

Ventral and umbilical hernia

A hernia is a defect or tear in the abdominal wall where contents such as fat, or intestines herniate (protrude). This can cause pain but it can rarely be dangerous as it can cut the blood supply of the intestines. A Robotic or minimally invasive/laparoscopic repair is where your surgeon fixes the hernia through small incisions. This causes less pain and faster recovery.

Preparing for surgery:

- Shower and shampoo your hair before surgery
- Eat a light meal the night before
- If you smoke, quit or cut down at least 4 weeks prior to procedure
- Make arrangements for another adult to drive you home after surgery.
- Do not eat or drink anything after midnight the night before your surgery. This includes water, gum, or mints. You can brush your teeth.
- If you have been told to take any medications, you may take them with a small sip of water

Day of surgery:

- Wear loose-fitting clothes that are easy to remove. You will change into a hospital gown.
- Do not use any make up, hairspray, or perfume.
- Remove all jewelry or body piercings. Leave any valuables at home.
- You will be asked to remove contact lenses, hearing aids or dentures.
- The preoperative nurse will insert an IV line for fluids and medications.

The procedure:

- General or local anesthetic with sedation is administered. This helps you relax and sleep during the procedure. It will prevent you from feeling pain during the operation.
- **If Robotic Surgery:** The surgeon will make 3-4 small incisions about 1cm in length. This will allow to instill CO2 inside you abdomen. The Surgeon will then fix the hernia by suturing the hernia together. He may place mesh depending on the size of the hernia
- **If Open Surgery:** a Larger incision would be made depending on the size of the hernia. The hernia will be fixed by adjusting different layers in the abdomen. A Mesh will most likely be used in this setting. The tissues will be closed over the repair.
- An Abdominal binder will be applied after surgery

After the surgery:

- For at least 24 hours, do not drive or use heavy machines. Do not drink alcohol.
- Do not make important decisions or sign important papers.
- Avoid heavy lifting, straining, or strenuous activities for 3-4 weeks. Being active by walking will help you heal, but don't over do it.
- Call the office for a post-operative appointment

Your Dressing:

- A drain may have been placed. You will be given instructions on how to empty the drain.
- You may have a clear dressing (surgical glue) applied. You may shower with this on, it will fall off by itself

- You can shower using soap and water. Pat the area dry and do not apply any type of ointment. You do not need to apply another outer dressing unless you have some drainage from the incision
- If given an abdominal binder, wear it during the day while active and moving around. You may take it off for rest, sleep, and shower. Keep wearing it until your post-operative visit.

Medication / Pain Relief:

- You will be given a prescription for narcotic pain medication. You should take them with food to avoid an upset stomach. Constipation is common. You do not have to take these medications if you do not need them.
- For milder pain, you can use Extra Strength Tylenol and Ibuprofen. In addition, use an ice pack on the incision during the first 24 hours following surgery; or a heating pad after that. Do not fall asleep with a heating pad as it can cause burns.
- My preferred regimen for pain management is Tylenol 500mg every 4 hours, Ibuprofen 600mg every 6 hours (with food) and narcotics for breakthrough and severe pain.
- If you feel constipated, drink plenty of fluids, try pineapple juice or prune juice, and you may take Miralax, Docusate, or Milk of Magnesia or another laxative that has worked in the past.

Drains

- Drains are usually left in place if your surgeon is worried about fluid accumulation within the hernia cavity
- Empty the drain when the bulb fills up to 50% capacity
- Record the amount coming out of the drain daily
- Once the output is less than 30ml/day then your surgeon or his nurse will remove the drain, call the office to make an appointment

When to call your doctor:

- Fever over 101 degrees
- Unusual drainage from the incision, some yellowish (serous) and red (bloody) drainage would be expected
- Red, hard, hot, or painful area around the incision
- Severe pain unrelieved by pain medication
- Nausea or vomiting is common for the first 48 hours, but persistent nausea and vomiting lasting longer than 24 hours can be worrisome
- Inability to urinate 6-8 hours after procedure

Contact information

- Call Intercoastal Medical Group (IMG)
- Lakewood office 941-362-8662, The answering service will be available after 5pm, and you will be able to reach the "on call" physician
- Cattleman office 941-341-0042, from 12-1 pm the answering service will be on
- You can reach Dr. Hernandez through the portal for non-urgent problems or questions

