

The most common **types of hernia** are inguinal (inner groin), incisional (resulting from an incision), femoral (outer groin), umbilical (belly button), and hiatal (upper stomach).

For **hernia repair surgery**, a single long incision is made in the groin. If the hernia is bulging out of the abdominal wall (a direct hernia), the bulge is pushed back into place. The surgical approach varies depending on the area of muscle wall to be repaired and the Surgeon's preference.

You may require a mesh patch of synthetic material that aids in repairing hernias. Your Surgeon will discuss this possibility with you before your surgery.

Blood and urine tests are required and cardiogram (ECG) if necessary. You may need to have a consultation with the Anaesthetist. A shave preparation will be completed the morning of surgery.

Hernia repairs are usually a day surgery. You will be discharged the same day as your surgery. It is rare but some patients are admitted to our Hospital overnight.

Anaesthetic: this surgery can be performed by **general anaesthesia** or **spinal anaesthetic**. Your Anaesthetist will discuss this with you and review options for managing your pain after the surgery.

DAY OF SURGERY

Please review: *General Surgery Information Sheet*

PREPARING FOR YOUR SURGERY

The Nurse assigned to your care will prepare you for your surgery.

You will:

- change into a hospital gown,
- have an IV inserted,
- have your height, weight and vital signs taken,
- have additional blood tests done if required.

WHEN IT IS TIME FOR YOUR SURGERY

- A Nurse will escort you to the Operating Room.
- You will speak with your Surgeon, Anaesthetist and Operating Room staff and have an opportunity to ask questions prior to your surgery.

WHAT TO EXPECT AFTER THE SURGERY?

- You will be taken to the recovery room where a Nurse will monitor your vital signs and ensure you are recovering.
- Once you are fully awake from the anaesthetic, you are then ready to return to your room. You will be taken by stretcher to the Day Surgery unit where you will be monitored and provided something to drink.
- You will be provided medication to manage your pain and nausea.
- If you have had a spinal anaesthetic, the Nurse will monitor you for return of sensation to your legs and bladder. You will be able to walk and urinate before you are discharged.

WHAT TO EXPECT AFTER THE SURGERY? continued:

- Once you are ready to leave, the Nurse will provide you with discharge instructions.
- Please follow the discharge instructions when you leave the Hospital.
- Have a friend or family member drive you home following your discharge from the Hospital.

DISCHARGE INSTRUCTIONS

- Remove the dressing after 24 hours.
- You may shower after removing the dressing and wash the area with soap and water. Pat dry.
- Do not sit in bathtub or hot tub for 2 weeks. There are no external sutures (stitches) but there are dissolvable ones inside. You will see several tapes (steristrips) on the incision line. These will gradually come off on their own. If they remain after 10 days, remove gently by pulling them off towards your incision line.
- Do **not** lift more than 20 pounds for the next 6 weeks.

CONTACT A HEALTH CARE PROVIDER IF:

- You develop new pain, swelling, or redness around your hernia.
- You have signs of constipation, such as:
 - fewer bowel movements in a week than normal,
 - difficulty having a bowel movement,
 - stools that are dry, hard, or larger than normal.

Do not hesitate to come into the Emergency Room if you experience any of the following:

- fever over 38°C or 99.5°F,
- you have abdomen pain that gets worse,
- you feel nauseous or you vomit,
- the hernia:
 - changes in shape, size, or color,
 - feels hard or tender.