Collin
County
Surgeons

Laparoscopic Hernia Repair

What do I need to know about my laparoscopic hernia repair?

Surgery to repair hernia is very common; at least 600,000 of these procedures take place in the United States per year. Some people choose the laparoscopic approach to hernia repair, to potentially reduce the pain and duration of recovery.

Hernias occur in both men and women and can be: a) inguinal (in the groin), b) umbilical (at the belly button) and c) incisional (at the site of a previous operation). A hernia occurs when there is a weakening of muscle tissue in the abdominal wall which allows nearby tissues to "pouch" or bulge out into a small sack. Pain is sometimes associated with a hernia. Some common symptoms include: a bulge under the skin, pain when lifting, coughing, straining during a bowel movement or urination and prolonged standing or sitting. It is important to note that hernias cannot improve by themselves and usually require surgery. Surgical repair may or may not prevent a hernia from recurring. Hernia-like symptoms should not be ignored but addressed immediately, as tolerance of the pain may develop into more serious problems requiring emergency surgery.

Repair of hernias involves the application of a patch of surgical mesh to the weakened area. Surgeons apply the mesh to the herniated area with surgical staples. A laparoscopic hernia repair is a minimally invasive approach that involves specialized video equipment and instruments that allow a surgeon to repair the weakened area through several tiny incisions, most of which are less than a half-centimeter in size. One advantage of this method is a brief hospitalization. Most of the time it can be performed as an outpatient operation (check into the hospital, have surgery and return home the same day) or simply an overnight stay. Other advantages include less pain (less of a need for pain medication), fewer and smaller scars, and a shorter recovery.

Laparoscopic hernia repair is a safe and effective treatment for hernia complications. However, in the presence of infection, adhesions, or variations in anatomy, this method becomes dangerous and your surgeon may need to make the prudent decision to continue by making the traditional incision to safely complete the operation. This should not be seen as a failure, but as a wise decision by your surgeon to prevent dangerous complications.

Other complications, although rare, include bleeding and infection. It is extremely uncommon to require a blood transfusion for this operation. There is a slight risk of

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injury to the urinary bladder, the intestines, blood vessels, nerves or the sperm tube going to the testicle.

In an otherwise healthy person, little is required to prepare for surgery. Depending on your age, gender, and health problems, some routine blood tests, an EKG and a chest x-ray may or may not be needed. Your surgeon or family doctor will order these tests as needed. You will be asked to refrain from eating at least 8 hours before surgery. Be sure to let your doctor know what medications you are taking, as some will need to be stopped before surgery. In general, all blood thinners need to be stopped for several days. These include aspirin, ibuprofen (Motrin, Advil, etc), Coumadin and Plavix.

This operation is generally performed with general anesthesia. An IV line will be placed in your arm for fluids and you will be brought into the operation room. The anesthesiologist and nurses will use monitors to check your heart rate and breathing during the procedure. These may include EKG leads, a blood pressure cuff, an oxygen mask and sleeves on your legs to prevent clots from forming.

Once you are asleep, the operating room team will work together to perform your operation. When your operation is complete, you will be awakened from anesthesia in the operating room but you may not remember this. After a few hours in the recovery room, the nurses will help you out of bed and give you something to drink. It is common to feel groggy and nauseated soon after surgery and medication is available to help with these discomforts. Most elective hernia repair surgery is performed as an outpatient operation. A family member or friend should be available to take you home the same day of surgery.

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POST-OPERATIVE INSTRUCTIONS
FOLLOWING LAPAROSCOPIC HERNIA REPAIR

ACTIVITES

Laparoscopic hernia repair causes less damage to the muscles and other tissues than a standard hernia repair incision. For this reason, there are fewer restrictions on your physical activity than might be expected.

Walking:
Walking is permitted and encouraged beginning within hours of you operation. Start with short walks and gradually increase the distance and length of time that you walk.

Climbing:
Climbing stairs is permitted. Initially, some assistance may be necessary

Lifting:
Heavy lifting is usually restricted in the weeks following surgery only by what you can tolerate, *i.e.*, if it hurts, don't do it.

Showers:
Showers are permitted two days after surgery. Be careful to clean your incision (steri-strips and all), with a mild soap. Rinse well and pat dry.

Driving:
Driving may be resumed 3-5 days following surgery. Care should be taken after that point if you are still taking prescription pain medications.

Sex:
Sex may be resumed two days after surgery.

WOUND CARE

Stitches:
Stitches are placed just beneath the surface of the incision. The material is absorbed by your body in about 6 weeks and does not need to be removed. Occasionally, you will note a small white string at your incision site. This string can be cut at the surface of the skin using a clean pair of scissors (wipe with isopropyl alcohol prior to cutting).

Steri-strip:
Steri-strips may be removed as they begin to lift off the wound. If they have not already done so, they may be completely removed 7 days after surgery. Moisten the strips with a

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little peroxide if they are stuck to the incision.

DIET

There are generally no dietary restrictions following surgery. Foods which cause you discomfort or do not agree with you should be avoided.

MEDICATIONS

Pain:
Your physician will prescribe pain medications after surgery. We recommend Extra Strength Tylenol or Advil for mild to moderate pain. If this does not sufficiently control your pain, take the prescribed pain medications according to the directions on the label.

Stool Softener:
Stool softener or mild laxative may be necessary if you do not have a spontaneous bowel movement within 3 days of your surgery. Call the office for further instructions.

RETURN TO WORK

Most patients will be able to return to work or resume their usual level of function 7-10 days after surgery. This may need to be determined by you and your employer. Some patients have residual fatigue for a couple of weeks following general anesthesia.

CALL THE OFFICE if you have any questions or problems. Call immediately if you notice any of the following symptoms:

1. Persistent nausea or vomiting.
2. Fever greater than 101.5F.
3. Increased abdominal pain.
4. Pus or increased redness around the incisions.
5. Severe shoulder pain lasting more than 3 days.

This information is not intended to take the place of a visit with your physician. If you have further questions about preoperative symptoms or postoperative conditions, please contact your physician.

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