

Ventral Hernia Repair and Abdominal Muscle Component Release

What to expect and how to prepare

This handout explains surgery to repair a ventral hernia. It explains why abdominal muscles may also need to be moved during your surgery.

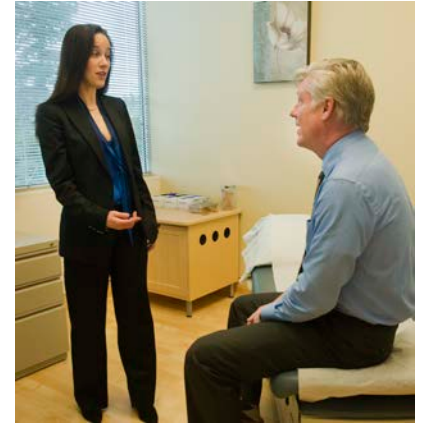
Your Surgery

When you have a large abdominal hernia:

- Your abdominal muscles may need to be moved to fill in the area left by the hernia.
- Your surgeon may also use a mesh to strengthen the area. The mesh will be either man-made (synthetic) or made from natural materials (organic).

How to Prepare

- **Aspirin and other medicines:** Do **not** take any aspirin or other products that affect blood clotting for 1 week before your surgery. Two of these are ibuprofen (Advil, Motrin, and other brands) and naproxen (Aleve, Naprosyn, and other brands). 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 surgery site, do **not** shave that area for 2 days (48 hours) before your surgery.
- **Hospital stay:** You will stay in the hospital for 3 to 7 days after your surgery. When you go home, you will need someone to help you prepare food and do household chores for 1 to 2 weeks.
- **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.



Ask your doctor any questions you have about what will happen during your surgery.

24 Hours Before Your Surgery

At Home

- **Take 2 showers:** Take 1 shower the night before, and a second shower the morning of your surgery. 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 surgery. 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.

At the Hospital

- **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 Surgery

Waking Up After Your Surgery

You will wake up in the recovery room. You will feel sleepy. You will have:

- An **intravenous (IV) line** in your vein. This flexible tube will be used to give you medicine for pain and nausea.
- **Sequential compression devices (SCDs)** on your legs. These are inflatable stockings that help with blood flow to keep blood clots from forming.

You may also have:

- **Drains** from your abdomen to drain fluids that your body naturally makes after surgery.
- An **epidural catheter** in your back to give you pain medicine. Your anesthesiologist will decide if this will help you.
- A **catheter tube** inserted into your bladder to drain your urine.

Recovering in Your Hospital Room

Incision Care

- You will have an incision straight down the middle of your abdomen. This incision will be closed with surgical staples.

Pain Management

- You will probably have a pain-medicine pump called a PCA (patient-controlled analgesia) for 1 to 4 days after your surgery. This will allow you to get pain medicine when you need it.
- Before surgery, the anesthesiologist may talk with you about having an epidural catheter to control pain after your surgery.

Nutrition

- You will not be allowed to eat anything by mouth on the day of your surgery. You will receive fluids through your IV to keep you from getting dehydrated.
- As your intestines recover from your surgery, you will pass gas. After this happens, you will be able to drink clear liquids. When you can drink clear liquids and not feel nauseous, your doctor will add regular foods back into your diet.

Activity

- Every day you will become more active. Moving around is very important to prevent pneumonia in your lungs and blood clots in your legs.
- Your nurse will help you sit on the edge of your bed on the day of your surgery. Next, you will get up and sit in a chair. You will also begin to walk. One or 2 days after your surgery, you will walk in the hall. As your strength returns, you will be encouraged to do more.

Abdominal Binder

You may be given an abdominal binder to wear during the day while you are awake. You may be told to wear this during your recovery at home.

Bowel Movements

It will be several days after your surgery before you have your first bowel movement. Avoid getting constipated. Please read the handout “Constipation After Your Operation.”

Bladder Catheter

You may have a catheter in your bladder for 3 to 5 days after surgery. It will be removed when you can get up and use the bathroom.

After You Go Home

Shower

- You may shower every day.
- Do **not** take a bath, sit in a hot tub, or swim until your incisions are healed. This will take about 4 weeks.

Pain Control

- Use the pain medicine your doctor prescribed for you. It is important to take it before your pain is severe.

Incision Care

- Not putting stress on your abdomen will improve healing. Do **not** lift anything heavier than 5 pounds for 8 weeks after surgery. A half-gallon of milk weighs 4 pounds.
- As you heal, there may be a thick healing ridge along your incision. This will soften and flatten out over several months.
- You will need to check your incision every day. Call your doctor if you have any of the signs of infection listed on page 5 of this handout.

Abdominal Binder

- If you were told to wear an abdominal binder at home, wear it during the day while you are awake.

First Follow-up Visit

At your first clinic visit after your surgery, your doctor and nurse will talk with you about how you are doing at home. They will want to know how your appetite is and how your bowel movements are. They will check your incision and remove your surgical staples.

Your doctor and nurse will also ask how your pain is, what pain medicines you are taking, and what activities you are doing. They will also talk with you about your plans for returning to work.

Exercise

- Walking every day will help speed your recovery. Slowly increase how far you walk.
- For the first 8 weeks you are home, avoid gardening, vacuuming, and any activity that puts stress on your abdominal muscles or increases your heart rate. After 8 weeks, **slowly** add these and other activities back into your routine.
- You may resume sexual activity when it is comfortable and you feel like it. If you have any questions, talk with your doctor or nurse.

Return to Work

- How much time you take off work depends on what you do for a living. Most people take 2 to 6 weeks off to recover after their surgery.
- Return to work when you feel ready. Some patients choose to start back part-time and work shorter days, then work more as their energy allows.

When to Call

Call your doctor or nurse 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

Questions?

Your questions are important. Call your doctor or health care provider if you have questions or concerns.

Weekdays from 8 a.m. to 5 p.m., call Surgical Specialties, 206-598-4477.

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