

POST OP HERNIA SURGERY HELP SHEET

FOLLOW UP

YOU WILL TYPICALLY RETURN FOR A POST OP CHECK IN ABOUT 2-3 WEEKS POST OP FOR A CHECKUP

CONTACT THE 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 AND/OR VOMITING THESE CAN BE SIGNS OF INFECTION

WOUND DRESSINGS

YOUR INCISION IS COVERED WITH A WATERPROOF PROTECTIVE DRESSING. YOU CAN SHOWER AND WASH YOUR HAIR AS USUAL, BUT DO NOT SOAK OR SCRUB THE DRESSING. AFTER SHOWERING, PAT DRY. YOUR DRESSING CAN BE REMOVED ABOUT 4 DAYS POST OP. IF THE DRESSING BECOME WATER LOGGED AFTER A SHOWER PLEASE REMOVE .THERE MAY BE STERISTRIPS UNDERNEATH WHICH WILL SLOWLY FALL OFF, IF THEY HAVEN'T FALLEN OFF PLEASE REMOVE THEM AFTER 7 DAYS . IF YOU EXPERIENCE ITCHING ONCE THE DRESSING IS OFF, YOU MAY APPLY MOISTURIZER OR BIO OIL TO THE SCAR. YOU MIGHT NOTICE BRUISING AROUND YOUR INCISION OR DOWN INTO YOUR GENITAL AREA, THIS IS REASONABLY COMMON. YOU WILL ALSO NOTICE SOME NUMBNESS OF THE SKIN OVER THE AREA. THIS IS NORMAL.

PAIN

FOR THE FIRST 3 DAYS AT LEAST YOU SHOULD TAKE PANADOL AND NUROFEN REGULARLY FOR PAIN. FOR FIRST 3-4 DAYS COMMONLY PATIENTS WILL NEED SOME STRONGER PAIN MEDICATION, SUCH AS ENDONE OR PALEXIA. A SCRIPT WILL BE PROVIDED FOR THESE WILL BE PROVIDED. YOU CAN TAKE THESE AS YOU NEED THEM USUALLY THEY WORK BETTER IF TAKEN REGULARLY FOR THE FIRST 2-3 DAY. PLEASE BE AWARE THAT NARCOTIC PAIN MEDICINE CAN CAUSE DROWSINESS SO PLEASE DON'T DRIVE WHEN TAKING THEM, AS WELL AS CONSTIPATION. WHEN TAKING THE STRONGER PAIN MEDICATION, TO AVOID CONSTIPATION PLEASE TAKE REGULAR BENEFIBRE TWO TEASPOONS TWICE A DAY, AS WELL AS SOME PRUNE OR PEAR JUICE OR DUCOLAX/MOVICOL, OR STOOL SOFTENERS.

THE DISCOMFORT, SWELLING, AND SOME BRUISING IN THE WEEK OR TWO AFTER THE OPERATION IS COMMON AND USUALLY TAKES 2 WEEKS TO REDUCE.

MEN SHOULD WEAR A FIRM FITTING PAIR OF UNDERWEAR OR JOCKS WITH GOOD SCROTAL SUPPORT TO REDUCE DISCOMFORT FOR THE FIRST 2 WEEKS.

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. SO LONG AS IT DOESN'T MAKE YOU FEEL UNWELL OR IN PAIN WALKING IS UNRESTRICTED.

ACTIVITY

YOU MAY SHOWER THE DAY AFTER SURGERY. YOU CAN EAT AND DRINK WHATEVER YOU LIKE. YOU CAN WALK, CLIMB STAIRS, AND DO LIGHT ACTIVITY WITHOUT DELAY.

OFTEN PATIENTS AFTER LAPAROSCOPIC HERNIA REPAIR CAN FEEL WELL ENOUGH TO DRIVE BY DAY 4, SO LONG AS THEY ARE FREELY MOBILE, NOT TAKING THE STRONGER PAIN MEDICATIONS, AND CAN OPERATE THE VEHICLE CONTROLS SAFELY.

SOME PATIENTS NEED A LONGER RECOVERY BEFORE THEY CAN RESUME DRIVING. OFTEN IT IS WORTHWHILE CHECKING WITH YOUR INSURER MAKE SURE YOU ARE COVERED.

GENERALLY FIRST 2 WEEKS, ACTIVITY IS LIMITED TO WALKING WITHIN PAIN LIMITS, AND LIFTING LESS THAN 8 KG; WEEK 2-3 LIFTING UP TO 10 KG, GENTLE CYCLING WITHIN PAIN LIMITS

AFTER WEEK 4 UNRESTRICTED LIFTING.

ACTIVITIES SUCH AS JOGGING, TENNIS, AND SEXUAL ACTIVITY CAN BE RESUMED WHEN YOUR BODY FEELS COMFORTABLE DOING THEM. USUALLY THIS IS WITHIN 2-4 WEEKS. YOU SHOULD NOT DRIVE OR OPERATE MACHINERY AS LONG AS YOU NEED PRESCRIPTION PAIN MEDICINE.

MEDICATIONS

PLEASE TAKE YOUR NORMAL MEDICATIONS OR AS DIRECTED BY YOUR SURGEON.

PANADOL/PARACETAMOL - PAIN RELIEF - 2 TABLETS 4 TIMES A DAY - TAKE REGULARLY UNTIL MINIMAL DISCOMFORT USUALLY 4-5 DAYS.

NSAIDS/NUROFEN/BRUFEN - PAIN RELIEF - 2 TABLETS 3 TIMES A DAY, **CELEBREX /MELOXICAM** TAKE ONCE A DAY - CHECK WITH DR BOWDEN BEFORE TAKING.

OXYCONTIN/TARGIN/TAPENTADOL SR - STRONG PAIN RELIEF - THESE ARE SUSTAINED RELEASE 12 HOUR MEDICATIONS TAKE ONLY AS DIRECTED (USUALLY 1 TABLET TWICE A DAY). MIGHT BE REQUIRED FOR FIRST 2-3 DAYS

ENDONE/TAPENTADOL IR ARE IMMEDIATE RELEASE MEDICATIONS AND CAN BE TAKEN FOR BREAK THROUGH PAIN, IT IS UNUSUAL TO NEED MORE THAN ONE TO TWO OF THESE A DAY IF TAKING THE SUSTAINED RELEASE MEDICATIONS.

COMMON SIDE EFFECTS ARE MILD NAUSEA, CONSTIPATION (TAKE DUCOLAX OR MOVICOL) AND DROWSINESS; IT IS IMPORTANT THAT YOU DO NOT OPERATE A VEHICLE WHILST ON THESE MEDICATIONS.

DUCOLAX/MOVICOL - LAXATIVE/STOOL SOFTENER - TAKE AS REQUIRED

BENEFIBRE - TAKE TWO TEASPOONS TWICE A DAY

ONDANSETRON /MAXALON THESE MEDICATIONS ARE FOR NAUSEA

BOWEL MOVEMENTS

WE RECOMMEND TAKING BENEFIBRE, TWO TEASPOONS TWICE A DAY, EVERY DAY.

MOVICOL/DUCOLAX TAKE THESE AS DIRECTED UNTIL YOU ARE OPENING YOUR BOWELS EACH DAY.

IF YOU ARE FINDING THAT YOUR BOWELS ARE OPENING TOO FREQUENTLY AND ARE LIQUID IN FORM WE SUGGEST STOP TAKING THE DUCOLAX/MOVICOL BUT CONTINUE THE BENEFIBRE, IF IT CONTINUES START TAKING GASTRO-STOP OR IMODIUM ALONG WITH BENEFIBRE SHOULD REDUCE THE LOOSE BOWEL MOVEMENTS.

IF YOU FIND THAT YOU ARE CONSTIPATED WE SUGGEST HAVING PEAR OR PRUNE JUICE ALONG WITH BENEFIBRE, AS WELL AS INCREASING THE MOVICOL OR DUCOLAX 2ML TO TWICE A DAY SHOULD BE EFFECTIVE REDUCE TO ONCE A DAY ONCE YOUR BOWELS OPEN.

COMPRESSION STOCKINGS

YOU SHOULD CONTINUE TO WEAR THESE UNTIL YOU ARE AS MOBILE AS YOU WERE BEFORE YOUR SURGERY.

ACTIVITY

I WILL DISCUSS YOUR EXPECTED RECOVERY WITH YOU AND GIVE YOU SPECIFIC INSTRUCTIONS FOR RETURN TO HEAVIER ACTIVITY AND WORK.

RETURN TO WORK

UNLESS OTHERWISE STATED, THE FOLLOWING ARE GENERAL GUIDELINES AFTER MOST UNCOMPLICATED HERNIA REPAIRS.

SEDENTARY JOB

[IE: DESK, COUNTER OR COMPUTER RELATED EMPLOYMENT (STANDING OR SITTING), RETAIL SALES (INVOLVING NO LIFTING OVER 10 KILOS) AND 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 NONPRESCRIPTION PAIN MEDICATION SUCH AS NUROFEN OR PANADOL. EMPLOYMENT ACTIVITY CAN BE EXPECTED TO BE ESSENTIALLY NORMAL AND WITHOUT RESTRICTIONS BY THIS TIME-FRAME.

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 3 WEEKS FOLLOWING SURGERY. IF AVAILABLE, RETURN TO WORK WITH RESTRICTIONS FOR LIGHT DUTY SHOULD BE CONSIDERED AT ONE (1) WEEK. MANY NONCONTACT ATHLETES FALL INTO THIS CATEGORY AS WELL.

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.

**IF YOU HAVE ANY QUESTIONS OR PROBLEMS PLEASE CONTACT THE OFFICE ON
07 3371 4333 OR EMAIL INFO@BLAIRBOWDEN.COM.AU**