Questions?

Weekdays from 8 a.m. to 4 p.m., call the Surgical Specialties Nurse Advice Line at 206-598-4549.

After hours and on weekends and holidays, call 206-598-6190 and ask for the resident on call for Surgery to be paged.

Or, ask for your surgeon to be paged:

Dr. ________________

Ventral Hernia Repair and Abdominal Muscle Component Release

What to expect and how to prepare for your operation

When you have a large abdominal hernia, your abdominal muscles may need to be moved to fill in the area left by the hernia. Your surgeon may also use a mesh to strengthen the area. The mesh will be either synthetic or organic.
How to Prepare for Your Operation

**Things to Remember**

- **Aspirin and other medicines:** Do not take any aspirin or other products that affect blood clotting for 1 week before your operation. Two of these are ibuprofen (Advil, Motrin) and naprosyn (Aleve, Naproxen). See attached sheet for more information.

- **Shaving:** Do not shave any part of your body that you do not already shave every day. If you normally shave near your surgical site, do not shave that area for 2 days (48 hours) before your surgery.

- **Hospital stay:** You will stay in the hospital for 3 to 7 days after your operation. When you go home, you will need someone to help you prepare food and do household chores for 1 to 2 weeks.

- **Coughing and deep breathing:** Your nurse will teach you coughing and deep-breathing exercises. These are important to do after surgery to help prevent pneumonia.

**24 Hours Before Your Operation**

- **Take 2 showers:** Take 1 shower the night before, and a second shower the morning of your operation. Use the antibacterial soap your nurse gave you to wash your body.

Do not use the antibacterial soap on your face and hair. (See directions that came with the soap.) Use your own soap and shampoo on your face and hair. Use clean towels to dry off, and put on clean clothing.

**Return to Work**

How much time you take off work depends on what you do for a living. Most people take 2 to 6 weeks off to recover after their operation. Return to work when you feel ready. Some patients choose to start back part-time and work shorter days, then work more as their energy allows.

**Call the Nurse Advice Line or Your Doctor If You Have:**

- Bleeding or drainage that soaks your dressing
- A fever higher than 100.5°F (38°C)
- Shaking and chills
- Any sign of infection in your incision:
  - Redness
  - Increasing pain
  - Swelling
  - Foul-smelling drainage
  - A change in the type or amount of drainage
- Nausea and/or vomiting
- Concerns that cannot wait until your follow-up visit
You will need someone to pick you up from the hospital and help you at home for the first week or longer.

Precautions and Self-care to Speed Your Recovery

Shower
You may shower every day. Do not take a bath, sit in a hot tub, or swim until your incisions are healed. This will take about 4 weeks.

First Follow-up Visit
At your first clinic visit after your operation, your doctor and nurse will talk with you about how you are doing at home. They will want to know how your appetite is and how your bowels are working. They will check your incision and remove your surgical staples.

Your doctor and nurse will also ask how your pain is, what pain medicines you are taking, what activities you are doing, and when you plan to return to work.

Exercise
- Walking every day will help speed your recovery. Slowly increase how far you walk.
- Do not lift anything heavier than 5 pounds for 8 weeks after your operation. After 8 weeks, slowly increase how much you lift.
- For the first 8 weeks you are home, avoid gardening, vacuuming, and any activity that puts stress on your abdominal muscles or increases your heart rate. After 8 weeks, slowly add these and other activities back into your routine.
- You may resume sexual activity when it is comfortable and desirable. If you have any questions, talk with your doctor or nurse.

- Arrival time: The pre-surgery nurse will call you by 5 p.m. the night before your operation. If you are having surgery on a Monday, the nurse will call you the Friday before. If you do not hear from the pre-surgery nurse by 5 p.m., please call 206-598-6334. The pre-surgery nurse will tell you when to come to the hospital and will remind you:
  - Not to eat or drink after a certain time.
  - Which of your regular medicines to take or not take.
  - To sip only enough water to swallow your pills.
- Heating blanket: To reduce your risk of infection, you will be covered with a heating blanket to warm your body while you wait to go into the operating room. Ask for a heating blanket if you do not receive one.

What to Expect After Your Surgery

Waking Up After Your Operation
You will wake up in the recovery room. You will feel sleepy.

You will have:
- An IV (flexible tube) in your vein, which will be used to give you medicine for pain and nausea.
- Sequential compression devices (SCDs) on your legs. These are inflatable stockings that help with blood flow to keep blood clots from forming.

You may also have:
- Drains from your abdomen to drain fluids that your body naturally makes after surgery.
- An epidural catheter in your back to give you pain medicine. Your anesthesiologist will decide if this will help you.
- A catheter tube inserted into your bladder to drain your urine.
Recovering in Your Hospital Room

Incision Care

You will have an incision straight down the middle of your abdomen. This incision will be closed with surgical staples.

Not putting stress on your abdomen will improve healing. Do not lift anything heavier than a half-gallon of milk (about 6 pounds) for 8 weeks after your operation.

As you heal, there may be a thick healing ridge along your incision. This will soften and flatten out over several months.

When you go home, you will be told to check your incision every day. Call your doctor if you have any of the signs of infection listed on page 7 of this handout.

Pain Management

You will probably have a pain-medicine pump called a PCA (patient-controlled analgesia) for 1 to 4 days after your operation. This will allow you to get pain medicine when you need it. The anesthesiologist may talk with you about having an epidural catheter to control pain after your operation.

When you go home, use the pain medicine your doctor prescribed for you. It is important to take it before your pain is severe.

Nutrition

You will not be allowed to eat anything by mouth on the day of your operation. You will receive fluids through your IV to keep you from getting dehydrated.

As your intestines recover from your operation, you will pass gas. After this happens, you will be able to drink clear liquids. When you can drink clear liquids and not feel nauseous, your doctor will add regular foods back into your diet.

Activity

Every day you will become more active. Moving around is very important to prevent pneumonia in your lungs and blood clots in your legs.

Your nurse will help you sit on the edge of your bed on the day of your operation. Next, you will get up and sit in a chair. You will also begin to walk. One or 2 days after your operation, you will walk in the hall. As your strength returns, you will be encouraged to do more.

Abdominal Binder

You may be given an abdominal binder to wear during the day while you are awake. You may be told to wear this during your recovery at home.

Bowel Movements

It will be several days after your operation before you have your first bowel movement. Avoid getting constipated. Please read the handout “Constipation After Your Operation.”

Bladder Catheter

You may have a catheter in your bladder for 3 to 5 days after surgery. It will be removed when you can get up and use the bathroom.