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INTRODUCTION

You are scheduled to be admitted to NYU Medical Center for hernia surgery. Please take time to read this handout which has information that should answer many of your questions. This handout discusses what you can expect during your stay in the hospital and when you go home. It describes how the members of the healthcare team—physicians, nurses, social workers, and nutritionists will work with you, the most important team member, to ensure a smooth transition home. Please share this information with your family members and/or friends.

It is anticipated that you will be ready for discharge the day after your surgery. Many people are surprised at how quickly their activity progresses after surgery. The health care team will be helping you with any concerns you have about discharge.



BEFORE SURGERY

Several days to a week before surgery, you will be scheduled for an appointment at Pre-Admission Testing. At this appointment you will:

- have an interview and an assessment with a nurse and a resident from your surgeon's service.
- meet with an anesthesiologist who will explain the type of anesthesia you will have.
- have blood tests, EKG and, in some cases, a chest x-ray.
- sign a consent form giving your permission for the surgery after it has been explained to you.
- have additional tests if they are indicated.

ADDITIONAL PREPARATION

- Shower the night before or morning of surgery.
- The morning of surgery take your medications with a sip of water as recommended by your physician. If you are taking diuretics (water pills) or medications for diabetes, make sure you get specific instructions.
- If you are taking Coumadin (warfarin), check with your doctor for specific instructions.



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- Avoid aspirin, aspirin containing products and medications from the class known as non steroidal anti-inflammatory agents for one week prior to surgery. However if you are taking aspirin once a day for heart, vascular or neurological reasons, check with your doctor for specific instructions.
- Do not eat or drink anything after midnight the night before your surgery.
- You only need to bring slippers and a robe to the hospital. Please do not bring any valuables, such as jewelry, cash or credit cards, to the hospital.

DAY OF SURGERY

You should report to the Same Day Admission (SDA) Unit, 400 East 34th Street, 6th floor, at the time specified. You will be admitted and final preparation for surgery will be made.

- Immediately before you go to the Operating Room (OR), you will need to change into a hospital gown and remove all jewelry, dentures, etc.
- You may be given a sedative to help you relax.
- The surgery will generally take 1-3 hours (preparation and actual surgery) and 1-3 hours in the Recovery Room.



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- Your visitors can wait in the SDA Waiting area (maximum of 2 visitors), or the Stoler Family Waiting Area on the 1st floor of Tisch Hospital. It is advisable for one contact person to let the surgeon's office know where he/she can be reached so he/she can be contacted after surgery.

Immediately after surgery you will be taken to the Recovery Room on the 6th floor until the effects of the anesthesia wears off. Generally, from the Recovery Room you will be transferred to a room on one of the surgical floors. Visitors are not allowed in the Recovery Room, but your family members or friends will be able to visit you soon after you are transferred to your room.



WHILE IN THE HOSPITAL

The following are general guidelines regarding what you can expect during your stay in the hospital.

DIET

- Fluids will be given intravenously until you can eat.
- At first, you will be given liquids and advanced to solid foods as tolerated. You will then resume your usual diet.

ACTIVITY

- The nursing staff will help you turn side to side the evening after surgery. Your nurse will show you how to do coughing, deep breathing, use of the incentive spirometer and leg exercises. You should do these exercises every 1-2 hours while awake.
- You will be helped to get out of bed and sit in the chair the evening of your surgery.
- At first, you will walk short distances with assistance. You should gradually increase the distance and the frequency of these walks. Ask your nurse about having your family or friends help you with this.



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MEDICATION

- Pain medications will be given to keep you comfortable. Taking pain medication will help you sleep, increase your activity and do coughing, deep breathing and leg exercises. At first, it will be given by injection, then in pill form. You will be asked to rate your pain before and after taking your medication to make sure you are comfortable.
- Other prescribed medication will be given by injection until you can eat.

CARE OF YOUR INCISION

- Initially your incision will be covered by a dressing that your surgeon will change.
- When your dressing is being changed, look at your incision so that you can report any changes to your surgeon after discharge.
- Your nurse will discuss any special instructions regarding caring for your incision.

OTHER INFORMATION

- Many patients are ready for discharge the day after surgery. However, this depends on your specific needs. If you have questions or concerns about your discharge plan, speak with your doctor, nurse or social worker.
- Specific instructions about discharge will be given to you before you return home.



GENERAL DISCHARGE INSTRUCTIONS

The following are general guidelines. Individuals vary in their return to their usual activity. Your physician and nurse will review information that is specific for your individual situation.

ACTIVITIES

- Gradually increase your activities. Do not overexert yourself to the point of fatigue. If you become tired, rest more frequently.
- Stair climbing is permitted but should be limited to once or twice a day. Climb steps slowly and stop to rest every few steps.
- Do not lift anything over **5-10 pounds**.
- Driving, returning to work and resuming sexual activity should be avoided until after the first post operative visit with the surgeon. These activities will be discussed at this time.
- Unless instructed otherwise you can shower when you go home. Tub baths are not permitted. It is advisable to have someone available the first few times you shower.
- Riding in a car is permitted but you should stop frequently on long trips so you can stretch. Driving is not permitted until your surgeon allows.



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INCISION CARE

- Unless instructed otherwise when you shower, wash the incision site with soap and water and rinse thoroughly. Pat dry. Do not rub. It can be left open to the air and does not need a dressing. If clothing irritates the incision, a dry sterile pad can be placed over the incision.
- If there is no dressing in place, inspect the incision every day and contact the doctor if you notice increased redness, drainage, swelling or separation of the edges of the incision.

DIET

- Your usual diet can usually be resumed.

MEDICATIONS

- If you need pain medication, or antibiotics, prescriptions will be given to you before you go home.
- Do not take any over-the-counter medication including laxatives unless advised to do so by your doctor.
- Generally, you can resume medications you took prior to your surgery. However, discuss specific recommendations with your doctor.



WHEN TO CALL YOUR DOCTOR

Call your surgeon if you have any of these possible danger signs:

- Fever over 100.8° or shaking chills.
- Increased swelling, any bleeding, redness or drainage from the incision site (some mild scrotal swelling is to be expected).
- The edges of the incision are separating.
- Severe nausea, vomiting, constipation or diarrhea.
- An increase in pain.
- Any unusual symptoms.

FOLLOW-UP

- Call your surgeon's office for an appointment when you go home. He/she will usually want to see you 7 - 10 days after discharge.
- Referral to visiting nurse or home care agency is usually not needed. However, you can discuss this with the healthcare team.



RESOURCES

ABOUT HERNIAS

A hernia (rupture) is a bulge which forms when part of an organ (such as the small or large intestine, bladder or abdominal lining) pokes through connective tissue or the wall of the body cavity where it is normally enclosed.

As shown in the illustration of common sites (see below), a protruding part can occur in many places and often is found around the belly button (umbilical hernia), at an incision (incisional hernia), near the groin (inguinal hernia) or top of the leg (femoral hernia).

Hernias can be classified as reducible (part can be put back easily), incarcerated (can't be pushed back because parts have grown together), or strangulated (intestine is twisted or swollen so that normal blood flow and muscle activity are disrupted).

CAUSES

Hernias can result from weak muscles from birth (congenital), injury, aging, or increased abdominal pressure caused by heavy lifting, pregnancy, overweight or straining as with constipation. A groin hernia is more common in men and can develop at any age. It is frequently found in infants, especially those with undescended testicle or collection of water in the scrotum.

SYMPTOMS



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A lump which appears when a person stands or strains and disappears when the person lies down is often seen.

Sharp, steady pain when pushing on lump will fade when/if hernia can be pushed back inside the muscle wall.

Bowel obstruction (with serious hernias) can be partial or complete and have serious complications. Constipation, change in shape of stools, bloody stools, or fever are other signs of severe problems.

TREATMENT

Temporary relief of a reducible hernia with the help of a truss can help those who may not be good surgical candidates. This is not a cure, however.

Surgery is the preferred treatment. Often the repair requires only one overnight stay in the hospital. Complicated hernias (strangulated or incarcerated) may require longer stays and treatment with fluids and antibiotics.

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