

INGUINAL/GROIN HERNIA SURGERY POST-OPERATIVE INSTRUCTIONS

PAIN

Following laparoscopic surgery, you may feel some discomfort in your upper abdomen, right shoulder, and at the incision sites (especially the one near your belly button). You may also feel bloated.

You will be given a prescription for Mobic, a prescription strength NSAID. This should be taken 2x/day for the first 5 days. If you have mild to moderate pain on top of this, you can take Tylenol 4 times a day. The goal of pain management is to avoid narcotics.

Your pain will be most severe the first three to five days following surgery, and then it should gradually subside. The intermittent use of an ice pack on the wound for the first 48 hours will help to reduce pain and prevent swelling. All the aches and pains associated with a hernia repair will take several weeks to months to fully resolve, but you should see a gradual improvement daily.

INCISION

Any clear plastic bandage covering an incision (wound or surgical scar) can be removed 48 hours after surgery. Remove the gauze under the bandage as well. There are small paper tapes covering the incision under the gauze.

All incisions will be covered by small paper tapes. The incisions, which have been closed with dissolvable stitches, are under these pieces of tape. Do not remove the small pieces of tape by yourself – they will fall off on their own in 5 to 7 days. **DO NOT PLACE ANY ANTIBIOTIC OINTMENTS OR CREAMS ON THE NEW SCAR.**

During the first few days, you may notice some swelling or discoloration around the incision site, which is normal. Some fluid (yellow to light red to orange) may ooze or leak from the incisions. This is generally normal. However, if the fluid is foul smelling, thick, or does not decrease in amount, call our office.

You may experience some bruising and swelling of your groin, which may extend to the genital region (penis and scrotum for men; labia for women). This is not uncommon, and will resolve in a few weeks. **An athletic supporter can really help minimize the swelling and pain in the groin and testicles.**

SHOWERING/BATHING

You may shower at any time but no bathing until 2 weeks after surgery. When you shower, you can get the clear plastic bandage wet (it is water-proof) or wash over the paper tapes with soap and water (they can get wet). Do not remove the small pieces of tape by yourself – they will fall off on their own in 5 to 7 days.

FOLLOW UP

PHYSICAL ACTIVITY/RECOVERY

You should avoid lifting anything greater than 10 pounds and any form of activity that puts strain on your abdominal muscles for *one* week.

You should take it easy the first day of surgery. As your pain dissipates, you may resume regular activities of daily living as tolerated. As you increase your activity, your discomfort will undoubtedly increase, but this is not harmful. Simply use common sense. Walking will be the best form of exercise. You may begin driving after 48 hours or when you are no longer taking a narcotic for pain control, whichever occurs later. You can return to work when your pain level dictates, except if your job requires heavy lifting. Typically, patients stay off of work for an average of one week, but this is variable.

VOIDING / URINATING

If you are unable to urinate/void or experience frequent urination after surgery, you need to contact the office. Occasionally, after surgery, your bladder may become too full with urine, and urinary retention can develop. This may manifest as either: 1) inability to void, 2) frequent voiding, or 3) frequent voiding of small amounts of urine. If any of these conditions develop, please contact the office.

DIET

No restrictions. Because you may become constipated after surgery, it is best to include fiber (ex. bran, grains, vegetables) in your diet and plenty of water. In addition, you should take the stool softener prescribed to you until your bowel function normalizes. If you do not have a bowel movement in 48 hours, you may take an entire bottle of Magnesium citrate.

WHEN TO CONTACT THE OFFICE

Please call the office if you experience any of the following:

- Persistent fever over 101° F
- Increasing swelling at the incision
- Pain that is not relieved by your medications
- Persistent nausea or vomiting
- Chills
- Purulent drainage (pus) from any incision
- Redness surrounding any of your incisions that is worsening or getting bigger
- Inability to eat or drink liquids

Matthew Lublin, MD, FACS
2001 Santa Monica Blvd., Suite 1170W
Santa Monica CA, 90404

Phone: (310) 828-2212

Fax: (310) 828-6829

www.drmatthewlublin.com