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INSTRUCTIONS FOR A POST-OPERATIVE INCISIONAL, UMBILICAL, EPIGASTRIC OR PARASTOMAL LAPAROSCOPIC HERNIA REPAIR.

A. IMMEDIATE POST-OPERATIVE PERIOD(IN THE RECOVERY ROOM)

1. When you awaken from anesthesia you will be in the recovery room.
2. You should have already had your prescription pain medication filled on your last pre-operative office visit. Prescriptions can only be filled and ordered electronically from my office.
3. The nurses will help you ambulate and you will be discharged home after you can tolerate oral food and water and the immediate effects of anesthesia have subsided.
4. You will receive a dose of milk of magnesia prior to discharge.

B. THE NIGHT AFTER SURGERY AND POST-OPERATIVE DAY ONE

1. The pain medication dosage should be as directed on your prescription. Anti-inflammatory medications, such as Toradol, Motrin, Aleve and Advil are to be avoided.
2. Only take the narcotic pain medication if the pain is intense, otherwise, use Tylenol or extra strength Tylenol. Narcotics tend to constipate.
3. If you take a narcotic pain reliever, you should not operate an automobile or heavy equipment, and should refrain from alcohol for at least 24 hours.
4. As the pain subsides, you may not require any medication.
5. Wound Care
 - a. Your wounds are glued and butterflyed (steri-strips) closed. They are then covered with a small gauze, and a clear, waterproof dressing (tegaderm).
 - b. You may ice the wounds (10 minutes on, 10 minutes off) as needed, though many patients find this is not necessary.
 - c. You can shower the day of surgery, or any day thereafter with the dressing on. If the dressing falls off, or is removed the butterflyes (steri-strips) may remain on. You can still shower with the wounds uncovered. If the steri-strips come off that is also not an issue, and you may still shower. If the wounds are exposed do not use a topical antibiotic such as bacitracin and should be left to air dry after showering. The wounds can be left exposed to air, or covered with a band aid, (patient choice). No bathtub or swimming pool for two weeks following your surgery.
6. Diet – Use common sense and eat light, easily digestible foods, for the first 24 – 48 hours. Nausea can occasionally occur and is usually secondary to the narcotic use. If this occurs, try to stay only on Tylenol.
7. Activity – Stand up straight and walk as much as you can, using common sense (equivalent to a couple of blocks is fine). Stretching and abdominal hyperextension exercise will speed your recovery. You are encouraged to use a stationary bicycle, treadmill or elliptical on the first and second post-operative day for approximately 30 minutes at a low speed with minimal resistance.

8. If you were placed in an abdominal Velcro binder, we suggest you wear it even when sleeping. If you find that it irritates your skin, it can be worn over a t-shirt. The binder must be snug in order to be effective. Its sole purpose is to help give support in order to diminish post-operative discomfort. If you find it is too uncomfortable, you need not wear it.
9. If you sneeze or cough, place a pillow or your hand snug against your abdomen. This may help diminish post-operative pain.

C. Second Post-Operative Day and going forward

1. Wounds – a small amount of blood from the incision should not be of concern. Apply a bandage, and if necessary pressure until the oozing stops.
2. Diet – as tolerated. Alcohol can be consumed in moderation starting on post-operative day 4 (but not if taking narcotics for pain).
3. Activity
 - a. For the first 48 hours after the surgery, you should not drive an automobile, have sexual intercourse, do core exercises or lift over 15lbs.
 - b. On the third post-operative day, you may engage in any physical activity that does not use significant core strength(no sit-ups, leg raises, etc.)
 - c. You will be instructed on your first post-operative visit regarding further exercise.
4. Bowel Movements – The longer it takes to move your bowels after 24 hours post-operatively, the more you will have to strain and the more discomfort you may have. If you have no response to the milk of magnesia given in the recovery room, then, on post-operative day 1, take 2 tablespoons of milk of magnesia. If no response by the late afternoon, take a double dose or you may take anything that you normally use to help have a bowel moment. If still no movement by post-operative day 2, take another double dose of milk of magnesia. If that is unsuccessful, that night, or the next day take a glycerin or dulcolax suppository, or a fleet enema. The narcotic pain medication tends in some patients to cause this constipation.
5. The area around the incisional may become black and blue. This is normal and will fade over the ensuing weeks.
6. Often I will use a clear stitch on the inside of the wound for added support for the closure. If you see this, it can be ignored. It will fall off over time, or I will trim it back during your office visit.
7. You may return to work anytime after your surgery and are encouraged to do so, though most patients need 2 to 7 days before returning to work and it is dependent on the scope of your surgical procedure.
8. During the surgical procedure your abdomen is insufflated with carbon dioxide to aide in visualization. Though this dissipates very quickly following the procedure abdominal distention may last up to 2 weeks. The average patient has ½ to 1 inch increase in abdominal girth. This will flatten out and your abdomen will look normal at two weeks.
9. Please call the office for a post-operative visit the week following your surgery unless otherwise instructed.

REMEMBER: On post-operative day one and going forward, you are strongly encouraged to get on a station bicycle or elliptical at low resistance for approximately 30 minutes at least once per day. Pain should be the limiting factor.

Please feel free to contact me at my office for any questions or concerns you may have.

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INSTRUCTIONS FOR POST-OPERATIVE UNILATERAL (ONE SIDED) OR BILATERAL (TWO SIDED) LAPAROSCOPIC OR ROBOTIC INGUINAL HERNIA REPAIR

A. IMMEDIATE POST-OPERATIVE PERIOD(IN THE RECOVERY ROOM)

1. When you awaken from anesthesia you will be in the recovery room.
2. You will have already received your pain medication for the post-operative period (prescriptions can only be ordered electronically from my office).
3. The nurses will help you ambulate and your discharge will occur after you have voided (males only), can tolerate oral food and water and the effects of anesthesia have subsided.
4. You will receive a dose of milk of magnesia prior to discharge.

B. THE NIGHT AFTER SURGERY AND POST-OPERATIVE DAY ONE

1. Pain medication should only be Percocet as directed by your prescription or Tylenol or extra strength Tylenol(one or two tablets). Anti-inflammatory medications, such as Toradol, Motrin, Aleve and Advil are to be avoided.
2. Only take the narcotic pain medication (Percocet) if the pain is intense, otherwise, use the Tylenol. Percocet tends to constipate.
3. If you take Percocet, you should not operate an automobile or heavy equipment, and should refrain from alcohol for at least 24 hours.
4. As the pain subsides, you may not require any medication.
5. Wound Care
 - a. Your wounds are glued and butterflied (steri-strips) closed. They are then covered with a small gauze, and a clear, waterproof dressing (tegaderm).
 - b. You may ice the wounds (10 minutes on, 10 minutes off) as needed, though many patients find this is not necessary.
 - c. You can shower the day of surgery, or any day thereafter with the dressing on. If the dressing falls off, or is removed the butterflies (steri-strips) may remain on. You can still shower with the wounds uncovered. If the steri-strips come off that is also not an issue, and you may still shower. If the wounds are exposed do not use a topical antibiotic such as bacitracin and should be left to air dry after showering. The wounds can be left exposed to air, or covered with a Band aid, (patient choice). No bathtub or swimming pool for two weeks following your surgery.
6. Voiding – There may be some burning or a drop of blood for the first 24 – 48 hours, this is normal.
7. Diet – Use common sense and eat light, easily digestible foods, for the first 24 – 48 hours. Nausea can occasionally occur and is usually secondary to the Percocet. If this occurs, stay only on Tylenol.

8. Activity – Stand up straight and walk as much as you can using common sense (equivalent of a couple of blocks is fine). Stretching and abdominal hyperextension exercise will speed your recovery. You are encouraged to use a stationary bicycle, treadmill or elliptical on the first and second post-operative day for approximately 30 minutes at a low speed with minimal resistance.

C. *Second Post-Operative Day and going forward*

1. Wounds – a small amount of blood from the incision should not be of concern. Apply a bandage, and if necessary pressure until the oozing stops.
2. Diet – as tolerated. Alcohol can be consumed in moderation starting on post-operative day 4 (but not if taking narcotics for pain).
3. Activity
 - a. For the first 48 hours after the surgery, you should not drive an automobile, have sexual intercourse, do core exercises or lift over 15lbs.
 - b. On the third post-operative day, unless told differently by me, you have FULL UNRESTRICTED physical activity. There is no limitation, and the more you do, the quicker the pain and discomfort will disappear. Some discomfort and pain is normal. Your body will set your limits, though it is ok to be aggressive.
4. Bowel Movements – The longer it takes to move your bowels after 24 hours post-operatively, the more you will have to strain and the more discomfort you may have. If you have no response to the milk of magnesia given in the recovery room, then, on post-operative day 1, take 2 tablespoons of milk of magnesia. If no response by the late afternoon, take a double dose or you may take anything that you normally use to help have a bowel moment. If still no movement by post-operative day 2, take another double dose of milk of magnesia. If that is unsuccessful, that night, or the next day take a glycerin or dulcolax suppository, or a fleet enema. The Percocet tends in some patients to cause this constipation.
5. The area around the wound may become black & blue. This is normal and will fade over the ensuing weeks. Sometimes, the penis and scrotum turn purple or severely black and blue, usually on post-operative day 3. Do not be concerned, an interesting color, but it will fade. If there is some heaviness or hypersensitivity in the scrotal or testicular area an APPROPRIATE SIZE athletic support can often help and should be worn, even at night. If wearing makes the discomfort worse, then its use can be eliminated. This discomfort will subside over the ensuing days.
6. Often I will use a clear stitch on the inside of the wound for added support for the closure. If you see this, it can be ignored. It will fall off over time, or I will trim it back during your office visit.
7. You may return to work anytime after your surgery and are encouraged to do so, though most patients need 2 or 3 days before returning to work.
8. During the surgical procedure your abdomen is insufflated with carbon dioxide to aide in visualization. Though this dissipates very quickly following the procedure abdominal distention may last up to 2 weeks. The average patient has ½ to 1 inch increase in abdominal girth. This will flatten out and your abdomen will look normal at two weeks.
9. Please call the office for a post-operative visit the week following your surgery unless otherwise instructed.

REMEMBER: On post-operative day one and two, you are strongly encouraged to get on a stationary bicycle or elliptical at low resistance for approximately 30 minutes at least once a day. Or you can go on a treadmill for the same period of time at a speed of 2.8-3.2 MPH. On post-operative day three you can resume ALL PRE-OPERATIVE ACTIVITIES, and are encouraged to do so. Following these instructions, most patients find a dramatic decrease in pain from the 2nd to 3rd post-op days as long as they were active the first two days following surgery.

Please feel free to contact me at my office for any questions or concerns you may have.