REPAIRED?

Surgery involves return of the abdominal contents back into their normal position and repair of the area of weakness. A plastic screen or mesh (made from non-reactive material) is used to safely reinforce the area in repairing the overwhelming majority of hernias (both primary and recurrent hernias). The mesh patch becomes part of the body, giving strength and support to the abdominal wall. The mesh patch reduces, but does not eliminate, the chance of the hernia coming back.

Small hernias can be repaired under local anesthesia. There are benefits to repair under local anaesthesia including shorter recovery time and freedom from potential complications of general anaesthetic, like nausea and vomiting, and temporary inability to pass urine. Although you are sedated by an anaesthetist, you will not be completely asleep. The sedative makes you feel calm and restful. The area will then be numbed with local anaesthetic. You will be kept relaxed, comfortable and pain-free during the procedure

In patients with larger, recurrent or complex incisional hernias, general anesthesia may be necessary.

WHAT HAPPENS AFTER THE OPERATION?

After surgery, you will be active and able to walk. Patients with small first-time hernia repairs are offered a light snack, and are usually discharged on the day of surgery safely and comfortably. Patients with larger, complex, or recurrent hernias will have to stay overnight in hospital. When you are discharged, a prescription for pain medication will be provided. Beware that pain medicines can cause drowsiness and constipation, so do not drive, eat lots of fruits and vegetables, drink plenty of water, and consider Metamucil or stool softeners while on pain medicine. ***You should keep an ice pack on the incision the first day to reduce swelling and discomfort.*** You will have a waterproof Comfeel dressing in place. Please leave it there until the first post-operative visit. I will remove it then.

Discomfort, swelling, and bruising in the week or two after the operation are normal. Recovery and return to work and normal activity depends on how large or complex your hernia was and what type of work you do. You will be encouraged to be out of bed and walking within a few hours of the operation. This reduces the risk of complications like blood clots and pneumonia.

WHAT CAN I DO AFTER SURGERY?

You may shower the day after surgery. You can eat and drink whatever you like, unless I tell you otherwise. You can walk, climb stairs, and do light activity without delay. Activities such as jogging, tennis, and sexual activity can be resumed when your body feels comfortable doing them. You should not drive or operate heavy machinery as long as you need prescription pain medicine. I will discuss your expected recovery with you and give you specific instructions for return to heavier activity and work.

WHAT IF I DON'T HAVE THE HERNIA REPAIRED?

While hernias in babies sometimes heal, hernias in adults will never get better without surgery. In fact, they tend to enlarge and get worse over time. Many patients ask about a truss (external hernia support.) A truss may support the weak area and provide some comfort, but is generally ineffective and can cause pressure sores. Hernias can be aggravated by chronic cough, constipation, or heavy lifting. Contents of the hernia, like intestine, may occasionally become trapped within the hernia leading to intestinal blockage or damage (incarceration or strangulation), creating an emergency surgical situation. ***If you notice constant severe pain at the site of the hernia, a lump that does not reduce in size when you lie down and relax, or symptoms such as pain with associated vomiting, you should call my office or report to a hospital emergency department without delay.***

WHAT ARE THE RISKS OF SURGERY?

As with anything in life, there are risks to surgery. These risks are weighed against the risks of not having surgery. Listed below are some of the possible complications of hernia surgery. Other unforeseen risks are possible. Risks include, but are not limited to:

- Recurrence of the hernia.....10%
 - (higher for recurrent hernias)
- Infection of Incision..... 2%
- Bleeding.....2%
- Seroma (fluid collection).....5%
- Injury to intestine or other intra-abdominal organs.....Less than 1%
- Intestinal fistula.....Less than 0.5%
- Chronic Incisional Pain**5%
(*Generally mild, non-debilitating, but severe in some cases)
- Keloid or hypertrophic scar
- Other unforeseen risks

If you require general anaesthetic, it will be given by a specialist anaesthetist. Serious events after anaesthesia are rare. Potential risks include, but are not limited to:

- Heart problems (death, heart attack, arrhythmias)
- Lung problems (pneumonia, wheezing)
- Blood clots (stroke, clots in leg veins or lungs)
- Drug reactions (also possible with local anaesthetic)
- Chipped teeth
- Post-operative nausea and vomiting
- Temporary inability to pass urine
- Sore throat from breathing tube (temporary)
- Other unforeseen risks

All surgical incisions may be associated with some local numbness, as virtually invisible nerves within the skin and lower layers are divided during the operation. Most of this will be temporary; however an area of residual numbness around the incision will persist. This is generally well tolerated, minimally noticeable and creates no functional problems. This numbness may be located in the area of skin at or below the incision.

You will have significant discomfort for 1-2 weeks after surgery. Chronic incisional pain or discomfort occurs in approximately 5% of all surgical procedures, including hernia repair. This discomfort is generally mild and usually temporary, lasting 2-3 months or less. More chronic pain is less likely. Severe and long lasting pain at the area of the incision can occur, but is not common.

If your hernia is being repaired for the second or more time, if you are obese, diabetic, smoke, or on steroids, the chance of recurrence and other complications listed above will be higher.

FOLLOW UP

- **Questions: call the office on 9347 6301**

You will typically return to my office within 14 days of surgery for a check-up. Most of the time, dissolvable stitches are used, so will not need to be removed.

CONTACT MY OFFICE for any of the following symptoms:

- Fever >38.3 or chills
- Increasing pain or redness around incision
- Foul smelling or creamy discharge from incision
- Increasing abdominal pain, nausea, or vomiting

COSTS OF TREATMENT

Insurance rebates have not kept pace with the cost of running a medical practice. As a consequence, there will be a gap to pay for the surgical fee and for the anaesthetist. Your insurance company might also charge you an excess for a hospital admission. We will advise you about expected out-of pocket costs not covered by insurance. If these costs represent an undue hardship for you, please discuss them with us.

ASK YOUR DOCTOR

We are here to help you. If you have any questions, please ask. It is often helpful to bring a family member with you to a consultation, or to write questions down so you won't forget them.

Use this space for notes or questions

PREPARATION for SURGERY

- Please shower at home the evening before surgery or in the morning.
- Please do not shave the surgical site! It will be done for you if necessary. Shaving yourself may increase the risk of infection.
- For morning surgery, Do Not Eat or Drink anything after midnight the night before surgery unless otherwise instructed. This includes coffee, tea, water, and juice! Medication with a small sip of water is OK. For afternoon surgery, a small breakfast BEFORE 7AM is OK, and nothing after that. Your surgery may be cancelled if you do not follow these instructions.
- Do Not Drink Alcoholic beverages 24 hours prior to your surgery.
- Do Not Smoke for 4 weeks before surgery or your risk of serious complications increases.
- Ask us if you are permitted to take your routine medications (such as those for heart, blood pressure, or insulin etc.) before arriving for surgery.
- Stop aspirin, warfarin, or any other blood thinner 5-7 days prior to surgery
- Do Not bring valuables such as money, jewelry etc. Do not wear make-up.
- Bring toiletries and loose fitting, comfortable clothing to wear upon discharge.
- You will be required to remove contact lenses, jewelry, dentures, and wigs
- Arrange for a responsible adult to drive you home after discharge.
- Notify us if there is a change in your condition prior to surgery (such as a cold, cough, fever or infection). If severe, your surgery may need to be postponed for your safety.
- Stop all herbal medications 4 weeks before surgery unless discussed beforehand. Especially Ginseng, Garlic, and Gingko, or St. John's Wort, which increase the risk of bleeding.

THE DAY of YOUR SURGERY

- On the day of your surgery, report to reception, MPH, Level 1.
- If you have not already done so, you will meet your anaesthetist
- You may need a blood test or ECG prior to surgery
- After the operation, you will spend some time in the recovery room before going to the ward
- After discharge, you are not permitted to:
 - Drive a Car nor operate power equipment
 - Drink Alcoholic Beverages
 - Sign important papersThe above are not permitted on the day of surgery, nor while taking any prescription pain medication. Instructions regarding safe resumption of the above activities will be provided by your surgeon.

RETURN TO WORK GUIDELINES

Unless otherwise stated, the following are general guidelines after most uncomplicated hernia repairs.

- **TYPE A-SEDENTARY JOB DESCRIPTION**

[ie: Desk, counter or computer related employment (standing or sitting), retail sales (involving no lifting over 10 kilos), short distance driving]

*Most patients with SEDENTARY employment can safely and comfortably return to work in 1-2 weeks following routine hernia surgery. By this time, residual pain is usually minimal and is often successfully managed using non-prescription pain medication such as Nurofen^T or Panadol^T. Employment activity can be expected to be essentially normal and without restrictions by this time-frame.

- **TYPE B-LABORERS-Light to Moderate Physical Activity**

[ie: Delivery Personnel, Maintenance workers, Light Construction, Retail Sales (requiring lifting up to 25 kilos), Manufacturing, Plumbing and Heating, Mechanics etc.]

Patients in this category can be expected to return to full employment without restrictions 2-3 weeks following surgery. If available, return to work with restrictions for light duty should be considered at one (1) week. Many non-contact athletes fall into this category as well.

- **TYPE C-HEAVY LABORERS-Frequent heavy physical activity required**

[ie: Heavy Construction (lifting over 25 kilos regularly), Climbing necessary (ie Steeplejacks, Contact Sports Athletes)]

Patients in this category may require 3-4 weeks of recuperation to return to both a safe and comfortable work-place without employment restrictions. If available return to light activity in one (1) week, or moderate activity in two (2) weeks should be considered.