

Hernia Repair Post Operative Information Leaflet

This leaflet can be made available
in alternative languages / formats on request.

如有需要，本传单可提供其他语言/版式
此單張的其他語言/格式版本可按要求提供

Na żądanie ta ulotka może zostać udostępniona
w innych językach/formatach.

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What is a Hernia?

Today you have under-gone surgery to have your hernia repaired.

Your specific type of hernia and brief description is highlighted below.

An **umbilical hernia** occurs when part of the bowel or fatty tissue pokes through an area near the belly button, pushing through a weak spot in the surrounding abdominal wall.

A **ventral hernia** is a bulge of tissues through an opening of weakness within your abdominal wall muscles. It can occur at any location on your abdominal wall.

An **incisional hernia** is a type of hernia caused by an incompletely-healed surgical wound. Since incisions in the abdomen are frequent for abdominal exploratory surgery.

A **femoral hernia** occurs in the groin – the small area of the lower abdomen on each side, just above the line separating the abdomen and the legs. They are relatively uncommon.

An **inguinal hernia** usually occurs when fatty tissue or a part of your bowel, such as the intestine, pokes through into your groin at the top of your inner thigh. It pushes through a weak spot in the surrounding muscle wall (the abdominal wall) into an area called the inguinal canal.

Further information

Royal College of Surgeons of England

<http://www.rcseng.ac.uk/>

Association of Surgeons of Great Britain and Ireland

<http://www.asgbi.org.uk/>

British Hernia Society

<http://www.britishherniasociety.org/>

RCS Advancing Surgical Standards

<https://www.rcseng.ac.uk/-/media/files/rcs/library-and-publications/non-journal-publications/groin-hernia-repair.pdf>

Call 111 for non-emergency medical advice

Further information

Who can I contact if I have a problem when I get home?

If you experience any problems related to your surgery or admission once you have been discharged home.

Please feel free to contact Ward 4A, 4B or 4C for advice from the nurse in charge.

They will assist you via the telephone, advise you return to your GP or ask you to make your way to the Emergency Department at Whiston Hospital depending upon the nature of your concern.

Sanderson Suite 01744 646098/ 646089

Ward 4A – 0151 430 1420

Ward 4B – 0151 430 1637

Ward 4C – 0151 430 1643

Post-op information

Pain and discomfort

You will experience pain and discomfort around the scars, especially for the first few days. Extensive bruising and some swelling is also quite common, but usually settles after a couple of weeks. This is perfectly normal, but everyone is different and will experience varying degrees of discomfort. Taking your pain relief tablets regularly for the first 3 days, as instructed, should help you to mobilise. After day 3, the pain will taper off.

If you need to cough or sneeze, place your hand over the scar and support it. This will help to ease any discomfort.

Mobility

Many patients have concerns that standing up straight will pull at the stitches/clips. Do not worry about this. Getting out of bed and standing up straight will actually help you to recover more quickly. The secret to a quick recovery is to keep moving. The first morning you may find your groin a little uncomfortable when you get out of bed, but this will get easier

Resuming normal activities including work

It is safe to perform light duties immediately after the operation, but sensible to avoid heavy work for four to six weeks. It is advisable to mobile as comfort always.

You should be able to return to office work by two weeks and manual work by about four weeks. Your surgeon may have advised no heavy lifting for four to six weeks.

Driving

Normally, you should refrain from driving for 10-14 days after a hernia repair operation. You should be free from the distracting effect of pain or the sedative or other effects of any pain relief medication you are taking. You also need to be free of any physical restrictions due to your operation, be comfortable in the driving position and be able to safely control your car, including performing an emergency stop.

Wound

- There are no stitches to remove, however your surgeon may have used clips to close the skin.
- These clips will need to be removed 8-10 days following your operation.
- Your discharging nurse will refer you to the appropriate Treatment Room for the removal of clips. Please ensure you make an appointment using the number provided.
- Shower for the first five days and then you can soak in a bath and peel the plastic dressing off and leave the wound open to the air.
- Wear your scrotal support if applicable for at least seven days. (This applies only to gentlemen who have had an inguinal or femoral hernia repair).
- If the wound becomes red, hot or starts to ooze discharge, see your GP immediately or attend walk in centre in case you have a wound infection and need antibiotics.
- Expect some numbness beneath the scar - this may be temporary or permanent. Bruising around the wound or tracking down into the scrotum is sometimes seen - this looks dramatic but is harmless and will settle spontaneously.

- If any bleeding occurs, hold some clean gauze firmly over the wound and apply pressure continuously for 10 minutes. If the bleeding persists after a few attempts seek medical advice.

Your Consultant's name is _____

Your Nursing Team are _____

Sanderson Suite Tel : 01744 646098/ 646089

Your Surgeon wishes for you to attend a follow-up appointment in _____ time, this will be posted out to you at home.