

Diagnosis and Minimally Invasive Treatment of Esophageal and Gastric Disorders

DISCHARGE INSTRUCTIONS FOR INGUINAL HERNIA REPAIR**Follow-up:**

Call 303-788-7700 for an appointment to see Kate Freeman, NP in about 2 weeks.

Diet:

You may resume a regular diet as soon as you feel ready. Mild nausea immediately after surgery may be treated with Dramamine (over the counter). If you become constipated (which is common if you are taking narcotics), use a laxative e.g., Bisacodyl (Dulcolax) or Docusate sodium (Colace).

Activity:

Take it easy at home the first 2 days to help minimize swelling and bruising. Keep ice on the hernia site, more on than off for the first 2 days. Then a week of nonstrenuous normal activity including walking, driving, and sex, etc. After this you may return to unrestricted activity including working out.

Wear an athletic support day and night for 48 hours and then daily for a week or so as needed.

You may experience discomfort from time to time as you become more active, including occasional sharp pains – these normally represent some settling of the mesh, and should ease off within a day or two.

You may return to work when you feel ready. Contact our office if needed

Groin, Scrotum, Penis:

Although your incisions are above the groin, the surgery was performed in the groin area. Therefore bleeding may occur lower down and will show up as bruising, black and blue discoloration, or swelling and pain in the scrotum, groin, or even the penis. This may be surprising or concerning at first; but it occurs occasionally and will get better over time. A swollen sac with a tender testicle again will sometimes happen and is not a cause for alarm, even if it doesn't occur until a few days after surgery.

Given the swelling near the bladder, some patients can have difficulty urinating. If you are not able to urinate for 8 hours after the surgery, please call the office or go to the emergency room.

Likewise, sometimes it will appear as if your hernia bulge is still there. This occurs when fluid occupies the space between the mesh and the overlying tissues; it does not mean a failed repair.

Part of the postoperative visit is to evaluate the operative sites. Please write down any questions or concerns and we will address them at that visit

Incision:

Your skin has been covered with a skin glue. You may shower and bathe whenever you wish with this skin glue on. The skin glue will peel off after a week or two and no further covering is needed. Avoid placing oily lotions on the skin glue as it will make it sticky. If there is some bleeding through the skin glue, cover it with a Band-Aid or gauze dressing. Some swelling and a lump under the incision will develop and is part of the natural healing process; you needn't be alarmed unless there is drainage more than a Band-Aid will handle. Bruising may occur here too. A bloated sensation is common and loose clothes are needed for a few days or weeks.

Pain & Medication:

You will have been given a prescription for a narcotic pain reliever such as Oxycodone/Acetaminophen (Percocet). Use these as directed. As soon as you are able to, please switch to Acetaminophen (Tylenol), as directed on the

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package, up to 3000 mg/day. Try to avoid aspirin, ibuprofen (Motrin, Advil), Naproxen (Aleve), and other non-steroidal anti-inflammatories, as they may increase postoperative bruising. **You may resume other medications.**

Shoulder Pain:

After laparoscopy, shoulder pain may occur due to irritation of the diaphragm muscle from carbon dioxide.

Call for:

1. Temperatures greater than 101.5° F.
2. Drainage of purulent material from the incisions.
3. Diarrhea > 2 days unrelated to laxative use.
4. Persistent, unremitting pain.
5. Other questions not answered by the above.

Other:

For non-urgent questions, you may email Kate at kate@sofisite.com Please allow 24-48 hours for response

Patient Signature

Date

Provider Signature

Date

Patient Label