A Guide to Hernia Repair Surgery

This booklet is to help you understand and prepare for your surgery.

Please review it with the nurse and your family. Please bring it with you on the day of your surgery.
This booklet was developed by The Montreal General Hospital Patient Education Clinical Care Pathway Working Group, the Post Anesthesia Care Unit nurses, the nutritionist and physiotherapist and reviewed by the surgeons.

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2nd Edition

IMPORTANT: PLEASE READ

Information provided by this booklet is for educational purposes. It is not intended to replace the advice or instruction of a professional healthcare practitioner, or to substitute medical care. Contact a qualified healthcare practitioner if you have any questions concerning your care.
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Introduction

When you are admitted to hospital for your hernia repair surgery you will be taking part in a Clinical Care Pathway (fast recovery program). The aim of this program is to help you recover quickly and safely. This booklet will give you information on how you can play an active part in your recovery and give you daily goals to achieve.

What is a hernia?

A hernia happens when part of an internal organ, usually the bowel, bulges through a weak area of muscle. Most hernias occur in the abdomen.

Hernias are common. They affect men, women and children. A combination of muscle weakness and straining, such as with heavy lifting, might contribute. Some people are born with weak abdominal muscles and may be more likely to get a hernia.

This booklet is to help you understand and prepare for your surgery, how you can play an active part in your recovery and give you daily goals to achieve.

Please review it with the nurse and your family. Please bring it with you on the day of your surgery.
What are the different types of hernia?

There are many types of hernia but we will focus on two;

1) Umbilical hernia:
   Located at the belly button where it appears as a round lump of fat pushing the belly button outward. This is one of the most common hernias.

2) Inguinal hernia:
   This type of hernia appears in the groin and it is more common in men than women.

What is hernia repair surgery?

If you have an umbilical hernia, the surgery can be done 2 ways:

1. Laparoscopic
   The surgeon will make small cuts. Your abdomen will be inflated with gas to help the surgeon see inside better. The surgeon will put a camera and instruments into the incisions and will repair the hernia.

2. Open
   The surgeon makes one cut depending on the size of the hernia, at the hernia site.
If you have an inguinal hernia, the surgery can be done 2 ways:

1. **Laparoscopic**

   The surgeon will make small cuts. Your abdomen will be inflated with gas to help the surgeon see inside better. The surgeon will put a camera and instruments into the incisions and will repair the hernia.

2. **Open**

   The surgeon makes one cut depending on the size of the hernia, at the hernia site.
Before your surgery

Preparing for your surgery

**Plan ahead:** make sure everything is ready for you when you go home after your operation. You may need more help at first from friends or family, with meals, laundry, bathing, cleaning, etc.

**Exercise** will help make sure your body is as fit as possible before your surgery. If you are already exercising, keep up the good work. If you are not, start slowly adding exercise into your day.
- Exercise does not need to be strenuous to be helpful; in fact, a fifteen-minute walk is far better than not exercising at all.

We *strongly suggest* you **stop smoking** completely before your surgery, as this will reduce the risk of lung complications afterwards. Doctors can help you stop smoking by prescribing certain medications.

Do not drink alcohol 24 hours before surgery.

Arrange to have a responsible adult with you to take you home from the hospital and stay with you for **the first 24 hours** after your surgery.

No patient will be allowed to leave the hospital alone. You **CANNOT** take a taxi home by yourself.

*Your surgery will be cancelled if you do not have someone to take you home and to stay with you for 24 hours.*
Before your surgery

**Pre-operative visit**

During your pre-operative visit, you will:

- □ Have blood tests.
- □ Have an ECG (electrocardiogram) if you are over the age of 50.
- □ Meet with a nurse who will tell you how to get ready for your surgery and what to expect on the day of your surgery.

You will also meet with a doctor:

- □ He/she will ask you questions about your health and health problems.
- □ If you need to take any medication before your surgery, he/she will give you a prescription.
- □ If you have other medical problems, you may be referred to another doctor (specialist) before surgery.

Some medications or herbal products need to be stopped a week or two before surgery. Have your list of medicines with you and the doctor will decide which ones to stop or to continue. Your pharmacist can give you a list of your medications. You may also ask your pharmacist to fax us your list of medication. Our preoperative clinic fax number is 514-934-4446.

If you have any further questions, you can contact the nurses of the Pre-operative Clinic at (L-10-401) or (514) 934-1934, extension 43778, from Monday to Friday, 1:00 p.m. - 3:00 p.m.
Cancelling your surgery

If you get a cold, are not feeling well or become pregnant, please call your surgeon’s office as soon as possible. If you cannot reach your surgeon, please phone the admitting department at (514) 934-1934 ext. 42190

Call to reschedule if:

- You are not well.
- You need to cancel.

Please keep in mind that the Montreal General Hospital is a Trauma Centre. This means that your surgery may need to be delayed or cancelled because of an emergency. Your surgeon will reschedule your surgery as soon as possible.
Instructions: Day before surgery

The Admitting Department will phone you to let you know what time to come to the hospital. (If your surgery is scheduled on a Monday, the hospital will phone you the Friday before.)

You are usually expected to arrive 1½ to 2 hours before your surgery is planned to start.

The time of surgery is not exact. It may be earlier or later than planned.

If you do not receive a call before 2:00pm, you can contact the Admitting Department at (514) 934-1934 ext 42190

Date of surgery: ........................................................................................................

Time of arrival at the hospital: ................................................................................

Room: Surgical Admission Services (D10-124) on the 10th floor of the main building.

If you have any further questions, you can contact the nurses of the Pre-operative Clinic at (L-10-401) at (514) 934-1934, extension 43778, from Monday to Friday, 1:00 p.m. - 3:00 p.m.
Instructions

The nurse at the Pre-Operative Clinic will use the following pages to explain the best diet plan for you. Speak to your nurse to discuss any questions or concerns you might have.

Can I eat or drink the day before my surgery?

Do NOT have anything to eat or drink (including gum, water and candy) starting at midnight the night before your surgery.

STOP

OR

You should stop eating at midnight. You are allowed to have carbohydrate drinks until your expected time of arrival at the hospital. (see page 12) No diet drinks please.

If you are allowed to drink carbohydrate drinks in the evening and on the morning of your surgery until two hours before coming to the hospital, choose only one of the drinks on the next page and drink the amount suggested.

You do not need to choose the same drink for the evening and the morning. You will notice an amount next to the drink you have chosen. This is the minimum amount that you should drink. (you may drink more than this amount, if you wish.)
Before your surgery

Try to drink the amount shown

- apple juice
  - evening before: 850ml
  - morning of: 425ml
- orange juice (no pulp)
  - evening before: 1000ml
  - morning of: 500ml
- commercial iced tea
  - evening before: 1100ml
  - morning of: 550ml
- cranberry cocktail
  - evening before: 650ml
  - morning of: 325ml
- lemonade
  - evening before: 1000ml
  - morning of: 500ml

Stop drinking any fluids starting at your expected time of arrival to the hospital. For example, if you have to arrive at 11AM, do not drink fluids after 11AM.

(Exception: If your time of arrival at the hospital is between 6:00 and 6:30 in the morning, you should stop drinking at 5:30 in the morning.)
Before going to bed, take a shower or bath using one of the sponges given to you. Wash your body including your belly button and wear freshly washed clothes to bed.

**Things to bring to the hospital**

- This booklet.
- If you wear glasses, contact lenses, a hearing aid or dentures, please bring the appropriate containers with your name on them.
- If you use a cane, crutches or walker at home, please bring them to the hospital with your name on them.
- Your medications in their original containers.
- Your valid Medicare card.
- If you do not speak French or English, please bring someone to translate for you.
- Please leave all jewelry, credit cards and objects of value at home. The hospital is not responsible for any lost or stolen articles.
Day of your surgery

At home:

- Take a shower or bath with the second sponge given and put on freshly washed clothes.
- Do not put on any creams, lotions or perfume.
- Do not wear make-up or nail polish.
- Do not shave the area to be operated.
- Remove all jewelry and leave it at home.
- Wear loose comfortable clothing

Take the following medication (with a sip of water)

Do not take the following medication
At the hospital

Report directly to the Surgical Admission Services (D10-124) at the time given.

The nurse will help you to get ready for the surgery. He/She will:

• Go through a checklist with you.
• Have you change into a hospital gown.
• Make sure your personal belongings are in a safe place.
• Put on special tight elastic stockings to help blood circulate better. They prevent blood clots from forming in your legs. You may remove them before leaving the hospital.

When the operating room is ready, an orderly will bring you there.

In the operating room you will meet your anesthesiologist and the other members of the surgical team. The anesthesiologist will decide with you what type of anesthesia is best for you. Hernia repair surgery can be done with a general anesthesia (sleeping), spinal anesthesia (freezing from the waist down) or just freezing (numbness) the area around the hernia. The doctor may give you some medication to help you relax.
Family and friends can wait for you in the **waiting room** located in the **D wing on the 10th floor (D10-117)**.

Our space is small so we ask that you limit the number of people coming with you. The nurse from the **Post Anesthesia Care Unit (PACU)** will call for the escort when you are ready to go home.
After your surgery

You will wake up in the Post Anesthesia Care Unit (PACU.)
There are no visitors are allowed in the Post Anesthesia Care Unit.

You will have:

- An intravenous, to give you fluid and medications
- An oxygen mask

Your vitals signs (pulse, blood pressure) will be checked often. Your nurse will verify the bandages (dressing) and ask you about your pain.

You will stay there until you are well enough to go home (about two hours). This period of time varies with each patient.

Remember you must have someone to take you home and to stay with you for the first 24 hours after your surgery.
Pain Control

Pain relief is important because it helps you:
- Breathe more easily
- Move more easily
- Sleep better
- Recover faster
- Do things that are important to you

You will be asked to rate your pain on a scale from 0-10. The nurse will give you medicine if you have pain. Our goal is to keep your pain score below 4/10.

Nausea
Some patients have nausea after their surgery, there are medications that can be given to help this.

Do not wait until the pain gets to bad before telling us.
At Home

It is not unusual to have some pain during the first few days following surgery. Please track your pain levels at home using the Pain Diary found on page 26.

Pain
You will receive a prescription that includes:

- □ Acetaminophen (Tylenol).
- □ A medication against pain and swelling (anti-inflammatory).
- □ A stronger pain medication (Narcotic).

If you are allergic to any of these medications, or are already on aspirin or anti-inflammatory medication, please tell your surgeon. The acetaminophen (Tylenol) and the anti-inflammatory should be taken first to relieve the pain. Only take the narcotic if the pain is not relieved by the acetaminophen (Tylenol) and the anti-inflammatory.

If you feel that the anti-inflammatory and pain medicine is causing burning or pain in your stomach, stop taking them right away. If you were taking blood thinners (aspirin or Coumadin) before your surgery, you can restart taking them the day after your surgery.

Diet
You can eat anything you want. If you received a general anesthesia, you may not feel like you want to eat a big meal. Start with small amounts of food and increase when you feel ready.

If you are nauseous start drinking clear fluids and gradually increase your intake according to your tolerance. The pain medication (narcotic) usually causes constipation. If this becomes a problem, increase the amount of fluids you drink. Drink plenty of water and add more whole grains, fruits and vegetables to your diet.

Do not drink any alcohol for 24 hours after anesthesia or while you are taking pain medication.
At Home

Your incision

You may notice some pink color on your skin. This is the disinfectant used in the operating room. It will wash off once you shower.

Your cut will be covered with plastic bandage(s). The bandage is waterproof so you can take a shower right after your surgery.

3 days after your surgery remove the bandages. Under the bandages each small cut will be covered with thin pieces of tape.

The thin pieces of tape will peel off by themselves. **Remove the thin pieces of tape after 7 days if they have not fallen off on their own.** Even after the bandages come off you can continue taking showers.

You may have thickening of the skin at the cut. This is normal. Many people feel numbness around the incision. This is temporary and is also normal.

Men who have had inguinal hernia repair may notice some discoloration (bruising) around the scrotum and at the base of the penis. This is normal and may take a few weeks to disappear.

Some patients have found that wrapping ice in a towel and applying this for short periods at a time (15 minutes) helps to decrease pain and swelling for the first 24 hours.
Activities

You can be a passenger in a car, but you cannot drive for the first 24 hours after anesthesia or while you are taking pain medication. You may start driving again once you are able to make the quick moves necessary to rapidly move your foot from the gas pedal to the brake without pain and are no longer taking narcotics.

You may feel more tired after your surgery, so rest. You may begin all your normal activities once you feel ready (including work, exercise and sexual activity). Walk, climb stairs and go outside as you wish as long as you feel comfortable.

Complications do not happen very often but it is important that you know what is normal and what is not.

Seek medical attention if you have any of the following symptoms:

- Your incision(s) become warm, red, you see pus or any drainage coming from it.
- You have a fever (greater then 38°C/100.4°F)
- You cannot drink fluids or keep them down.
- You are having more pain that is not relieved by the medications.
Complications

Very few patients have difficulty urinating after this surgery.

- If you do have problems urinating, do not wait - this will not resolve by itself.
- If you feel the need to urinate and have problems urinating, do not wait - this will not resolve by itself.

These are the following steps to follow if you are having problems urinating after your hernia surgery repair.

- Present yourself to the Emergency Room of the Montreal General Hospital
- Bring this booklet with you.
- Tell the nurse at the Emergency Room that you had a hernia repair surgery today and are having problems urinating.
- The nurse in the emergency room will put a tube (catheter) in your bladder to drain the urine. You will return home with the tube in place.
- The nurse in the emergency room will explain to you how to empty your bags. You should receive 2 bags; one for day and one for night.
- After the urine tube is inserted and you have received the instructions on how to change your bags and how to clean them, you may leave the emergency room.
- You may take showers with this tube in your bladder.
- The next following working day- you will phone the urology clinic at the Montreal General Hospital (514) 934-8024 and ask the secretary, or leave a message on the answering machine, for an appointment with the urology nurse for a “trial of void”. This appointment needs to be given within the following week.
- At this appointment, the urology nurse will be removing your urine tube and make sure that you are not having problems urinating.
- Please keep in mind that you will receive a phone call from the recovery room nurse the next working day of your surgery. If you have any problems please contact the recovery room nurse at: (514) 934-8064
- You should also notify your surgeon’s office that you have a urine tube and will be seen by the urology nurse.
Follow up

You will receive a phone call from the recovery room nurse the day after your surgery. He/she will be phoning to see how you are doing.

About 3 weeks after your surgery, you will need to see your surgeon.

Once at home, call the clinic to set up an appointment.

For patients operated at the Montreal General Hospital the number of the clinic is 514-934-8025
Important Resources

If you have any questions, please contact us.

Dr. Feldman: (514) 934-1934 extension 44004
Dr. Fried: (514) 934-8044
Dr. Khwaja: (514) 934-1934 extension 44334
Dr. Vassiliou: (514) 934-1934 extension 44330

Other surgeon: _______________________________________

Montreal General Hospital
Day Surgery Unit
(514) 934-8064
(7am to 3pm)

Montreal General Hospital
Preoperative Clinic
(514) 934-1934 ext. 43778
(1am to 3pm)

Admitting office
(514) 934-1934 ext. 42190

Montreal General Surgery clinic
(514) 934-8025
Suggestions to help you stop smoking

There are four phases of quitting
1. Preparing to quit
2. Choosing a quit date
3. Coping with withdrawal
4. Fighting relapses

Stop smoking now and you will already be on your way to quitting.

Take it one day at a time. Think of yourself as a non-smoker. Be proud of what you have already done.

Ask your family and friends not to smoke around you.

Get a family member or a friend to stop smoking at the same time.

Join a stop-smoking group and kick the habit with other people.

Speak with your doctor about aids to help you quit such as the nicotine patch.

Get more information from:

Montreal Chest Hospital
(514) 934-1934 extension 32503
www.muhc.ca

Quebec Lung Association
(514) 287-7400 or 1-800-295-8111
www.pq.lung.ca
# Pain Diary

Using the Pain Intensity Scale and table below, enter the level of pain you feel during the day.

For example:

<table>
<thead>
<tr>
<th>Days After Surgery</th>
<th>Morning</th>
<th>Noon</th>
<th>Evening</th>
<th>Night</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>4/10</td>
<td>4/10</td>
<td>3/10</td>
<td>3/10</td>
</tr>
</tbody>
</table>

### Pain Intensity Scale

<table>
<thead>
<tr>
<th>No pain</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
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Help Us Help Others

Help support the MUHC Patient Education Office! Donations make a huge difference. They help us create health information materials and programs to deliver better quality care for life.

All patient materials are freely available on the internet to MUHC patients, and to patients and families across the world at large.

Call the Cedar’s Cancer Institute to donate to the Patient Education Fund:

514-934-1934, ext. 71619.

MUHC Health Education Collection (http://infotheque.muhc.ca)
MUHC Patient Education Portal (www.muhcpatienteducation.ca)
Hôpital Montreal General Hospital
1650 Ave. des Cedars / Cedar Ave. Montreal, H3G 1A4.