Hernia Surgery as an Outpatient

Bring this guide with you to all of your appointments.

This guide belongs to:

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Hernia Surgery as an Outpatient

We have written this booklet to help you and your family through your hernia surgery experience. This booklet will help you learn about the care you will receive. It will also help you learn to care for yourself before and after surgery.

Please read this booklet and encourage your family to read it as well. You may want to use the space at the back of the booklet to make notes or to write down your questions. Bring this booklet with you to all of your appointments and to the hospital on the day of your surgery.

It is important to remember that you and your family play a big part in your recovery and continuing good health.

There are a number of people who will be involved in your care. You and your family are the most important members of this Team. Other Team members are: your surgeon, your anesthesiologist, resident surgeons and anesthesiologists, medical students, clerical staff, a research nurse and nurses in the General Surgery Clinic, Pre-Admission Clinic, Same Day Surgery Unit, and other areas as well.

Because there are so many people involved in your care, it may sometimes be confusing for you. If you have questions about your care, you may call the nurse in the General Surgery Clinic (902-473-4137). However, the nurse does not book surgeries. You will be contacted by the surgeon’s office with your surgery date.

The type of surgery you are having is:

☐ Inguinal hernia repair:
  ☐ open
  ☐ laparoscopic

☐ Umbilical hernia repair:
  ☐ open
  ☐ laparoscopic

☐ Femoral hernia repair:
  ☐ open
  ☐ laparoscopic

☐ Epigastric hernia repair:
  ☐ open
  ☐ laparoscopic

Your surgeon is: ____________________________________________

The office number and assistant is: ____________________________________________

Your surgery will be on: _____________ (date) at: ___________ (time) at:

☐ Victoria General Hospital
☐ Halifax Infirmary (Robie Street)

☐ Dartmouth General Hospital
☐ Colchester East Hants Health Centre (Truro)

☐ Hants Community Hospital (Windsor)
Types of hernias
The body has a number of compartments which are enclosed by a strong outside wall of muscle and tissue. The wall of the abdomen has areas of possible weakness. A hernia forms when an outer wall breaks open or tears. This allows organs (such as a loop of bowel or tissue) to fall through the opening.

An **epigastric hernia** develops in the mid upper abdomen along the line from the breast bone to the navel (belly button).

An **umbilical hernia** looks like a bulging navel.

An **inguinal hernia** is an opening in the abdominal wall located at the groin. It is common in children and adults, and is most common in men.

A **femoral hernia**, which develops at or near the leg crease, is lower than an inguinal hernia. It is more common in women.
How is a hernia repaired?
The tissues or organs are returned to their original place. The surgeon then sews strong muscle and tissue over the defect.

If there are not enough natural tissues, a synthetic patch will be used:

- **Patch and plug**
  - A mesh material is used to plug the opening.

- **Mesh**
  - Synthetic plastic (such as polypropylene or Gore-Tex®) is used. It makes a very strong repair that follows the body’s movement and size.

**Types of hernia surgeries**

**Open method (general anesthetic or conscious sedation)**
The hernia is repaired by making an incision (cut) in the muscular wall. Mesh may be used to strengthen the weakened muscle.

**Laparoscopic**
Your surgeon may use a thin device called a laparoscope to do your surgery. A few small cuts are made on your abdomen. The laparoscope is inserted through one of these small cuts. It has a light and a camera which shows pictures from inside your abdomen. Using video images from the laparoscope, other surgical instruments are guided to the surgical area. A general anesthetic is needed for this surgery. This means you will be given medication and be asleep for your surgery.

You and your surgeon will talk about which type of surgery is best for you.
Getting ready for surgery

Please bring these to all hospital visits:
• Your Provincial Health Card
• Your medications in their original containers

Pre-Admission Clinic
Depending on your health history and your medications, you may need to visit the Pre-Admission Clinic, Victoria General (VG) site. The Clinic is on the 10th floor. Plan to be at the Clinic for 2-4 hours. In the Pre-Admission Clinic, you will be asked health questions. You may have a heart test (EKG), have blood taken, and be seen by an anesthesiologist (a doctor who puts patients to sleep for surgery).
If you do not need to go to the Clinic, you may receive a call from the Pre-Admission Clinic nurse who will ask you questions about your health.
You may need to have blood tests and an EKG at a local hospital.

What kind of anesthetic do I need?
A local anesthetic is the injection of “freezing” medication into an area. The area is “frozen” so you do not feel any pain for 3-4 hours. This is not available for laparoscopic surgery.
With a general anesthetic, you will be given medication and be asleep during your surgery. This type of anesthesia is needed for laparoscopic hernia surgery and for some open methods of surgery.
If you have conscious sedation, you will be given medication through an intravenous (IV) to relax you and to stop any pain during surgery. This is not available for laparoscopic surgery.
Patients who are having a general anesthetic or conscious sedation
• Do not eat any solid food after midnight the night before your surgery.
• Do not drink any fluids after midnight the night before your surgery.
• After surgery, you need a responsible adult to take you home and to stay with you to provide care as needed.
• You may take your medications as instructed with sips of water. If you are unsure of what to take, check with your surgeon.

For 24 hours after a general anesthetic or conscious sedation DO NOT:
 › Operate heavy machinery
 › Sign legal documents
 › Drive a car
 › Drink alcohol

Health and hygiene
• Call your surgeon before coming for surgery if you have a fever or cold, or flu-like symptoms.
• Make sure you get a good night’s rest before surgery.
• Take a complete bath or shower and shampoo your hair the evening before or the morning of surgery.
• Do not wear any scents. Nova Scotia Health Authority is a scent-free environment.

Medications
• If you take medications, please bring them with you. Tell the nurse that you have your medications with you in their original containers.
• Let your surgeon know at least one week before your surgery if you are taking over-the-counter medications and/or herbal products.
• It is very important to notify your surgeon at least one week before your surgery if you are taking aspirin (ASA) or blood thinners. You may need to stop taking these medications before your surgery.
Smoking
• The night before surgery, do not smoke after supper. Smoking can increase the secretions in your lungs, and you could have problems with your breathing.
• In the interest of promoting a healthier lifestyle, Nova Scotia Health Authority is smoke- and vape-free for patients, visitors, and staff.

Food and drink
• Eat at least 3 healthy meals the day before surgery. You may have a snack at bedtime. Healthy eating helps with quicker healing.
• Do not drink alcohol for 48 hours before your surgery.

Dentures
• Wear your dentures to the hospital.
• Just before you go to the Operating Room (OR), you will be asked to remove your dentures and put them in a denture cup. Do not put your dentures in a tissue or paper towel. Always put your dentures in a denture cup marked with your name.
• If you have permanent bridges, caps, crowns, or loose teeth, tell your nurse.

Glasses or contact lenses
• Bring a case for your glasses when you are not wearing them.
• Your glasses will be taken from you just before you go to the OR. They will be returned to you in the post-recovery area.
• It is best to avoid wearing contact lenses on the day of surgery. If this is not possible, bring your lens container and cleaning solutions. Remember to tell your nurse that you are wearing contact lenses. They must be removed before you go to the OR.
Hearing aids
• If you wear a hearing aid, bring it and a storage container with you.
• Depending on how much hearing loss you have, you may be able to wear your hearing aid to the OR. If it is taken from you, it will be returned in the recovery area after you wake up from surgery.

Valuables
Leave all valuables (jewelry, money, credit cards, cheque books) at home. The hospital is not responsible for the loss of any item. All jewelry, including toe rings, must be removed at home.

Pierced body parts
Please remove jewelry from any pierced body part. This includes all tongue, lip, nose, ear, belly button, and nipple rings or studs.
Arrive at the hospital 2 hours before your surgery.

The day of surgery

If you are having a general anesthetic or conscious sedation:

☐ If your surgery is at the Victoria General (VG), go to the Same Day Surgery Unit, 10th floor, Victoria Building. You will get ready for surgery in this area.

☐ If your surgery is at the Halifax Infirmary on Robie Street, enter at the Robie Street entrance and take the elevator to the 5th floor to register.

☐ If your surgery is at Hants Community Hospital, go to the Booked Appointments Window at the Registration Desk and sign the clipboard.

☐ If your surgery is at the Dartmouth General Hospital, enter at the main doors, turn right, and check in at central registration.

☐ If your surgery is at Colchester East Hants Health Centre (Truro), enter at the main doors, take the elevator or central stairs to the 2nd floor, and check in at the Day Procedures area.

- A short nursing assessment will be done. We will review information about your surgery with you.
- You will be asked to put on a johnny shirt, dressing gown, and slippers.
- Your clothes and other belongings will be marked and put in a locker.
- You will have a short wait before you go to the OR. A nurse will answer any of your questions or talk with you about any concerns you have.
- Just before leaving for the OR, you will be asked to remove your dentures and eyeglasses. All jewelry, rings, studs, and chains should already have been removed and left at home.

Delays

Sometimes, an unexpected emergency surgery can delay or cancel a booked operation. If this happens, every effort will be made to re-book your operation as soon as possible.
The operating room

- A member of the OR Team will take you to the OR. On arrival, a nurse will greet you and ask you several questions.
- The staff will be dressed in masks, caps, and special clothing to ensure a clean environment.
- The OR is usually cool. You will be given a warm blanket.
- The staff will help you move to an OR bed. A belt, similar to a car seat belt, will be placed around you to ensure your safety.
- Before you go to sleep, you will have an intravenous (IV) started.
- Several white discs will be placed on your chest and shoulder. This allows the anesthesiologist to check your heart rate while you are under anesthesia.
- A larger pad may be placed on your leg, back, or shoulder. This is a piece of surgical equipment used for cutting and clotting the bleeding tissues, and is another safety measure.
- A clothespin-like device, called an Oximeter Probe, may be attached to your finger. It will help the anesthesiologist monitor your oxygen levels during surgery.
- Your surgeon and/or anesthesiologist will speak with you just before the anesthetic is given.

Waiting room

- There is a waiting area for your family member/friend while you are in surgery and recovery.
- At the VG and the Halifax Infirmary, the Surgical Liaison Nurse will update your family on your progress.
- At Hants Community Hospital, Colchester East Hants Health Centre, or the Dartmouth General Hospital, the nurse from Day Surgery will speak with your family to update them about your progress.
After your surgery

Recovery area
You will be taken on a stretcher to a special recovery area. Most patients recover from their anesthetic in this unit.

The nurses will be waiting for you. They will frequently check your:
› Blood pressure and pulse
› Breathing
› Intravenous (IV)
› Dressings

They will also ask you about your pain and give you medications if needed. At first you may be sleepy, your mouth may be dry, and there may be a small plastic airway in place to help your breathing. You may be given oxygen for a short time. The patches placed on your chest for heart monitoring may still be in place. The clothespin-like device attached to your finger may also be in place to measure your oxygen levels.

There may be a small amount of drainage on your dressings. Don’t worry, as this often happens. Your nurse will watch this and call your surgeon if needed. When you are more awake and comfortable, you will be taken to the Post-Recovery Area to get ready to go home.

Post-recovery area
A nurse will review your instructions for care at home with you and your family member. Be sure to ask any questions about your care. You will change into your own clothing in this area. Bring loose-fitting clothing such as a sweat suit and comfortable shoes to wear home. Anything that fits tightly may cause discomfort on your incision. Tight-fitting clothing may not fit over your dressing.
At home (all types of hernia surgeries)

Keeping pain or discomfort under control
You may feel some pain or discomfort. Don’t worry, this is normal. You may be given medication for pain in the recovery area. Before you leave the hospital, you will be given a prescription for pain pills. You should pick up the pills on your way home from the hospital. Start taking your pain pills regularly every 4-6 hours when your incision starts to feel tender. Most people feel they need to take pain pills for a day or two.

Pain control is important. Good pain control can help you:
• Enjoy greater comfort while you heal.
• Get well faster! With less pain, you can carry out your normal activities and get your strength back faster.
• Improve your results — people who have well-controlled pain seem to do better after surgery. It may help to avoid problems such as pneumonia and blood clots.

Take pain pills when the pain starts.
If you know your pain will increase when you start an activity or exercise, take the pain pills before you start. It is harder to get relief from pain once it has taken hold. This is a key step in proper pain control.

Contact your surgeon if you are still having pain after taking your pain pills as prescribed.

It is important that your pain is managed well.
You will be asked to tell us about your pain using a scale from 0-10. If 0 is no pain and 10 is the worst pain ever, what number would you give your pain?

Do not drink alcohol while taking pain pills.
Deep breathing and coughing exercises

You will be expected to do deep breathing and coughing exercises.
1. Take a deep breath in through your nose.
2. Hold your breath for 2-3 seconds, by counting 1, 2, 3.
3. Breathe out through your mouth.
4. Repeat this type of breathing in and out 6 or 7 times.
5. On your last breath in, hold it for a second and cough firmly. If you cough up any phlegm, repeat the exercise.

These exercises help keep your lungs clear and make your breathing easier. The best time to do these exercises is about 20 minutes after you take your pain pills. When doing these exercises, hold a pillow over your incision(s). This will help support your incision(s) and ease the discomfort.

Foot and leg exercises

Your blood will circulate better if you exercise your feet and legs.
1. Point your toes downward towards the floor. Relax your feet, and then point them upward to the ceiling. Relax.
2. Make circles with both ankles going to the right. Relax. Repeat the same going to the left. Relax.
3. Bend your knees up and down.

It is not wise to stay in bed for long periods of time without moving your legs and feet. These exercises should be done at least 5 times every hour. These exercises should not be done if your surgeon tells you not to do so.

Passing urine (peeing)

- It is sometimes difficult to get started peeing for the 1st day or so after surgery. Rarely, a patient may need to return to the hospital to have a catheter inserted if he or she cannot pass urine.
- There may be some burning when you pass your urine the day after surgery. If the burning continues or gets worse, contact your family doctor as it may be a sign of infection.
Care of the incision: Inguinal or femoral hernia (men)

- If there is swelling of the scrotum, apply ice (such as an ice pack or a bag of frozen peas). Place ice on the incision for 15 minutes and then take it off the incision for 15 minutes. Do this during the first 24 hours. This will help reduce swelling.
- Jockey shorts (briefs) are better than boxers.
- Black and blue or purple bruising of the groin, penis, and/or scrotum is common. It will get better over time.
- You may or may not have stitches. If you do, they need to be removed about 7-10 days after surgery. You will be given an appointment with your family doctor or surgeon.
- Remove the bandage after 24 hours and leave the Steri-Strips™ open to the air.
- If Steri-Strips™ are placed on your cut, they can be peeled off as they get loose. This is about 7-10 days after your operation.
- You may shower with the Steri-Strips™ on. Do not use soap or scrub this area. During your shower you may cover the area with plastic kitchen wrap if you wish.
- Do not have a tub bath, use a hot tub or swim for 10-12 days after surgery.
- Sitting for long periods of time can be painful and increase the swelling. A semi-reclining position is best for the first few days.

Care of the incision: Inguinal or femoral hernia (women)

- There may be swelling of the groin or pubic area. During the first 24 hours, place an ice pack on the incision for 15 minutes at a time. Let at least 15 minutes pass before you put the ice pack on the incision again. This will help reduce the swelling.
- There may be some bruising in the pubic and groin area. This will get better over time.
- Remove the bandage after 24 hours and leave the Steri-Strips™ open to the air.
- The incision will have stitches that dissolve. These will be covered with Steri-Strips™. They stay on for 7-10 days. You can shower with Steri-Strips™ on your incision. Take care to not scrub at them – just pat them dry.
- Do not have a tub bath, use a hot tub, or swim for 10-12 days after surgery.
- Sitting for long periods of time can be painful and will increase the swelling. A semi-reclining position is best for the first few days.
Care of the incision: Umbilical (men and women)
• There may be some bruising around the incision. This will get better over time.
• Remove the bandage after 24 hours and leave the Steri-Strips™ open to the air.
• The incision will have stitches that dissolve. These will be covered with Steri-Strips™. They stay on for 7-10 days. You can shower with Steri-Strips™ on your incision. Take care to not scrub at them – just pat them dry.
• Do not have a tub bath, use a hot tub, or go swimming for 10-14 days.
• Many patients find that wearing an abdominal binder helps give support before and after surgery.

Care of the incision: Laparoscopic (men and women)
• There will be a few small incisions in your abdomen.
• The incision will have stitches that dissolve. These will be covered with Steri-Strips™. They stay on for 7-10 days. You can shower with Steri-Strips™ on your incision. Take care to not scrub at them – just pat them dry.
• Do not have a tub bath, use a hot tub, or swim for 10-12 days.

Physical activity (unless told otherwise by your doctor)
• Do not lift anything over 15 pounds for 6 weeks (for example, children, groceries, and laundry). Avoid push or pull activities like vacuuming. Do not do any sports for 6 weeks after your operation.
• The first few days at home are to be quiet. Gradually increase your activity. You will find that you will tire easily and may need extra rest. Gradually, your energy will return. Light housework, preparing small meals, walking, and riding as a passenger in a car for a short distance may then be started.
• You and your doctor should talk about returning to exercise, lifting, and your usual activities.
• Wear soft, loose-fitting clothing as the incision heals.
• It takes some time for concentration and reflexes to return to normal. Be sure that you are feeling comfortable before you start driving. Do not drive if you are taking narcotic pills for discomfort. Narcotic pain pills will lower your alertness and ability to make quick decisions.
• Walking is the best exercise during your recovery period.
• How soon you can return to work will depend on your type of work as well as your general health and recovery.
• You may resume sexual activity (sex) whenever you feel well enough.

Constipation
• This is a common problem if you are taking narcotics for pain.
• Suggestions for managing constipation are provided under Meals, below.

Meals
• Eating well-balanced, healthy meals will help you regain your strength.
• The foods you eat affect your bowel movements (pooping). If constipation is a problem, try to eat foods high in fibre and roughage. Bran cereals, whole wheat bread, green leafy vegetables, and fresh fruit are high in fibre. Drink 8-10 glasses of water a day unless you are not allowed to because of another health problem. Ask your doctor about using stool softeners or laxatives if needed. Remember, you do not need a bowel movement every day to be healthy.

Healing ridge
This is an area of swelling and hardness beneath the cut after an open hernia repair. (You will not feel the same ridge with a laparoscopic repair.) It may feel like a roll of quarters or even a small cucumber under your skin. You may have the healing ridge for 2-3 weeks and then it may soften over the next 2-3 weeks. It is caused by swelling and inflammation of the tissue around the implanted mesh as it “heals” into the surrounding muscle.
Call your surgeon or family doctor if you have:
› Vomiting that continues with increasing pain and fever.
› Redness, swelling, or warmth around the cut.
› Drainage from the cut.
› Increasing pain or a change in the type of pain.
› Fever and chills (fever greater than 101.3° F or 38.5° C that is not controlled with Tylenol®).
› Significant shortness of breath/chest pain.

If you cannot contact your surgeon or family doctor, go to the nearest Emergency Department.

Follow-up visit with your surgeon
You may have a follow-up appointment with your surgeon within a month of your surgery. You may have questions about your surgery. Write these questions down so you have them in front of you during your visit.

During this visit, the surgeon and nurse may:
• Look at your incision area.
• Remove any stitches, staples, or Steri-Strips™.
• Ask about any pain you are having and whether you need medication.
• Explore how you and your family are doing.
• Discuss when you can go back to work.
• Talk about your questions and concerns.

Your family doctor
It is important to stay in close contact with your family doctor at all times. He or she needs to know what is happening with you. Your family doctor can provide support and help guide you through this time.

What are your questions? Please ask.
We are here to help you.
QEII Health Sciences Centre
is made up of 10 buildings located on two sites

**Halifax Infirmary Site**
1. Halifax Infirmary
2. Abbie J. Lane Memorial Building
3. Camp Hill Veterans’ Memorial Building

**VG Site**
4. Nova Scotia Rehabilitation Centre
5. Bethune Building
6. Mackenzie Building Laboratories
7. Centre for Clinical Research
8. Dickson Building
9. Victoria Building
10. Centennial Building

- Patient Parking
- Entrance Doors

*Please do not wear scented products when you come to the QEII.*

Prin A504 Rev. 02/2016
Windsor map
Take highway 102 to Truro.
Take exit 13.
Follow McClures Mill Rd/Truro Heights Connector, then Abenaki Road to Colchester Hospital.
Questions for your health care team:

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Find this pamphlet and all our patient resources here: http://library.nshealth.ca/PatientGuides
Contact your local public library for books, videos, magazines, and other resources.
For more information go to http://library.novascotia.ca

Nova Scotia Health Authority promotes a smoke-free, vape-free, and scent-free environment.
Please do not use perfumed products. Thank you!
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The information is not intended to be and does not constitute health care or medical advice.
If you have any questions, please ask your health care provider.

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The information in this pamphlet is to be updated every 3 years or as needed.