

Going Home After Hernia Repair

Post-operative instructions — Dr Andrew Ong

Please read these instructions carefully before you leave hospital. Following them reduces your risk of complications, protects the repair, and will help you recover more comfortably. The restrictions listed below apply for a minimum of 6 weeks after your hernia repair, unless Dr Ong advises otherwise.

Activity restrictions — minimum 6 weeks

✗ DO NOT (for at least 6 weeks)	✓ ENCOURAGED (for at least 6 weeks)
Lift anything heavier than 5–10 kg	Walk as much as possible <i>Long walks are actively encouraged.</i>
Push, pull, squat, or twist	Maintain a straight back and good posture <i>Hunching increases muscle spasm and pain.</i>
Strain or increase abdominal pressure <i>This includes coughing without support, straining on the toilet, or any activity that tightens the abdominal wall.</i>	Keep bowels moving regularly <i>Avoid constipation. Avoid straining. Use the laxatives provided.</i>
Return to strenuous activity <i>This includes swimming, gym weight-training, Pilates, yoga, rowing, rock climbing, mowing (ride-on or push), lawn bowls, pulling weeds, or climbing ladders.</i>	Eat a balanced diet and stay well hydrated <i>Adequate fluid intake helps prevent constipation.</i>
Drive or operate heavy machinery for the first 1–2 weeks <i>You may return to driving once you can react quickly in an emergency. Test yourself by sitting in a stationary car and stepping firmly on the brake pedal — if you can do this without hesitation or pain, it is safe to drive.</i>	Keep your wound dressing dry for the first 1–2 weeks <i>Change the dressing (via GP or by yourself) if it becomes soiled. Refer to the separate dressing care sheet in your discharge folder.</i>
Resume sexual activity for 2–4 weeks if possible <i>When you do resume, avoid strenuous or physically demanding positions. Any activity that significantly strains the abdomen should be avoided within the 6-week restriction period.</i>	Urinate regularly <i>Voiding frequently reduces the risk of urinary retention, which can occur after hernia surgery.</i>

Why are these restrictions necessary?

A hernia repair involves closing a weakness in the abdominal wall — either with sutures, a synthetic mesh, or both. The repair needs time to heal and integrate before it can withstand normal physical loading. Any significant increase in intra-abdominal pressure (the internal pressure inside your abdomen) during the early healing phase puts the repair at risk of failure.

Activities that raise intra-abdominal pressure include lifting, straining, coughing hard, sneezing forcefully, and straining on the toilet. This is why avoiding constipation, taking your laxatives, and

staying active with walking (which does not raise abdominal pressure significantly) are all equally important parts of your recovery.

What you should have been given at discharge

Before leaving hospital, you should have been provided with the following. If any of these are missing, please contact the ward or Dr Ong's rooms before you leave:

Item	Notes
Antibiotics	To reduce the risk of wound infection.
Pain relief medication	Take as directed. Do not wait until the pain is severe before taking them.
Laxatives	To help your bowels move after surgery. Options typically include Actilax®, Movicol®, Metamucil®, or Macrogol. Use as directed.
Blood-thinner instructions	Specific written advice on when to restart any blood-thinning medications (warfarin, aspirin, Plavix®, Eliquis®, Xarelto®, etc.) will be in your discharge paperwork.

When to seek medical attention

Contact Dr Ong's rooms or your GP promptly, or attend your nearest emergency department, if you experience any of the following:

- Increasing redness, swelling, or warmth around the wound
- Wound discharge, pus, or a bad smell
- Fever or chills
- Increasing pain not controlled by your prescribed medication
- Inability to pass urine (urinary retention)
- Return of a bulge or lump at the operation site
- Nausea, vomiting, or inability to eat after the first 24–48 hours

Follow-up appointment

Please make an appointment to see Dr Ong within 2 to 3 weeks of your surgery. If an appointment has not already been arranged for you, please call the rooms:

Campbelltown / Macarthur rooms:

Suite 101, 1 Centennial Drive, Campbelltown NSW 2560

Phone: (02) 4610 7933

Macquarie University Hospital rooms:

Suite 301, 2 Technology Place, Macquarie University Hospital NSW 2109

Phone: (02) 9812 3899

Website: DrAndrewOng.com.au