YAKIN DOĞU ÜNİVERSİTESİ
HASTANESİ

NEAR EAST UNIVERSITY HOSPITAL
GENERAL SURGERY

Repair of Incisional Hernia Operation Patient Information & Consent Form

This leaflet aims to give you information and get your consent about your operation and your stay in hospital and advice for when you go home.
If there is anything you are worried about that is not covered in this leaflet, please feel free to speak to a member of staff.

What is an Incisional Hernia?

An incisional hernia occurs due to a weakness, separation, gap or opening in the muscles or supporting structures of the abdominal wall directly at, or in the region of a previous surgical incision. This may cause a bulge and/or pain and discomfort.
Surgery involves repair of the area of the weakness and return of the abdominal contents back into their normal position.' Mesh' repairs are where a piece of mesh is placed over the repaired hernia to give it added strength.

What are the benefits of having an operation to repair my hernia?

Having the hernia repaired can stop it from becoming any bigger. The bigger it becomes the more likely you are to develop complications. The most serious complication is known as strangulation, where part of the intestine becomes trapped within the hernia. This can cause severe pain and vomiting. If you have any of these symptoms you should go to your local accident and emergency department as soon as possible.

Are there any risks involved in having an operation to repair a hernia?

Surgical risks include, recurrence of the hernia, scarring, infection, bleeding, collection of blood (haematoma), bruising, numbness or chronic incisional pain. Prosthetic materials e.g. polypropylene mesh can be used in most of the incisional hernia repairs. Sometimes this poses some problems as the mesh is a foreign material, can be infected and mesh removal can be necessary in this instance. This leaves the patient a residual hernia or even an open wound. Colostomy or any other intestinal diversion point can create an additional risk of wound infection if it is close to the operation site. These will be explained to you when you sign your consent form. If you have any worries about anything regarding this please ask to speak to your consultant.

How long will I be in hospital?

In most cases you will be able to come into hospital, have your operation and go home on the second or third day after the surgery. This will depend on your general health, circumstances and on how you recover. In some cases a temporary drain may need to be placed at the site of surgery to prevent unwanted fluid collection. If this is the case staying at the hospital will be advised. The drain will be removed by the nursing staff as instructed by the surgeon.

What sort of anesthetic will I have?

Incisional hernia operations are carried out under a general anesthetic, which means you will be fully asleep.

Before you come into hospital

Please have a bath or shower. Please do not shave the operation site, as this will be done on admission prior to theatre.

Admission to hospital

On arrival to hospital, you will need to book in at the admissions desk. You will then be directed to the ward; here you will meet your nurse and other members of the team who are looking after you. The facilities and general routine of the ward will be explained to you.

Getting ready for the operation

You will be asked to put on a theatre gown. Prior to theatre your surgeon will see you, you will be asked to sign a consent form if you have not already done so to say that you understand what you have come into hospital for and what the operation involves. If you have any questions, please ask. You will also be seen by your anaesthetist; this is the doctor who will give you your anaesthetic and look after you whilst you are asleep. (Please note that you will be on a theatre list with several other patients, so be prepared for a wait).

After your operation

You will wake up in the recovery room; here specially trained nurses will monitor closely how you feel. On waking you will have a small clear oxygen mask in place, this will help the anaesthetic wear off. The nurses will check your blood pressure and pulse and make sure that you are comfortable. When the doctors and nurses are happy with your condition you will be taken back to the ward where you will be made comfortable and can rest. Refreshments will be offered as soon as it is safe for you to have these.

Pain Control

Expect some discomfort/pain. You will be given strong pain killing and/or local anaesthetic drugs in theatre, which will reduce pain for the first few hours. Your pain will be closely monitored to ensure that it is kept to a minimum. You will be offered and given pain relief, as appropriate.
On discharge you will be provided with pain-killing tablets, which you should take as prescribed for the first two days and as needed thereafter, but do not exceed the stated dose.
If you have to cough, support the wound by pressing on it with the flat of your hand.

The wound

Please try to leave the dressing in place for 48 hours. After that, if all is well, you may bathe or shower. Please avoid soaking in the bath until the wound is fully healed as this may delay normal healing. Pat the wound dry gently with a clean towel until the stitches (or clips) have been removed. Your stitches or clips will be removed 7 to 10 days after your operation in the out patient clinic of general surgery. If dissolving stitches have been used, these do not need to be removed.

Going home

You must make sure that an adult can take you home in a car or taxi. You will need to go home and rest. An adult must stay with you for the first 24 hours after your operation. Avoid alcohol for a minimum of 48 hours after surgery and whilst taking painkillers.

What to look out for

It may be several hours before you pass water. If you have difficulty, particularly if your bladder feels uncomfortably full but you still cannot pass water, a urinary catheter can be placed temporarily.
You should not experience severe pain, nausea and vomiting, excessive bruising or persistent bleeding. If you do, please seek medical advice
It is important to avoid constipation and straining after your operation, your bowels may be affected by your painkillers. To help prevent this drink plenty of fluids, water is especially good for you. Take plenty of fibre in your diet. If you are having difficulty seek advice from your doctor.

If the wound is showing signs of infection, i.e. increased pain, redness, swelling or discharge or you have a high temperature, seek advice from your surgeon.

The first few days

Gently increase your activity over the first few days, little and often until you can do more each day. You are encouraged to move and walk as this will help prevent stiffness, soreness and help with your circulation and minimize the risk of complications such as chest infection, deep vein blood clots and clots to the lungs. Take painkillers to ease any discomfort to enable you to mobilize.

Work and activity

You can get a sick note from the ward for the first 2 weeks. You will need to see your doctor for any further sick notes.
How quickly you get back to work depends on the type of job you have. Two to four weeks is usual.
'Mesh' repairs allow you to carry out all normal activities two weeks after surgery without risk of harming yourself. No heavy lifting for six weeks.
You may resume sexual relations as soon as it feels comfortable to do so.

Driving

We advise that you do not resume driving until your wound has healed and you are confident that you can do an emergency stop. Four weeks is usual. We also advise that you check with your insurance company, as policies sometimes carry restrictions and these may vary.

Outpatients

Not all patients are given a routine follow-up appointment. This will depend on which consultant you had your operation with. If you are not provided with an appointment and encounter any problems that you feel you need to see your surgeon about, please contact the consultant's secretary for advice. The phone number for this contact is **675 10 00 – 1165** during normal working hours 08.00 – 16.30 from monday to friday and you can manage to get medical advice during weekends from the UH number.

I have read and understand all the information given in this leaflet. I agree to the procedure and I know and accept the risks of the procedure detailed in this form and explained by my surgeons.

PATIENT SIGNATURE AND DATE DOCTOR SIGNATURE