

NORTH BAY GENERAL SURGERY

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Ventral Hernia Repair

YOUR SURGERY DATE: _____ **with DR.** _____

The Preadmission Clinic (PAC) will be calling you to arrange an appointment, at this appointment they will give you the arrival time for your surgery. Occasionally we are required to reschedule surgery dates due to emergency cases or urgent cancer cases. We make every effort to give you as much notice and will work with you to book a new date.

What is an Ventral Hernia?

A ventral hernia is hole in the abdominal wall with a bulge of tissue or organs pushing through. It can occur at any location on your abdominal wall. Many are called incisional hernias because they form at the healed site of past surgical incisions.

Why would I need this surgery?

Your surgeon may recommend this surgery if your hernia is causing you pain, enlarging, or if it becomes incarcerated, meaning you are unable to push the hernia back into the abdominal wall.

What are the risks of an Ventral Hernia Repair?

All surgeries carry risks, which include: Bleeding, infection, scars, pain, wound complications, hernia development at the site, heart and lung complications.

Risks specific to ventral hernia surgery: Depending on the size / location of your hernia, reoccurrence rate is 20-30%. This rate doubles if you are obese or are a smoker. Other risks include injury to abdominal organs, fluid collections or seromas at the hernia site and a risk of mesh infection (which would require removal of mesh).

What should I expect before my surgery?

Prior to your surgery, the pre-admission clinic at North Bay Regional Health Centre will book an appointment with you. This will either be done at the pre-admission clinic at the hospital or may be booked over the phone. During this appointment the nurse will gather health information from you and give you information about what to expect before/after surgery and answer any questions you may have. At this time, you may also have blood test, electrocardiogram, or any consultations with any other physicians as requested by your surgeon.

You may continue normal activities until you receive surgery, unless your surgeon has instructed you otherwise. Please call your surgeon or report to the emergency room if your hernia become suddenly and severely painful, or if the hernia pops out and you are unable to push it back in.

Your surgeon may also recommend that you stop smoking and/or lose weight. Obesity causes a higher risk of a hernia reoccurring, higher rate of infection post-surgery, and less successful results (including less improvement in pain). Smoking causes higher risk of anesthetic problems, infection, and hernia reoccurrence rate. If you would like some help to stop smoking, speak to your surgeon and they can refer to organizations that specialize in smoking cessation.

DO NOT SHAVE THE AREA PRIOR TO SURGERY, this can cause a greater infection risk. Excess hair will be removed at the hospital if required.

What should I expect the day of surgery?

The pre-admission clinic should give you all the information you need for the day of surgery. Please arrive to the day surgery unit at the North Bay Regional Health Center at the time instructed. Ventral hernia repairs are done as a day surgery. This means that you will come into the hospital, have your surgery done, and then be discharged on the same day. It is important that you have someone to drive you home following surgery, as you will not be allowed to drive or operate heavy machinery for a minimum of 24hrs after undergoing a general anesthetic.

What should I expect after surgery?

Incision: If your surgery is done laparoscopically, you will have several small incisions. If it is done open, you will have one larger incision over top of where the hernia was. These are almost always closed with dissolvable sutures that do not need to be removed. If dissolvable sutures are not used, your surgeon will instruct you otherwise. There also may be some steri-strips. These will naturally start to loosen and fall off between 1 and 2 weeks. They can be removed carefully after 2 weeks. Immediately after surgery there will be a dressing over these incisions. These dressings may be removed 24-48 hours after surgery. You may have some swelling and bruising at the hernia site; this is normal and may take several days to a week to improve.

Pain: There may be pain from the incision site and from the general abdominal area. Do not be alarmed if you are feeling pain from an area that does not appear to be directly under the incision. You may be prescribed something for pain; or alternatively you may also take Tylenol 650mg every 4 hours.

Diet: Immediately after surgery you may feel nauseated. Start by drinking small amounts of clear liquid. If you do not feel nauseated, you may return to a normal diet. Ensure you are drinking enough fluids to prevent any bowel problems. If you are concerned about constipation you can use a stool softener.

Activity: Try to move and walk small amounts the day of surgery, and continue to increase your activity daily, this will ensure that your muscles remain strong, prevent blood clots, keep your bowels moving, and prevent any breathing problems. Try to limit strenuous activities (such as lifting children, groceries, laundry, moving furniture etc.) for 1-2 weeks post-surgery. Do not lift anything over 15lbs for 3 weeks, or as per the instructions given to you by your surgeon. You may return to driving when you are no longer on pain killers and can comfortably use the gas / break peddles and shoulder check.

Hygiene: After the bandage has been removed it is ok to shower. Do not scrub or rub the incision area and carefully pat dry after showering. The incision does not require a dressing and can be open to the air. If you do apply a dressing over it, ensure it is clean and dry. Do not soak in the bathtub until the incisions are fully healed. Usually about 2 weeks. Do not put powder, cream, deodorants or perfumes on the incisions.

Follow-up with surgeon: You should follow-up with your surgeon 4-6 weeks after your surgery. Please call your surgeon or report to the Emergency Department if:

- Rapid increase in swelling or bruising in the first 24 hours after surgery
- Fever
- Notice pus or drainage from the incision
- Pain is not relieved with medication

Returning to work: Most people return to work within 2-4 weeks following surgery as long complications have not occurred. Speak with your surgeon to get a more accurate time-line. You do not have to be assessed by your surgeon in a follow-up appointment before returning to work.