

## OPEN VENTRAL HERNIA REPAIR

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### Pre-Operative Instructions

**Help us keep you safe during your surgery by telling us if any of the following apply to you:**

- I take a blood thinner. Some examples include aspirin, heparin, warfarin (Coumadin), clopidogrel (Plavix), enoxaparin (Lovenox), dabigatran (Pradaxa), apixaban (Eliquis), and rivaroxaban (Xarelto).
- I take immunosuppressant medication.
- I take weight loss medication.
- I have a pacemaker, automatic implantable cardioverter-defibrillator, or other heart device.
- I have sleep apnea.
- I have had a problem with anesthesia in the past.
- I am allergic to certain medications or materials, including latex.

**When to stop medications, herbal remedies, vitamins, and other dietary supplements:**

- 7 days prior to surgery: Stop vitamins, herbal remedies, dietary supplements, and weekly dosed weight loss/diabetic GLP1 medications like Ozempic, Trulicity and others.
- 5 days prior to surgery: Stop Fenfluramine/Phentermine (Fen-Phen).
- 3 days prior to surgery: Stop taking NSAIDs such as ibuprofen (Advil, Motrin) and naproxen (Aleve) as well as daily dosed SGLT2 diabetic medication like Jardiance and others.
- Your surgeon will discuss when to stop blood thinners.
- Anesthesia will discuss all other medications when they call the day before your surgery.

**When to stop eating and drinking before surgery:**

- Do not eat any food after **midnight** the night before your surgery including gum, mints, or candy.
- Do not use any tobacco products after **midnight** the night before your surgery.
- You can drink clear liquids up to **4 hours** before your surgery. Examples of clear liquids include water, apple juice, black coffee (without cream or sweetener) and tea (without cream or sweetener).

**Your surgery will be cancelled if these instructions are not followed.**

**Pre-operative checklist:**

- ✓ Arrange for a responsible adult to take you home and be with you for 24 hours after outpatient surgery.
- ✓ Complete the pre-registration for your surgery facility.
- ✓ Refer to your *Surgery Itinerary* for check-in time and location of your surgery.
- ✓ Wear comfortable, loose-fitting clothing on the day of surgery.
- ✓ Please leave valuables and all jewelry, if possible, at home.
- ✓ *ACHQC Hernia Registry:* Follow the link that has been sent to your email to complete the baseline survey. Another survey will be sent to you 4 weeks after your surgery.
- ✓ Refer to the *ACHQC Abdominal Core Surgery Rehabilitation Protocol Patient Guide* in the *Resources* section on our website for pre-habilitation directed exercises. An ACHQC app is available for download on smartphones which also contains this information.

## **Post-Operative Instructions**

### **Diet**

For the first few days after your surgery, you should eat foods that you easily tolerate and be sure to drink plenty of clear liquids to stay well hydrated. You may then advance to your normal diet as tolerated.

### **Medications**

Pain management is an important part of your post-surgery care. You should expect some discomfort after your surgery. You will be sent home with a prescription for pain medication. It is important to take the pain medication prior to your pain becoming intense in severity.

Mild swelling is normal following surgery. To help decrease inflammation and discomfort you should apply ice packs to the surgery area for the first 24-72 hours after your surgery and then as needed. Apply the ice pack for 20 minutes every 2 hours as you can throughout the day.

Take 2-3 tablets of 325 mg acetaminophen (Tylenol) every 6 hours as needed for discomfort. Do not exceed 4000 mg in a 24-hour period. You may also take 2-3 tablets of ibuprofen (Advil or Motrin) every 6 hours as needed for discomfort. Do not exceed 3200 mg in a 24-hour period. You may stagger acetaminophen and ibuprofen every 3 hours or take them together every 6 hours.

If you are still having pain that restricts you from sleeping or ambulating, take your prescription pain medication as directed. **DO NOT** take additional acetaminophen if you are taking hydrocodone/acetaminophen (Norco) or oxycodone/acetaminophen (Percocet), because these medications have acetaminophen already built into them.

Some side-effects from narcotic pain medication include nausea/vomiting and constipation. If you experience these, you should stop the medication and take ibuprofen or acetaminophen for pain management.

If you experience any nausea, try using Sea Bands (available in pharmacy departments or online). This is a drug-free method that works to treat nausea by using a pressure point on your inner arm. Please refer to *Acupressure for Nausea and Vomiting* in the *Resources* section on our website for more information.

While on narcotic pain medications, you should be taking docusate sodium (Colace) 100 mg twice a day with good fluid intake. If you do not have a bowel movement after 3 days, take MiraLAX morning and night until you have a bowel movement. If no results, please contact our office.

You may resume your previous medications, vitamins and herbal remedies unless instructed otherwise.

### **Incision/Dressing Care and Showering**

You may shower 24 hours after your surgery as long as a clear plastic dressing was placed over your incision at the time of your surgery. No bathing or soaking for at least 2 weeks after your surgery.

Remove your dressings 4 days after your surgery. Remove the clear plastic outer dressing and gauze and leave the steri-strips (strips of tape) that cover your incision. Steri-strips should remain in place for 7-14 days. The strips will gradually loosen and come off. If they do not come off within two weeks, please remove them yourself.

It is normal to have some drainage on your dressing for the first couple of days after your surgery. It is normal to have some swelling around your incision. The skin above and below your incision will feel numb and it is normal to have a firm lump directly beneath your incision line, this will dissipate within a couple of months.

## **Drain Care (if applicable)**

Leave the dressing around the drain in place. Do not shower with the drain in place, sponge bath only.

Empty the drain at least two times each day (morning and evening), or when the bulb is 1/3 full. Record the output each time you empty the drain. In order to prevent the drain tubing from getting clogged, you will need to “strip” the tubing twice a day, or as needed. Stripping means that you use your fingers to squeeze along the length of the tubing to help prevent clots and maintain the flow of drainage. If you notice leaking from around your drain site or an abrupt decrease in the drain output, this is a sign that the tubing may be clogged. Strip the drain repeatedly until it begins draining into the bulb again. Contact our office if this does not resolve.

To strip the drain:

- Wash your hands with soap and water.
- Using one hand, firmly hold the tubing near the insertion site (close to your skin). This will prevent the drain from being pulled from your skin while you are stripping it.
- Using your index finger and thumb of the other hand, squeeze the tubing below the first hand. You should squeeze it firmly enough so the tubing becomes flat.
- As you are squeezing, slide your index finger and thumb down the tube toward the bulb. Then, release the tubing held by the hand closest to your body. Repeat. (Do not release the pressure you are creating in the tubing until you reach the bulb.)

To empty the drain:

- Carefully remove the plug from the top of the bulb and gently squeeze all of the drainage into the measuring cup provided for you.
- To re-create suction, clean the opening with an alcohol wipe, squeeze the middle of the bulb and replace the plug. The drain is functioning correctly when the bulb is collapsed.
- Rinse the measuring cup and wash your hands with soap and water.
- Record the date, time and amount of fluid on your drain output sheet.

When your drain output is below 30 ml in a 24-hour period for two consecutive days (unless otherwise specified by your doctor), call the office to schedule an appointment for a drain removal. Please bring your output record to your appointment. If your drain has not met criteria for removal after 2 weeks, please call the office to see if prophylactic antibiotics are indicated.

## **Compression**

Wear your abdominal compression binder for the first 8 weeks following surgery. You will then transition into a compression garment, such as Spanx, for continued abdominal wall support for up to 1 year while your abdominal wall remodels.

## **Activity Restrictions**

Avoid lifting anything heavier than 10 lbs. for 8 weeks. Do not do any strenuous activity that uses your abdominal muscles. After 8 weeks, gradually progress activity as tolerated. It is ok to use stairs after your surgery.

Refer to the *ACHQC Abdominal Core Surgery Rehabilitation Protocol Patient Guide* in the **Resources** section of our website, or in the ACHQC app, for exercises to maintain your abdominal core health after surgery.

If you would like to be referred to physical therapy, please let us know. We would like to work with you and your physical therapist to restore your abdominal wall.

You may return to work once you are no longer taking narcotic pain medication, your drains are removed and you are not required to do any strenuous activity or heavy lifting. Patients generally return to work an average of 2 weeks

after surgery, depending on their level of discomfort. If your work requires you to perform physical type duties, you may return after 8 weeks. Please notify our office if you need a return-to-work letter for your employer.

You are ok to drive once you are no longer taking narcotic pain medication and feeling capable to perform safely.

### **Follow-up Appointments**

Please call 541-735-3778 to schedule your 4-week post-op appointment.

If you have a drain in place, call to schedule a nurse visit for drain removal when your drain output reaches below 30ml in a 24-hour period for 2 consecutive days.

### **Things to Watch For**

1. Chest pain or difficulty breathing.
2. Dressings saturated with blood.
3. Severe swelling or bruising.
4. Fever greater than 101.0.
5. Uncontrolled pain.
6. Nausea and/or vomiting that continues for 12-24 hours.
7. Diarrhea that continues for 12-48 hours.
8. Signs of a wound infection: increased swelling, redness, pain, drainage and/or odor.
9. Your incision separates or opens up.
10. Pain or swelling in your calf.

**If you feel you are having a life-threatening emergency, please call 911.**

**If you need to contact us, call 541-735-3778. We check messages throughout the day. Please keep your messages brief and know that we will answer you as soon as possible. There is no need to leave the same message multiple times as this will only slow down our ability to respond to you. The office is open 9:00 am to 5:00 pm Monday through Friday. For urgent needs after office hours, call 541-222-9911 to speak with our surgeons.**

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