

Post-Operative Patient Information

Dr Sameer Mhrshahi

Inguinal hernia repair

Pain relief (Analgesia)

Unless you've got absolutely no pain after discharge from hospital, you should take some pain relief for the next few days. How long you will have to take analgesia is variable. Commonly you will be prescribed:

Paracetamol: take this regularly for the next few days, general dose 2 tabs (1 gram) maximum 4 times daily. You should get off all the other pain relief before stopping this. Although it is the least potent analgesic, it has a minimum of side effects, and tends to reduce your requirements for more powerful pain medications.

Non-steroidal anti-inflammatory medications (NSAIDs): unless you have reasons not to (eg. stomach ulcers, kidney disease, bad asthma) you should take this for 3-4 days. Examples of this medication include ibuprofen, naproxen and celecoxib.

Oxycodone: this is a short acting strong painkiller, related to morphine. Take as little of this as possible, as it has a fair few side effects (nausea, constipation, makes you sleepy, can make it difficult to concentrate, and you can't drive whilst you are taking it). You may be prescribed a small amount of this medication for discharge. If you are needing to take oxycodone or codeine-containing medications, both cause constipation, so it is a good idea to take some laxatives as well. This may be as simple as taking a fibre supplement such as Metamucil/Benefiber, prunes, medications such as Coloxyl with Senna or Movicol, or anything that works for you.

Wound Care

Leave the dressings on the incision(s) for 5 days, and then take them off and leave your wounds open. You can shower whilst the dressings are on as they are usually waterproof. Don't have a bath though, otherwise the water does tend to get in and causes problems with the wound. Taking the dressings off after 5 days allows them to dry out, and you can keep an eye on them for signs of infection (increased local pain at the wound, swelling, redness, discharge of pus). If there are signs of

infection, book in to see your GP for the next available appointment, and let Dr. Mahrshahi know by calling the rooms.

Diet

Get back onto your usual healthy diet with no restrictions.

Physical activity

It is really important to be physically active after the surgery, particularly with regular walking. There is a limitation on heavy lifting after the surgery (heavy is >8-10kg), usually for 3 weeks. The main thing to do when recommencing activity is to listen to your body. If you have a lot of discomfort in the groin (and/or if you have had a laparoscopic repair, the wound near the belly button) on performing a particular activity, stop it, wait a few more days and then try again.

Generally I'm happy with resuming jogging, pool swimming after 10-14 days, cycling after 14 days, and for competitive sports, training after 3 weeks. Avoid weight training at the gym and sit-ups, push-ups for 4 weeks.

Driving

My rules on driving are that first, you shouldn't be taking any strong painkillers such as oxycodone or Panadeine Forte. Then, you have to sit in the car, do not turn it on, put your foot on the brake quickly, and then twist right and left to look for traffic. If you can do these movements without pain in your groin or belly affecting these movements, you are safe to drive from my point of view.

Work

I think it is reasonable to have 1-2 weeks off work if this is feasible, but this depends very much on how you are recovering after the surgery and what sort of work you do. It is particularly important for those with jobs involving heavy lifting or manual labour to let your employer know of your physical restrictions after the surgery, so that a staged return to work is planned. If your job involves mostly desk work, you can get back earlier, but just make sure you are taking regular breaks to stretch and go for a walk.

Post-operative appointment

Please make an appointment to see Dr. Mahrshahi 3-4 weeks after the surgery, to check your post-operative progress.