



Triple Nerve Neurectomy

What to expect and how to prepare for your operation

This handout explains what to expect from a triple nerve neurectomy, how to prepare for your operation, and how to plan for your recovery.

Sometimes we can treat chronic pain after hernia repair with surgery. This surgery divides 3 nerves: the *ilioinguinal*, *iliohypogastric*, and *genitofemoral* nerves.

Before having surgery, your doctor can test whether this operation will help you by injecting a small amount of *lidocaine* around these nerves. Lidocaine will numb the area. If it eases your pain a lot for a short time, triple nerve neurectomy may help lessen your chronic pain.

How to Prepare for Your Operation

Things to Remember

- **Aspirin and other medicines:** Do **not** take any aspirin or other products that affect blood clotting for 1 week before your operation. Two of these are ibuprofen (Advil, Motrin) and naprosyn (Aleve, Naproxen). See attached sheet for more information.
- **Shaving:** Do **not** shave any part of your body that you do not already shave every day. If you normally shave near your surgical site, do **not** shave that area for 2 days (48 hours) before your surgery.
- **Hospital stay:** You will stay in the hospital for 1 to 3 days after your operation.
- **Coughing and deep breathing:** Your nurse will teach you coughing and deep-breathing exercises. These are important to do after surgery to help prevent pneumonia.

Remember:

Do not take any aspirin or other products that affect blood clotting for 1 week before your operation.

Research and our experience show these outcomes after a triple nerve neurectomy:

- **70% (70 out of 100) have less pain.**
- **20% (20 out of 100) still have symptoms.**
- **10% (10 out of 100) may have worse symptoms.**

Triple nerve neurectomy does not affect sexual function. But, you may have long-term numbness in your lower abdominal area and down into your thigh.

24 Hours Before Your Operation

- **Take 2 showers:** Take 1 shower the night before, and a second shower the morning of your operation. Use the antibacterial soap your nurse gave you to wash your body.

Do **not** use the antibacterial soap on your face and hair. (See directions that came with the soap.) Use your own soap and shampoo on your face and hair. Use clean towels to dry off, and put on clean clothing.

- **Arrival time:** The pre-surgery nurse will call you by 5 p.m. the night before your operation. If you are having surgery on a Monday, the nurse will call you the Friday before. If you do not hear from the pre-surgery nurse by 5 p.m., please call 206-598-6334.

The pre-surgery nurse will tell you when to come to the hospital and will remind you:

- Not to eat or drink after a certain time.
 - Which of your regular medicines to take or not take.
 - To sip only enough water to swallow your pills.
 - To arrange for someone to drive you home.
- **Heating blanket:** To reduce your risk of infection, you will be covered with a heating blanket to warm your body while you wait to go into the operating room. Ask for a heating blanket if you do not receive one.

What to Expect After Your Operation

Incision Care

- You will have a 5-inch to 7-inch incision in your lower abdomen.
- You may have surgical staples to keep the incision closed. These will be removed at your first follow-up visit.
- Check your incision every day for the signs of infection listed on the last page of this handout.

Pain Management

- You will be given an oral narcotic pain medicine to take as needed at home. Do **not** drive while you are taking narcotic pain medicine.
- As your pain lessens, we recommend you take acetaminophen (Tylenol) for pain relief.

Questions?

Weekdays from 8 a.m. to 4 p.m., call the Surgical Specialties Nurse Advice Line at 206-598-4549.

After hours and on weekends and holidays, call 206-598-6190 and ask for the resident on call for Surgery to be paged.

Or, ask for your surgeon to be paged:

Dr. _____

Constipation

If you are taking narcotic pain medicine, you may need to take a laxative to avoid straining when having a bowel movement. Using stool softeners, adding fiber to your diet, and drinking more fluids will help keep you regular. It is safe to use milk of magnesia if you have constipation. Please read the handout “Constipation After Your Operation.”

Exercise

- Walking every day will help speed your recovery. Slowly increase how far you walk.
- Do **not** lift anything heavier than 10 pounds for 6 weeks after your operation.

For the first 6 weeks you are home, avoid gardening, vacuuming, and any activity that puts stress on your abdominal muscles or increases your heart rate.

Call the Nurse Advice Line or Your Doctor If You Have:

- Bleeding or drainage that soaks your dressing
- A fever higher than 100.5°F (38°C)
- Shaking and chills
- Any sign of infection in your incision:
 - Redness
 - Increasing pain
 - Swelling
 - Foul-smelling drainage
 - A change in the type or amount of drainage
- Nausea and/or vomiting
- Concerns that cannot wait until your follow-up visit

UNIVERSITY OF WASHINGTON
MEDICAL CENTER
UW Medicine

Surgical Specialties Center

Box 356165
1959 NE Pacific St. Seattle, WA 98195
206-598-4477