

Post-Operative Instructions Laparoscopic Ventral Incisional Hernia (VIH) Repair

Description of the Repair

We will do this operation by placing a piece of plastic mesh behind the muscle layer that has a weakness and bulging in it (and which has caused your hernia). This plastic will be incorporated into scar tissue your body will form, further strengthening the hernia repair over the following months.

Your Recovery

Vigorous straining (or prolonged vomiting) too soon after surgery can damage your repair before the mesh has a chance to anchor in position with scar tissue. This can cause your hernia to return and require another operation. Avoid heavy-lifting and any activity that causes you to strain and "get red in the face" during the first four weeks after surgery. A safe approach is to avoid lifting more than 20 pounds during the first four weeks. If we send you home with a Velcro elastic abdominal binder, wear it during the day and when being active until your first follow-up office appointment after surgery. It will provide extra support, and many people find it more comfortable with it on.

Pain Relief After Surgery

- Take Extra Strength Tylenol (or generic acetaminophen) 1000mg every 6 hours for 3 days, then only as needed to control discomfort.
- Take Advil (or generic ibuprofen) 600mg every 6 hours for 3 days, then only as needed to control discomfort. (DO NOT use Advil if you have a history of stomach or intestinal ulcers or have had problems taking aspirin in the past.)
- Take 1-2 oxycodone 5mg (or Dilaudid 2mg) tablets every 3 hours as needed for discomfort that remains after taking Tylenol & Advil. Not everybody needs this, so you might choose not to fill the prescription. This is a narcotic pain killer. If you use it you must beware of becoming drowsy or inattentive, and you will not be able to drive or operate dangerous equipment. It can also cause nausea and constipation.

The above combination is for maximum pain control. You may skip some or all of the medications if you're comfortable without them.

Most Frequent Problems

- **Discomfort:** There is usually a dull shoulder ache that can occasionally last for a day or two, but most of your discomfort will be around where the hernia was because that is where the mesh is anchored. A tugging sensation is also common and can last for a few weeks, sometimes longer.
- Nausea: If you feel okay when you leave the hospital but start to feel nauseated at home, it is probably caused by the prescription pain killer. You might want to take only the Tylenol

- and Advil in that case or call me for a different prescription (which might also causes nausea).
- **Bulging where your hernia was:** This may look and feel as though your hernia has returned, but it is almost always just some fluid collecting where your hernia used to be. Your body will absorb it over the next few weeks or so.

Reasons to Call Us

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- Pain not controlled by your medication
- Persistent vomiting or dry heaves
- Fever and wound redness or persistent leakage from an incision
- Any questions or concerns what-so-ever

Post-Operative Office Appointment

| Date: | |
|-------|---|
| Time: | |
| | a 3-4 weeks. Please call to confirm your appointment or to arrange one if the yet. If you have any questions, please call (207) 761-6642. |
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