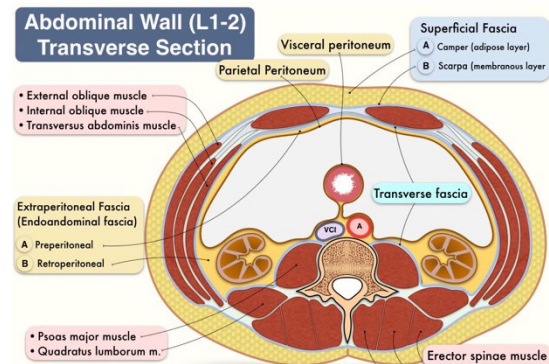


ABDOMINAL WALL HERNIA REPAIR/ABDOMINAL WALL RECONSTRUCTION Dr. Olivia M. White, MDH General Surgeon

Overview

The abdominal wall is a complex structure that provides support/strength to your torso. There are several muscle groups involved in maintaining this support:

- Rectus abdominus muscle
- External oblique muscle
- Internal oblique muscle
- Transversus abdominus muscle



The muscles must lie in appropriate alignment to allow for full abdominal wall strength. A hernia occurs when there is a hole, or defect, in one or all of the layers of the abdominal wall. The presence of a hernia causes distortion of the abdominal wall musculature and may compromise form and function of the abdominal wall. A hernia may occur due to a natural weakness, or a weakness at a prior surgical incision. There are many options for abdominal wall hernia repair; your surgeon will discuss which options are best for you and your hernia.

Approaches

Primary repair

In the case of a small hernia at a natural weakness, a primary repair may be best. This repair entails sewing the internal defect closed, without use of a mesh.

Mesh repair, open or laparoscopic

When hernias reach a certain size, just placing stitches alone may not be enough to keep the hole closed. In these cases, a mesh is used to reinforce, or patch, the repair. This helps to decrease the long term risk that the hernia comes back. This repair may be done laparoscopically, with small incisions, or open, with a larger incision. Your surgeon will discuss which options are best for you.

Component separation/abdominal wall reconstruction

In cases of large hernia or multiply recurrent hernia, reconstruction of the abdominal wall may be the best option for repair and prevention of long term recurrence. Abdominal wall reconstruction involves separating the layers of the abdominal wall and, possibly, division of one of the lateral muscle groups to allow for the hernia to close without tension (division of a

single muscle layer does not compromise your future core function). This repair is reinforced with a mesh placed within the abdominal wall layers.

What to Expect

Before surgery

There are several factors that contribute to surgical complications, failure of a hernia repair, or long term recurrence. You doctor will discuss these with you during your pre-operative visits. Factors that impact wound healing, surgical complications, and long term recurrence include, but are not limited to, the following:

- Poorly controlled diabetes
- Smoking/vaping/nicotine use
- Obesity
- Certain chronic infections
- Chronic immunosuppression

Immediately following surgery

After surgery, you will be transported to the post anesthesia care unit. Here, a nurse will monitor your recovery and you will be reunited with family members. You will be allowed to discharge from the hospital once you are awake and able to tolerate liquids by mouth.

If your surgery was laparoscopic, you may experience shoulder discomfort following your procedure. This is due to the carbon dioxide gas that was used to inflate your abdomen during your surgery. The gas re-absorbs over the course of 24-48 hours, and may be uncomfortable during this time. Remaining active by walking, and taking deep breaths will help with the pain. However, if your pain is worsening or failing to improve, please notify your surgeon.

You may have a sore throat following surgery. This is due to the insertion of a breathing tube/gastric tube during your surgical procedure. This discomfort will improve over the first 24-48 hours following surgery. Throat lozenges, chewing gum, and ice chips/popsicles will help relieve the discomfort. If your pain is severe, and not improving, please notify your surgeon.

Post Surgery Hospital Stay

If you are scheduled to stay overnight in the hospital, you will be assigned a room and transported to that room once you are awake. You should expect to stay 2-5 days in the hospital.

While you are in the hospital, it is important to get out of bed and walk around, with assistance if needed. A good goal is to be out of bed at least once every 2 hours during awake hours. Being out of bed is the best recovery for your bowels, which will likely be the factor keeping you in the hospital. You will be asked to get out of bed and sit in a chair as

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early as 2 hours following your surgery. You will be asked to begin walking on the first day following surgery.

You will be provided with most, if not all, of your home medications. You may be given a blood thinner shot while in the hospital, which helps decrease your chance of developing a blood clot following surgery. You will also be provided with medication for nausea.

For pain control, we will use multiple types of medication to try to minimize use of opioids. Expect discomfort following surgery, especially in the first 48-72 hours. Our goal is to make your pain tolerable so that you may walk around and participate in therapy and breathing exercises.

You will be provided with a small handheld toy, called an incentive spirometer, which helps you begin to take deep breaths following surgery. This helps exercise your lungs to decrease post operative complications including lung collapse and pneumonia. Walking is the best exercise for your lungs, while you are resting in your room you will be encouraged to use your incentive spirometer.

If you have a surgical drain, you will be taught how to empty and care for your drain, and how to record outputs. Some drains are removed before you leave the hospital. Some drains are removed during your post operative clinic visits.

Going Home

At discharge, you will be provided with all necessary prescriptions and follow up appointments.

Dissolvable stitches: Your stitches are dissolvable and located under the skin, they will not be removed. Treat skin glue like a scab. It will peel off in 10-14 days. You may shower today; do not soak the incision under water in a bathtub/pool for 2 weeks.

Staples/external stitches: Leave surgical bandage in place for 48 hours. After 48 hours, you may remove your bandage and shower; do not soak the incision under water in a bathtub/pool for 2 weeks. Your staples/stitches will be removed at your follow up visit.

If you have a surgical drain, empty the drain and record the output every 8 hours. Keep the drain site clean and dry. Your drain will likely be removed at your 1 week follow up visit. Call the office if you have questions about your drain output or drain care.

Do not lift more than 20 pounds for the first 6 weeks following your hernia repair. Otherwise, you may resume your regular activities immediately following surgery. Call the office if you have questions about specific activities. You should aim to walk at least once every 2 hours while awake.

Use pain medication as prescribed. Use ice packs as needed for pain/swelling. Call the office if you are having uncontrolled pain.

You have no dietary restrictions. Try to drink 6-8 full glasses of water every day. Try to eat a diet high in protein to promote wound healing. Add a protein shake each day for additional protein (Boost, Ensure, etc.) Call the office if you are nauseated and throwing up or unable to eat/drink.

You will have a follow up visit 1-4 weeks following surgery.

You should start feeling like yourself within 6 to 8 weeks after surgery, although your body will continue healing for up to 1 year following surgery. If you have any concerns, call the office. Remember, if you are worried, we are worried.

Complications

Complications after hernia repair/abdominal wall reconstruction include, but are not limited to, the following:

- Post operative hematoma – blood collection in the surgical site
- Post operative seroma – serous fluid collection in the surgical site
- Wound infection/abscess/mesh infection
- Bowel injury
- Pneumonia
- Urinary tract infection or inability to urinate
- Blood clots in leg or lung
- Chronic pain

When to call your doctor:

- Fever >101.5F, temperatures less than this are normal following surgery as the body heats up during the healing process
- Foul smelling drainage from your incision that is green or yellow (thick yellow, clear/yellow tinged fluid is ok)
- Bleeding from you incision that does not stop (hold pinpoint pressure on the bleeding spot for 10 minutes – if still bleeding, call the office)
- Significant swelling of the breast or armpit that is getting worse day by day, not getting better
- Your surgical drain is accidentally pulled out

When to go to the Emergency Room:

- Fainting spells
- Chest pain
- Shortness of breath or trouble breathing
- Excessive bleeding from your incision
- Slurred speech, weakness on one side of the body
- Vomiting, unable to keep yourself hydrated

Other Recovery Tips

Constipation management

Please take miralax (polyethylene glycol) once daily for as long as you are using prescription opioid pain medication.

If you remain constipated, begin taking miralax (polyethylene glycol) twice per day. You may also add colace (docusate sodium) 100mg up to 3 times per day.

Continue drinking plenty of water, 6-8 full glasses per day.

Increase your physical activity in the form of long walks.

If you are unable to have a bowel movement after 4-5 days AND you continue to pass gas, please take a liquid laxative (milk of magnesia or mineral oil).

If you remain unable to have a bowel movement after 4-5 days and you are unable to pass any gas, or you begin to experience copious vomiting, please call the office and proceed to the emergency room.

Pain Management

Take acetaminophen 1000mg every 6 hours alternated with ibuprofen 600mg every 6 hours for pain control. You may also use ice packs and over the counter lidocaine patches for pain control. Do not use ibuprofen if you have been told to avoid non steroidal anti-inflammatory drugs in the past. Please call the office if your pain is worsening rather than improving day by day.

Remember, complete wound healing takes 6 to 9 months. You may experience twinges of pain during this time, especially as you ease your way back into regular activities. Use acetaminophen and ice packs as needed throughout this time as you continue healing. If you are concerned about something, call the office. Remember, if you are worried, we are worried.