

Breast & Endocrine Surgery General Surgery P: 4610 7933 F: 4610 8043 DrAndrewOng.com.au

Suite 101, No 1, Centennial Drive, CAMPBELLTOWN 2560 Correspondences to: PO BOX 1152, CAMPBELLTOWN 2560

Provider number: 250780KW

*** Going home after a Hernia repair: DOs and DO NOTs ***

For a minimum of 6 weeks following your hernia repair, please **DO NOT**:

- 1. Perform lifting activities requiring weights of more than 5-10 kg.
- 2. Perform activities requiring pushing or pulling.
- 3. Squat or twist your body.
- 4. Swim (in public or private pools, or lakes and rivers), mow the lawn (including ride-on mowers), Pilates, go to the gym for weight-training, do the laundry, lawn bowls, row, rock climb, climb up and down ladders, pull weeds.
- 5. Rough sexual activities. If possible, try to abstain for 2-4 weeks. If not possible, go easy & slow.
- 6. Drive or operate heavy machinery for 1-2 weeks. Driving is allowed after 1-2 weeks when you feel you can react in time (you can practice this by stepping hard on the brake without starting the car).
- 7. Perform activities that require you to scrunch up the stomach muscles (i.e. increase intra-abdominal pressure).

For a minimum of 6 weeks following hernia repair, you are ENCOURAGED to:

- 1. Walk as much as possible. Long walks are good.
- 2. Keep a straight back and good posture. Hunching can cause increased muscle spasm and pain.
- 3. Consume adequate fluids and void/urinate frequently.
- 4. Keep your dressing dry for at least 2 weeks. Change the dressing (GP or DIY) if it becomes soiled. A separate dressing-care handout would have been included in your discharge folder.
- 5. Move your bowels frequently. Avoid constipation. Avoid straining.
- 6. Eat a balanced diet.

You should have been discharged from hospital with:

- 1. Oral antibiotics for 5 days
- 2. Pain-killers
- 3. Laxatives to help your bowels move (usually ACTILAX / MOVICOL / METAMUCIL / Macrogel)
- 4. Instructions on when to recommence your blood-thinners again.
- 5. Please make an appointment to see Dr Ong in the rooms in 2-4 weeks. Call (02) 4610 7933.

Sincerely, DR ANDREW ONG.







WITHOUT PREJUDICE



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ABOUT YOUR RECOVERY

Adapted from Medtronic USA (2017)

Once your hernia procedure is over, there is only one thing you need to do: start getting back activity levels normal for you. The following sections are guides for what to expect as you recover, from the first day through the first few weeks.

WHEN YOU WAKE UP FROM ANAESTHETIC

When you wake up after surgery you may still have the IV drip in your arm for fluids and pain medication. Antibiotics are given for a variable amount of time from none to days depending on the procedure.

The IV drip can be quite troublesome but is a necessary evil. It can hurt. It can be "fiddly" and alarms often. It can leak. It can also cause an infection. It is usually kept for a maximum of 24 hours and is removed the next day.

As you become more awake, you will be given something to drink, and the staff may get you up to walk around a little (this is a good thing).

You may feel unsteady on your feet and your head may still be "clouded".

WHEN CAN YOU GO HOME

In addition to drinking and being steady on your feet, you will usually need to urinate before you can go home. You will be discharged if you have a responsible adult to drive you. You may need to have someone staying with you for the first night. It is a good idea to have someone stay with you for the first few days if possible so you can ease back into activity.

BEFORE YOU LEAVE HOSPITAL

Before you leave hospital, check you have instructions on how to care for dressings, a list of symptoms or warning signs and what to do if you notice any of them, medical certificate, script, and forms for blood tests. You might be slightly groggy from anaesthesia, so give this packet of information to the person taking you home or staying with you.

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PAIN MEDICATION

Dr Ong usually provides a script for pain killers. All pain killers have side effects.

Try your best to fill the script even if you do not think you will need pain killers. Some people find over-the-counter pain relief is all they need (Panadol or NSAID) but make sure to ask your doctor which medications are OK to use after surgery, as some can increase the chances of complications. For instance, overuse (not normal use) of non-steroidal anti-inflammatories (NSAID, e.g. Nurofen, Advil, Dimetapp, Maxigesic, Nuromol, Voltaren) can result in stomach ulcers.

AT HOME

Plan to rest for the first few days (or even 1 to 2 weeks) after surgery. Most people would not need much encouragement with this; you will likely feel tired. Your incision(s) may be sore for weeks and may be swollen, bruised, tender, or numb. It is usually quite normal and should go away within a few weeks. If you have concerns or questions, call Dr Ong's rooms or email him through the website. There are no stupid questions.

FEELING TIRED

You can expect to tire more easily during the first week or two. Pay attention to how you feel and ease back into your normal routine. If you must work, try to work a shorter day. It goes without saying that productivity would be less than optimal if you are overtired. Depending on your occupation, full recovery may take anywhere from one to six weeks.

FIRST WEEKS DO's & DO NOTs

General principles and common-sense guide what you can and cannot do as you recover.

You want to:

- Prevent infection
- Enhance healing
- ... and avoid coughing/shouting.

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Showering:

O You can shower in a day or two but keep the front of the neck dry.

Walking:

- o DO IT... and do some more!
- Walking increases circulation which speeds healing and prevents blood clots in the legs.
- It goes without saying: ease into the activity and do not start off with a power walk.

• Eating:

- A diet high in fibre, fresh fruits and vegetables, along with drinking lots of fluids, will help avoid constipation (which can be caused by pain medication and inactivity).
- Dr Ong may have provided you with a script for a stool softener/laxative if you need it.

Driving:

- The effects of anaesthesia can stay with you for up to one week, impairing your ability to drive safely.
- O You should not drive while taking prescription pain medication.
- The usual advice is not to drive for at least a week after which you can start with short distances once your neck movements are within normal range.

• Lifting:

- o Avoid completely for at least the first few days.
- O Then lift only very light objects (<5 kg) that are easy to manage.
- O As you slowly begin to lift more, try not to strain and do not breath hold.

Working:

- Some return to work within days to a week. These tend to be office workers whose occupation are sedentary.
- Return to work often depends on the specifics of the work you do. Remember that you will tire more easily at first.
- o Consider working limited hours or half a day.
- o If your work involves a lot of physical activity, you may not be ready to go back for a few weeks.

Sports:

- O You will not be able to play sports or engage in strenuous exercise for a few weeks.
- Make sure to discuss with Dr Ong about resuming exercise routines or playing sports.

• Sex:

- Your physical comfort will provide a good guide.
- o If you can, abstain for 2-4 weeks.
- o If you cannot, go easy and slow listen to your body (and your partner's/partners').

As with all patients who have undergone surgery, Dr Ong wishes you a speedy and uncomplicated recovery.

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