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

This guide is meant to help you and your family through your hernia surgery. This guide will help you learn about:

- how to care for yourself before surgery.
- > the care you will receive at the hospital.
- how to care for yourself after surgery.

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

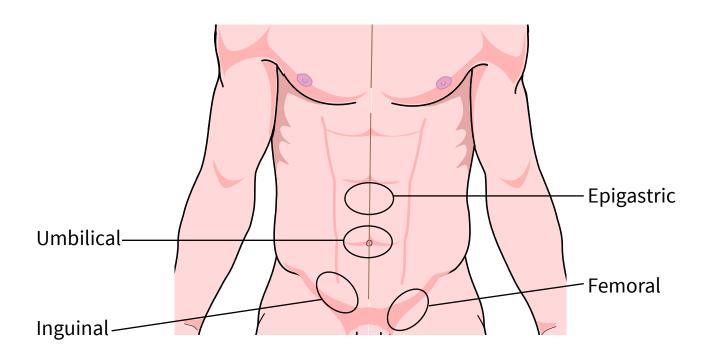
You and your family are the most important members of your health care team. Other team members are: your surgeon, your anesthesiologist, resident surgeons and anesthesiologists, medical students, clerical staff, a research nurse and nurses in the General Surgery Clinic, Pre-Admission Clinic, Same Day Surgery Unit, and more.

Because so many people are involved in your care, it may sometimes be confusing for you. If you have questions about your care, call the nurse in the General Surgery Clinic (902-473-4137). Please note that 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:	☐ Umbilical hernia repair:	☐ Femoral hernia repair:	☐ Epigastric hernia repair:
□ open	□ open	□ open	□ open
□ laparoscopic	☐ laparoscopic	□ laparoscopic	□ laparoscopic
V			
Your surgeon is: The office phone nu	umber and assistant	is:	
The office phone no	umber and assistant i		(time) at:
The office phone no	be on:	(date) at: h General □ Har	•

Types of hernias

The body has a number of sections that are held in place by a strong wall of muscle and tissue. The wall of the abdomen (stomach area) has areas that may become weak. A hernia forms when the outer wall breaks open or tears and organs (such as a loop of bowel or tissue) fall through the opening.



An **epigastric hernia** happens in the mid to 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 where the leg attaches to the body, 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 muscle and tissue over the hole.

If there are not enough natural tissues, a synthetic (man-made) mesh will be used. The mesh is made of plastic (such as polypropylene or Gore-Tex®). It makes a very strong repair that follows the body's movement and size.

Types of hernia surgeries

Open (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. You may have a general anesthetic (medication to put you to sleep) or conscious sedation (medication to help you relax). With conscious sedation, you will be awake during surgery but the surgery area will be frozen (see page 4 for more information).

Laparoscopic (general anesthetic)

A thin device called a laparoscope is used. A few small cuts will be made on your abdomen and the laparoscope will be inserted (put in) through one of these cuts. It has a light and a camera which shows pictures from inside your abdomen. Your surgeon will use these pictures to guide other surgical tools 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:

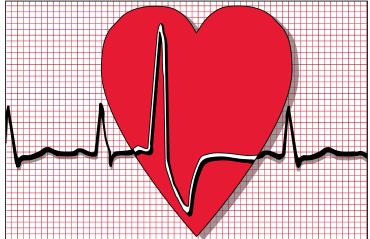
- Your Provincial Health Card
- Your medications in their original containers

Pre-Admission Clinic

Depending on your health history and medications, you may need to visit the

Pre-Admission Clinic, at the Victoria General (VG) site. The Clinic is on the 10th floor. Plan to be at the Clinic for 2 to 4 hours.

In the Pre-Admission Clinic, you
will be asked health questions. You
may also 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 Pre-Admission Clinic, the Clinic nurse may call you to ask you questions about your health. You may need to have blood tests and an EKG at your local hospital.

What kind of anesthetic do I need?

A **local anesthetic** is the injection of "freezing" medication into an area using a needle. The area is "frozen" so you do not feel any pain for 3 to 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 surgery and for some open surgeries.

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 not sure 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 sleep the night before your surgery.
- Take a complete bath or shower and shampoo your hair the evening before or the morning of your surgery.
- Do not shave the surgery area. If any shaving is necessary, it will be done in the operating area.
- Do not wear any scented products. Nova Scotia Health is scent-free.

Medications

 If you take medications, please bring them with you in their original containers. Tell the nurse that you have your medications with you.



- Tell your surgeon at least one week before your surgery if you are taking over-the-counter medications and/or herbal products.
- It is very important to tell 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.
- Nova Scotia Health is smoke- and vape-free for patients, visitors, and staff.



Food and drink

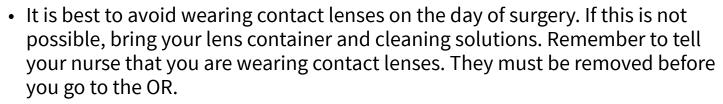
- Eat at least 3 healthy meals the day before surgery. You may have a snack at bedtime. Healthy eating helps with quicker healing.
- Do not drink alcohol for 48 hours (2 days) before your surgery.

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.



Hearing aids

- If you wear a hearing aid(s), 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 (like 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, enter at the Robie Street entrance and take the elevator to the 5th floor to register.
	If your surgery is at 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.
	If your surgery is at Hants Community Hospital , go to the Booked Appointments Window at the Registration Desk and sign the clipboard.

- A short nursing assessment will be done. We will review information about your surgery with you.
- You will be provided with a johnny shirt, dressing gown, and slippers to put on before your surgery.
- 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

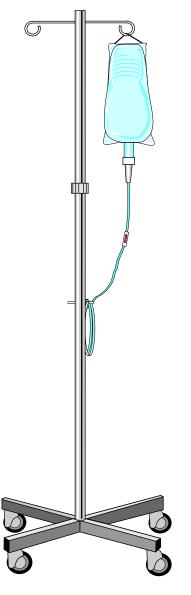
Sometimes, an unexpected emergency surgery can delay or cancel a booked surgery. If this happens, every effort will be made to re-book your surgery as soon as possible.

The operating room (OR)

- A member of the OR Team will take you to the OR. When you arrive, a nurse will greet you and ask you several questions.
- The staff will be dressed in masks, caps, and special clothing to keep the environment clean.
- 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 lets the anesthesiologist check your heart rate while you are under anesthesia.
- 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 talk with you just before the anesthetic is given.

Waiting room

- There is a waiting area for your family/friends 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 Dartmouth General Hospital, Colchester East Hants Health Centre, and Hants Community Hospital the nurse from Day Surgery will talk with your family to update them on 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.

In the recovery area, your health care team will 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 — this is normal. 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(s). Tight-fitting clothing may not fit over your dressing.

At home (all types of hernia surgeries)

It is NORMAL to have swelling and bruising of the scrotum. Over time, this will get better on its own. You can use a soft gel ice pack or a bag of frozen vegetables wrapped in a towel to relieve swelling and bruising.

- The first few days at home should be quiet. You can do more activity over time. You will find that you tire easily and may need extra rest. Over time, your energy will come back. You can then start doing light housework, preparing small meals, walking, and riding as a passenger in a car for short distances.
- Avoid vacuuming, heavy lifting (over 5 pounds), straining, and strenuous (hard)
 activities, including sports, for 6 weeks after surgery, unless told otherwise by
 your surgeon.
- It will take time for concentration and reflexes to return to normal. Do not drive for 1 week after surgery, unless told otherwise by your surgeon.
- Do not drive a car if you are taking pain medication.
- Loose clothing may be more comfortable.
- How soon you can return to work will depend on your type of work, as well as your general health and recovery.
- You may have sex whenever you feel well enough.

Keeping pain or discomfort under control

- You may feel some pain or discomfort this is normal. You may be given pain
 medication in the recovery area. Before you leave the hospital, you may be
 given a prescription for pain pills. If you have been given a prescription for pain
 pills, you should pick up the pills up on your way home from the hospital. Start
 taking your pain pills regularly every 4 to 6 hours when your incision starts to
 feel tender. Most people take pain pills for a day or two.
- If you had laparoscopic surgery (surgery done with a scope), you may have some discomfort in your shoulder and neck. This is normal and is caused by the gas placed into your abdomen during surgery. This usually goes away in 1 to 2 days. Warm packs, pain medications, and moving will help ease this.

Pain control is important. Good pain control can help you:

- > be more comfortable while you heal.
- your strength back faster. With less pain, you can do 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 (lung infection) and blood clots.

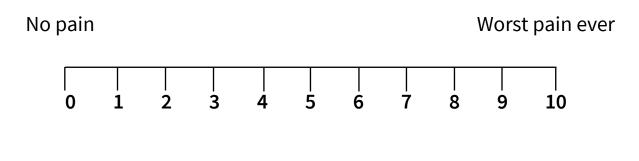
Take pain pills when the pain starts.

If you know you will have more pain 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 to 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

Deep breathing and coughing exercises will help support your incision(s) and ease discomfort.

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 discomfort.

- 1. Take a deep breath in through your nose.
- 2. Hold your breath for 2 to 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.

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 and straighten your legs.

It is not good to stay in bed for long periods of time without moving your legs and feet. You should do these exercises at least 5 times every hour.

Do not do these exercises if your surgeon tells you not to.

Passing urine (peeing)

- It can be hard to get started peeing for the first day or so after surgery. **Rarely,** you may need to return to the hospital to have a catheter (thin tube) inserted in your bladder if you cannot pass urine.
- You may have some burning when you pass your urine the day after surgery.
 If the burning continues or gets worse, contact your primary health care provider, as this may be a sign of infection.

	Care of the incision:	Inguinal o	r femoral hernia	(men)
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It is NORMAL to have swelling and bruising of the scrotum. Over time, this will get better on its own. A soft gel ice pack or a bag of frozen vegetables wrapped in a towel can be used to relieve swelling and bruising.

- Place the ice pack on the incision for 15 minutes, and then take it off the incision for 15 minutes. Do this for the first 24 hours (1 day) as needed.
- Wear loose-fitting boxers or briefs. Sitting for long periods of time can be painful and may increase swelling. A semi-reclining position is best for the first few days.
- You may or may not have stitches. If you do, they will be removed about
 7 to 10 days after surgery. You will be given an appointment with your primary health care provider or surgeon to have your stitches removed.
- If Steri-Strips™ have been used over the incision, they can be peeled off as they get loose. This is about 7 to 10 days after surgery.
- Your surgeon will tell you when you can remove the dressing and when it is safe
 to take a shower. This is usually after 48 hours (2 days). Once your surgeon has
 said it is OK to shower, use plastic wrap over the dressing so that the incision
 does not get wet.
- Steri-Strips[™] may get wet. Do not use soap or scrub them pat them dry after showering.
- Do not have a bath, use a hot tub, or swim until your incision is healed. This is usually about 10 days after surgery.
- If there is bleeding on the dressing, sit or lie down. Put steady pressure over the dressing for 20 to 30 minutes with a clean cloth or your hand. If bleeding doesn't stop, call your surgeon or go to the nearest Emergency Department.

Care of the i	ncision: Inguinal or femoral hernia (women)
	It is NORMAL to have swelling and bruising of the groin or pubic area. Over time, this will get better on its own. A soft gel ice pack or a bag of frozen vegetables wrapped in a towel can be used to relieve swelling and bruising.

- Place the ice pack on the incision for 15 minutes, and then take it off the incision for 15 minutes. Do this for the first 24 hours (1 day) as needed.
- Sitting for long periods of time can be painful and may increase swelling. A semi-reclining position is best for the first few days.
- You may or may not have stitches. If you do, they will be removed about
 7 to 10 days after surgery. You will be given an appointment with your primary health care provider or surgeon to have your stitches removed.
- If Steri-Strips™ have been used over the incision, they can be peeled off as they get loose. This is about 7 to 10 days after surgery.
- Your surgeon will tell you when you can remove the dressing and when it is safe
 to take a shower. This is usually after 48 hours (2 days). Once your surgeon has
 said it is OK to shower, use plastic wrap over the dressing so that the incision
 does not get wet.
- Steri-Strips[™] may get wet pat them dry after showering.
- Do not have a bath, use a hot tub, or swim until your incision is healed. This is usually about 10 days after surgery.
- If there is bleeding on the dressing, sit or lie down. Put steady pressure over the dressing for 20 to 30 minutes with a clean cloth or your hand. If bleeding doesn't stop, call your surgeon or go to the nearest Emergency Department.
 - Care of the incision: Umbilical (men and women)
- There may be some bruising around the incision. This will get better over time.
- Remove the dressing after 24 hours (1 day) and leave the incision open to the air.
- The incision will have stitches that dissolve. These will be covered with Steri-Strips™ that stay on for 7 to 10 days. You may shower with Steri-Strips™ on. Do not use soap or scrub at them pat them dry after showering.
- Do not have a bath, use a hot tub, or swim for 10 to 14 days after surgery.

• Many patients find that wearing an abdominal binder (a cloth support belt that secures snugly around your belly with Velcro®) helps give support before and after surgery. Abdominal binders are sold in drug stores in the hospital supply section. Some drug plans cover cost with a prescription.

Care of the incision: Laparoscopic (men and women)

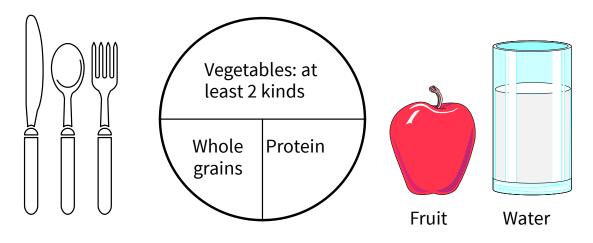
- You will have a few small incisions in your abdomen.
- The incisions will have stitches that dissolve. These will be covered with Steri-Strips™ that stay on for 7 to 10 days. You may shower with Steri-Strips™ on. Do not use soap or scrub at them — pat them dry after showering.
- Do not have a bath, use a hot tub, or swim for 10 days after surgery.

Physical activity (unless told otherwise by your primary health care provider or surgeon)

- The first few days at home are to be quiet. Slowly increase your activity over time. You may find that you tire easily and need extra rest. Your energy will return over time. You may then start doing light housework, preparing small meals, walking, and riding as a passenger in a car for a short distance.
- Avoid vacuuming, heavy lifting (anything over 5 pounds), straining, and strenuous (hard) activities, including sports, for 6 weeks after surgery, unless told otherwise by your surgeon.
- Wear soft, loose-fitting clothing as the incision(s) heals.
- It will take time for concentration and reflexes to return to normal. **Do not drive** for 1 week after surgery, unless told otherwise by your surgeon.
- Walking is the best exercise during your recovery.
- How soon you can return to work will depend on your type of work, as well as your general health and recovery.
- You may go back to sex whenever you feel well enough.
- Talk with your primary health care provider about returning to exercise, lifting, and your usual activities.

Meals

- Eat and drink in small amounts until you feel well enough to go back to your regular diet. Eating well-balanced healthy meals will help you to get your strength back.
- The foods you eat will affect your bowel movements (poops). If constipation (not being able to poop) is a problem, eat foods high in fibre. Bran cereals, whole-grain bread, green leafy vegetables, and fresh fruit are high in fibre.
- Drink 8 to 10 glasses of water a day, unless you are not allowed to because of another health problem. Ask your primary health care provider about using stool softeners or laxatives, if needed. Remember, you do not have to have a bowel movement every day to be healthy.



Healing ridge

This is an area of swelling and hardness beneath the incision after an **open** hernia repair (you will not feel a ridge with a laparoscopic repair). It may feel like a roll of quarters or even a small cucumber under your skin. It is caused by swelling and inflammation of the tissue around the mesh as it heals into the surrounding muscle. You may have a healing ridge for 2 to 3 weeks and then it may soften over the next 2 to 3 weeks.

Call your surgeon if you have:

- nausea (feeling sick to your stomach) and vomiting (throwing up) that lasts more than 1 day.
- > redness, swelling, or warmth around the incision.
- drainage from the incision.
- > separation of the edges of the incision.
- pain that is not going away or is getting worse, even when taking your pain medications as ordered.
- > shortness of breath or chest pain.
- > increasing pain or tenderness around the incision.
- > fever higher than 38.5° C/101.3° F.
- → chills.

If you cannot contact your surgeon or primary health care provider, go to the nearest Emergency Department.

Followup appointment with your surgeon

You may have a followup appointment with your surgeon within a month of your surgery. If you have questions about your surgery, write them down and bring them with you to your appointment.

During this appointment, 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.
- > talk about how you and your family are doing.
- talk about when you can go back to work.
- talk about your questions and concerns.

Your primary health care provider

It is important to stay in close contact with your primary health care provider at all times. They can provide follow-up care. They can provide support and help guide you through this time.

QEII Health Sciences Centre

To Bridges

is made up of 10 buildings located on two sites

Halifax Infirmary Site

- 1a. Halifax Infirmary
- **1b.** Emergency Dept.
- **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

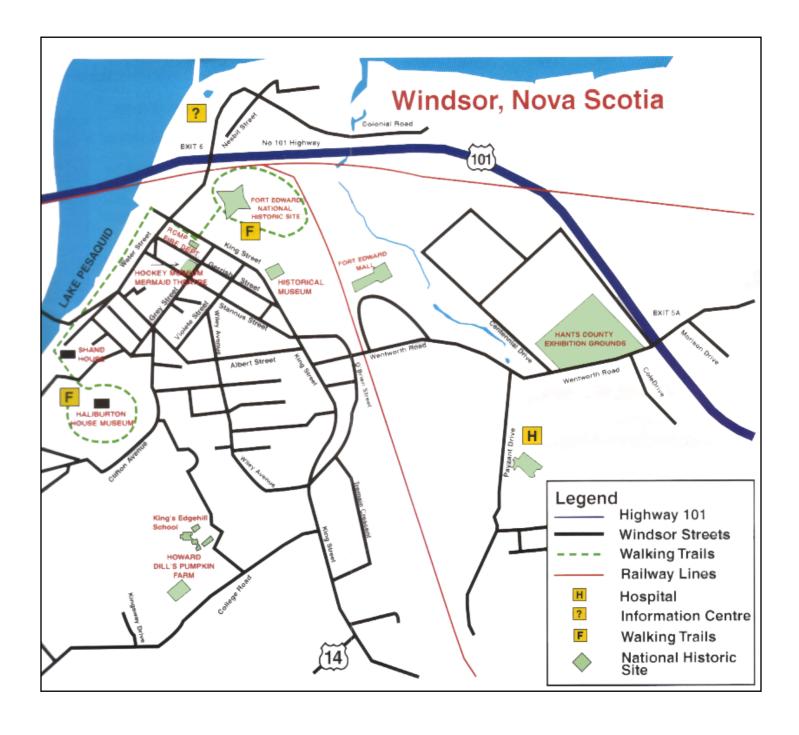
Emera Oval Rainnie Drive Cogswell Street Quinpool Road Citadel Halifax Citadel National Historic 0 Clinic/ Outpatient Entrance ENTRANCE TO EMERGENCY AND PARKING Museur of Nat. 0 Veterans' Memorial I Jubilee Road Ð Sackville Street Underground Parking k Street **Halifax Infirmary Site** Public Gardens Spring Garden Road Spring Garden Road Driveway to Clyde Street **Dickson Centre Dalhousie** University University Avenue Morris Street **IWK** ø 8 **IWK** Health Centre 10 South Street **VG** Site to Saint Mary's University to Point Pleasant Lodge (1121 South Park Street)

To Bridges

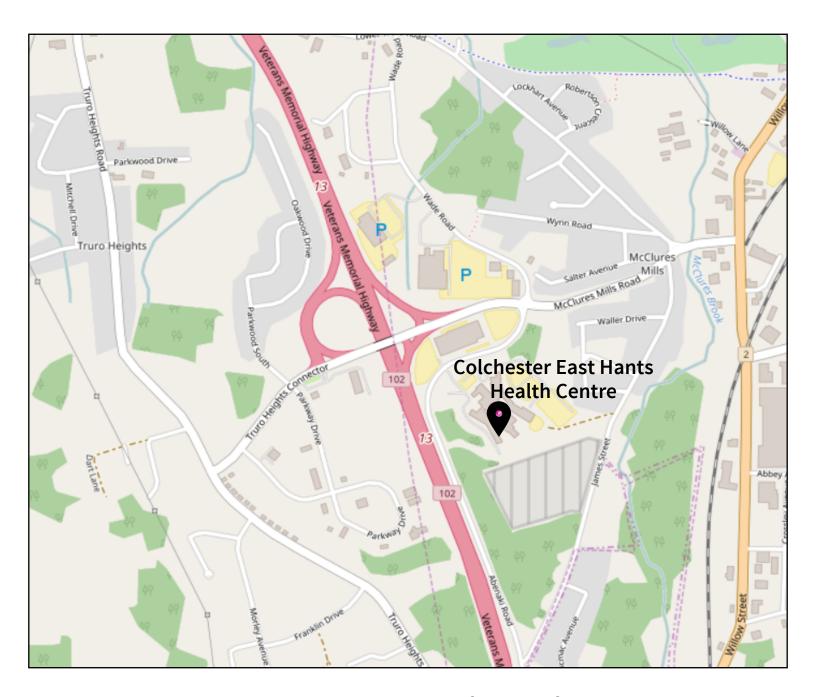
Please do not wear scented products when you come to the QEII.

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Windsor map



Truro map



To get to Colchester East Hants Health Centre from Halifax:

- Take highway 102 to Truro.
- Take exit 13.
- Follow McClures Mill Rd/Truro Heights Connector, then Abenaki Road to Colchester Hospital.

Questions for my health care team:				
	_			

Looking for more health information?

Find this pamphlet and all our patient resources here: https://library.nshealth.ca/PatientEducation
Contact your local public library for books, videos, magazines, and other resources.
For more information, go to http://library.novascotia.ca
Connect with a registered nurse in Nova Scotia any time: call 811 or visit https://811.novascotia.ca
Learn about other programs and services in your community: call 211 or visit http://ns.211.ca

Nova Scotia Health Authority promotes a smoke-free, vape-free, and scent-free environment.

Please do not use perfumed products. Thank you!

www.nshealth.ca

Prepared by: General Surgery Clinic, QEII and Hants Community Hospital
Illustration by: LifeART Super Anatomy 1 and Health Care 1 Images, Copyright © 1994, TechPool Studios Corp. USA
Designed by: NSHA Library Services

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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.

