

## **PRIOR TO YOUR OPERATION**

You should come to the hospital at the requested time having fasted as directed by the hospital. You should proceed to the Day Surgery Unit where you will be admitted shortly before going to the operating room. Your operation will be performed either under local anaesthesia with intravenous sedative, or under a general anaesthetic.

## **AFTER THE OPERATION**

You will go back to the Day Surgery Unit for a few hours prior to being discharged home. The wound and regional nerves are blocked with local anaesthetic during the procedure and a pain buster catheter will be left in for continuous pain relief for up to 48-hrs post operatively. The pain buster is a fine plastic tube in the wound that automatically delivers local anaesthetic via a light weight external plastic bulb.

You will need a relative or friend to drive you home after your operation.

On the second morning after your operation the pain buster bulb will have completely emptied and you can remove the fine plastic tube after peeling away the paper tape and plastic dressing keeping it

in place. The plastic catheter is approximately 15cm long and it will slip out easily without causing any discomfort.

## **WOUND CARE**

The wound in your groin will be covered with small paper tapes. The stitches are all dissolvable and you may shower or bathe and allow the paper tapes to get wet but the wound should be kept dry in between times. You may remove the paper tapes after 5-6 days.

## **ACTIVITIES**

You should avoid vigorous activities for the first week after your operation. However, the only absolute restriction is to not drive during the first week because your leg reflexes will be slow during that time. You should gradually build up your physical activities over a few weeks. Your wound discomfort will guide your progress.

In general, even moderate exertion such as sit-ups, the use of a cross trainer or exercise bike or lifting heavy objects should be avoided until you have your first post operative review 4-5 weeks after the operation. However, you should feel free to walk and do gentle stretching without any problems.

## **EXPECTED SYMPTOMS**

The pain buster catheter placed at the time of your operation means that there should be mild discomfort in your wound only. If you are in severe pain please contact my rooms. Occasionally you may develop a slight ooze from the point of insertion of the pain buster catheter. If this is a problem the pain buster catheter should be removed even before the 2<sup>nd</sup> post operative day.

From the time of your surgery, you should use regular Panadol and Nurofen irrespective of whether you feel pain for the next three days. Sometimes the anaesthetist may prescribe stronger medication such as Tramol. If you need additional pain relief substitute Panadol with Panadeine (you will also need to take something to avoid constipation).

In general, you should avoid prolonged use of panadeine as this may cause constipation. Most people develop some bruising around the wound and, in males there may be significant discolouration and bruising around the genitalia. You should not be concerned unless there is severe redness or extensive swelling and then you should contact Dr Hugh's rooms.

As the weeks pass after your surgery there will be a firm ridge of tissue immediately beneath the wound. This is part of the normal healing process of the mesh and you should not be concerned. Sometimes this takes up to 3 months to completely settle.

### **INFREQUENT COMPLICATIONS**

Occasionally, a superficial wound infection may develop after a hernia operation. If your wound becomes red or inflamed, contact Dr Hugh's rooms on 9438 2277.

Occasionally, wound pain persists after the first few days and this may be due to a number of causes. Sometimes it is due to an infection, which may present as redness or swelling in the wound. Rarely, there may be a slight burning sensation or numbness immediately below the wound and this is a type of nerve pain. Dr Hugh routinely identifies and preserves the nerves in the inguinal region but occasionally swelling leads to temporary symptoms. These symptoms will resolve over a 1 – 2 month period after your operation. Constipation can be a problem in some patients and this may be due to the anti-nausea drugs used during the

operation. If this occurs you should try 3-4 prunes/day or, alternatively, use an over-the-counter medication such as Coloxyl.

### **DIET**

There should be no restriction to your diet.

### **FOLLOW UP**

When you get home from hospital you should make an appointment to see Dr Hugh 4 – 5 weeks after your operation. (Telephone 9438 2277). As mentioned above, if you are concerned about pain or a wound infection prior to your follow-up appointment, then you should contact Dr Hugh's rooms.

### **DR HUGH'S CONTACT DETAILS:**

Suite 1, Level 4  
AMA House,  
69 Christie Street  
St Leonards NSW 2065

Telephone: 9438 2277

Fax: 9438 2278

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# **INGUINAL HERNIA**

Day only, inlay mesh repair

## **DR THOMAS J HUGH**



Royal North Shore Hospital

**NORTH SHORE**  
PRIVATE HOSPITAL