Post-Operative Instructions for Patients
Undergoing Inguinal, Umbilical, or Ventral Hernia Repair

GENERAL INFORMATION AND DIET

• You can expect some pain, bruising, and swelling in the area of your incision or incisions. This is normal and will go away with time. You may also note a firm ridge under the incisions. This is called a healing ridge and is a sign that the wound is healing properly. This may take weeks or even months to resolve.

• If you underwent a laparoscopic inguinal hernia repair, you may experience generalized discomfort, bruising, and swelling in the groin area, lower abdominal wall area, and in that testicle/scrotum (or both if it was a bilateral hernia repair).

• An ice pack over the wound, wounds, or groin area helps cut down on pain and swelling and will assist your postoperative recovery.

• You may remove the outer gauze dressing (if you have one at all) on the first day after surgery and shower. Small pieces of tape covering your incisions should be left in place for 2 weeks or until they fall off. These are called ‘Steri-strips’ and they help support your incisions as they heal.

• For Inguinal hernia repair patients: Bruising and swelling of the penis, scrotum, or labia is quite common. In fact these areas may turn completely ‘black and blue’. Please don’t panic! If this occurs, the swelling and bruising will typically resolve within 10-14 days. The ‘black and blue’ area may turn slightly green before resolving. The bruised area may migrate due to gravity.

• Do not drive, operate machinery, or make important decisions for the first 2 days after surgery or while taking narcotic pain medications.

Physical Activity

• You may engage in activity as soon as you feel comfortable. The rule of thumb is: “if it hurts, don’t do it.” Activity that does not cause pain is OK. Sexual activity is safe. You are encouraged to walk. Athletics are fine but no sudden motions (such as in basketball or snow-boarding) for 2 weeks.

Medications, Nausea, and Constipation

• For pain relief, I have prescribed a narcotic (Oxycodone or Hydrocodone) and, sometimes, a NSAID (ibuprofen). It is safe to take them together. Narcotics and NSAIDS should be taken with food to avoid nausea. Avoid Tylenol/acetaminophen as your prescribed narcotic already contains this medication. Taking more may be dangerous! If you are have only mild pain, and are not requiring narcotics, then it is best to take Tylenol or Ibuprofen alone.
• Nausea after surgery is common. Drink plenty of fluids and eat lightly. Bland food is usually best at first. Avoid heavy, spicy, greasy, or large meals for surgery day. On the day of the operation nausea is often due to the anesthetic. Oral anti nausea medication is usually not helpful and has many side effects, so I don't like to prescribe it. Most commonly, nausea is due to the pain medications Oxycodone, Hydrocodone, or Ibuprofen. Please make certain that you never take any pain medication on an empty stomach. Should you develop nausea please hold your pain medications for several hours and try and nap. Place a cool moist cloth on your forehead. You may resume the pain medications with food after the nausea subsides. Best to just take the ibuprofen and avoid the narcotic (Oxycodone or Hydrocodone). Remember; never take any of your prescribed medications on an empty stomach. A small amount of food such as bread or toast will settle your stomach!

• If a stool softener has been prescribed, please take this as long as you continue to take the narcotic pain reliever. To avoid constipation, you may also take a non-prescription fiber supplement (Metamucil, Benefiber, or Konsyl). However, should you become constipated, please take a non-prescription laxative such as Milk of Magnesia: take 2 tablespoons every 6 hours until you have a BM then stop to avoid diarrhea.

Please call to make an appointment 14 days or so after the operation. Seeing me before is really not necessary but if you have concerns about your recovery please call my office.

NOTIFY MY OFFICE IMMEDIATELY, IF YOU EXPERIENCE ANY OF THE FOLLOWING:

• TEMPERATURE OVER 101° FAHRENHEIT
• PERSISTENT NAUSEA OR VOMITING
• BLEEDING NOT CONTROLLED BY APPLYING STEADY PRESSURE TO THE AREA FOR 20 MINUTES
• SPREADING, PAINFUL REDNESS AROUND THE INCISION/S
• EXTREME PAIN NOT RELIEVED BY PRESCRIBED MEDICATION
• INABILITY TO URINATE FOR 8 HOURS AFTER SURGERY OR PASSING VERY SMALL FREQUENT AMOUNTS OF URINE

IF YOU REQUIRE IMMEDIATE MEDICAL ATTENTION AND ARE UNABLE TO CONTACT DR. STERNBERG, PLEASE GO TO THE EMERGENCY ROOM AT CALIFORNIA PACIFIC MEDICAL CENTER AT SACRAMENTO AND BUCHANAN STREET (2333 BUCHANAN ST, SAN FRANCISCO, CA 94115) OR YOUR NEAREST EMERGENCY ROOM.

IF YOU HAVE ANY QUESTIONS, PLEASE CALL MY OFFICE AT 415.821.8000 DURING OFFICE HOURS: MONDAY – FRIDAY 9AM – 5 PM.