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Umbilical, Epigastric, or ventral hernia

This condition is diagnosed by physical exam and sometimes by CT scan. Typically, a hernia presents with pain and/or bulge during physical activity, coughing, straining, or standing for long periods. This can occur through a natural weak point in the abdominal cavity or through previous surgical incisions, sometimes exacerbated or caused by a particularly strenuous event. Hernia are typically repaired because of discomfort. They are holes in the abdominal wall and when large enough do carry some risk of entrapment of the bowel. This is rare but can be life threatening if the bowel is not immediately reduced. It can cause bowel obstruction or rupture that would require emergent surgery. Some smaller hernia can be asymptomatic and can be safely monitored without repair. However, strong recommendation for repair is given to hernia that are enlarging, develop symptoms, and/or require manual/difficult reduction.

Surgery

Small umbilical, epigastric, or ventral hernia repair scheduled through the office is a very high benefit/low risk surgery. The surgery can be performed at the hospital or surgery center and is usually done as an outpatient. Hospitalization is very rarely required. When the hernia is small, surgery is almost always completed in a minimally invasive fashion through a small single incision. A synthetic permanent mesh is required for a meaningful durable repair. Risks of bleeding, infection, injury to surrounding bowel structures is less than 1%. The risk of hernia recurrence after the repair is less than 5% although some factors such as excess weight and smoking may increase that risk.

What to expect the day of surgery

You will choose your surgery date with me. The exact time of your surgery is not specifically known but we will estimate this for you. This is controlled by the hospital and is also determined by the length of preceding cases on that day. I take as much time and attention as is needed for each patient, just as I will for your operation. Please be patient as the hospital will often ask you to arrive well before your actual surgery time. There can sometimes be extended waiting so bring a book or iPad. I will meet with you again before surgery to answer any questions that may have developed. After your surgery I will meet with, or call, your family member.

What to expect after surgery

Medication. The first 2-3 days after surgery are the toughest and it is expected that you may need pain medication. Prescriptions for pain and nausea medication may be sent into the pharmacy you requested during registration, or they may be provided to you in paper form to take with you. You may want to make sure this is a pharmacy that is open 24 hours as you may be discharged from the surgery center in the evening. Alternate Motrin/ibuprofen and Tylenol every 4-6 hours around the clock for the first 48 hours. This will help reduce narcotic use which may cause nausea and constipation. According to CDC, the likelihood of chronic opioid use increases with use after day 3 and with subsequent refills. Do not combine narcotic medication with alcohol or benzodiazepines. If you have chronic pain management by your primary care or pain clinic, you should notify them of upcoming surgery and may need to arrange post-operative pain management with them. It is normal to

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still be sore/uncomfortable during the next 1-2 weeks, but improvement should be noted. If you have pain management concerns, please call during office hours. Narcotic medication cannot be addressed after hours.

Home medication may be resumed after surgery except for any blood thinning medication such as Coumadin, Xarelto, Pradaxa, Plavix, Brilinta, Effient, Eliquis, aspirin. I will indicate on your discharge papers when to restart this and it is typically 2 days after surgery. If there is significant bruising or you are unsure, call before restarting those medication.
If you are prone to constipation, you may wish to start stool softeners several days before your hernia repair is scheduled.

Activity. It is most important to stay active after surgery. The more you walk, the quicker you will recover. The stairs are fine but go slow. Avoid heavy lifting, straining, bending, stooping, squatting. It is difficult to get up from a lying or sitting position at first so try to have some help if you can. You will need to avoid heavy lifting and abdominal straining for 6 weeks. It takes the body this long to maximally strengthen the repair. Strenuous core activity before this time may increase your risk of hernia recurrence.

Wound care. You will have glue over the small incision and no external sutures or staples. There will be a small pressure dressing over the incision and then an elastic abdominal binder. Leave all of this in place until 2 days after surgery. You may then remove the binder and bandage. You may then shower and wash with mild anti-bacterial soap. After drying the incision, place a new bandage or roll up a sock or shirt to place over the incision before replacing the binder. There should be some sort of buffer between the binder and skin to help reduce swelling. Avoid submersion under water for 2 weeks. It can be normal for the area around the incisions to become red or bruised from surgical trauma. In some cases of skin sensitivity, you may also develop an itchy rash from the prep used to sterilize the skin during surgery or from surgical glue. It is fine to use topical steroid or Benadryl creams. If this does not improve, please notify me.

Diet. There are no strict restrictions. Your diet may be advanced as you feel comfortable and as symptoms permit.

Symptoms. After a few days you may notice a lump or firmness at and around the repair. This is a normal part of the healing process and will resolve with time. Occasionally fluid may accumulate at the hernia repair site. This can form a bulge, but it is not a hernia recurrence. This fluid will slowly resolve over 1-2 months on its own. Rarely, the fluid can be aspirated if it does not resolve.

When to call. Surgery can be stressful so please call if you just forget something, are uncomfortable or unsure. It can be normal to have low grade fevers after surgery and this is usually related to decreased activity after surgery. Please be sure to walk and practice deep breathing to keep your lungs exercised. Persistent fevers over 101 should be reported. Call for nausea that is not well controlled with medication and causing potential issues with dehydration.

Pain will not be completely resolved with medication but should be tolerable enough that you can move.

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Follow up. You will have a follow up appointment approximately 2 weeks after surgery. This is scheduled at the same time you schedule your surgery. If you are not sure, please call to confirm this appointment. This is usually a very quick appointment as you are usually recovered and getting back into your normal routine. You may still have some swelling and tenderness at this point, but this is normal if it continues to improve and then resolve. Additional appointments are not usually necessary but can certainly be arranged if needed.

Return to work. I do recommend taking a full week off from work. If you have non physically strenuous job you may return to work as you feel comfortable. If there is no light duty and you have a physically strenuous job, you will need to be off for 6 weeks. You may return to driving when no longer taking pain medication, when you can look over your shoulder without discomfort, and when your reaction time is normal. This is variable, but typically is 2-3 days.

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