ROBOTIC-ASSISTED VENTRAL HERNIA REPAIR

DISCHARGE INSTRUCTIONS

ACTIVITY

Are there activity limitations following surgery?

- A general guideline is to rate your pain on a 0-10 scale and if your activity is increasing that pain by more than 2 points, we would suggest you slow down.
- In general, we ask that you avoid lifting greater than 30 pounds for the first 6 weeks following your ventral hernia repair. Your surgeon may give you more specific instructions on this.

When can I get back to my normal activities?

- Following your hernia repair we recommend that you advance back to your normal activity as tolerated. We hope that you will be up and moving shortly after surgery.

When can I get back to work?

- Getting back to work is very dependent on your individual situation. Your surgeon will give you specific instructions on this.

How should I care for my wounds?

- Your wounds have skin glue on them. Do not peel or pick it off. It is air and water tight and you may shower as soon as you feel up to it. Do not scrub directly on the incisions. You should not submerge the wounds in tubs, lakes etc. until they are completely healed.

Are there any dietary restrictions?

- After surgery we advise that you start your diet slowly with bland foods for the first 24 hours and then slowly advance back to your typical diet. Drinking plenty of fluids and adding a fiber supplement such as Metamucil can help prevent constipation.

PAIN CONTROL

What pain can I expect after surgery?

- It is normal and expected to have some pain following your surgery. This is typically the worst on the first day after surgery and should quickly begin to get better.
- Most patients are able to control their pain with over the counter medications. If you have a condition which does not allow you to use these medications, please speak directly with your surgeon.
- It is common to have shoulder pain after robotic surgery. This is from the gas we use to help see within your abdomen. This should go away within 48 hours. Activity can help it resolve more quickly.

How should I manage this pain?

- The best strategy for controlling your pain after surgery is around the clock Tylenol (acetaminophen) and Motrin (ibuprofen) for the first 72 hours. Using an alternating schedule will maximize your control.
- An example of an alternating schedule is below:
    - Start by taking 650 mg of Tylenol (2 pills of 325 mg)
    - 3 hours later take 600 mg of Motrin (3 pills of 200 mg)
    - 3 hours later take 650 mg of Tylenol
    - 3 hours later take 600 mg of Motrin
    - Continue to repeat the above alternating schedule.

Do not take more than 4,000 mg of Tylenol or 3,200 mg of Motrin in a 24-hour period.

- Use of **ice or heat packs** is also encouraged.
- In many cases you will also be given a prescription for a narcotic pain pill. Many patients do not need to use these. They should be used only if having pain that is otherwise not controlled.

It is normal to have some discomfort following your surgery. However, if your pain is severe and uncontrolled by the above regimen, **please contact us immediately.**

WHEN TO CALL YOUR SURGEON

- Persistent fever over 101 degrees F (39 C)
- Bleeding
- Increasing abdominal or groin swelling
- Pain that is not relieved by your medications
- Persistent nausea or vomiting
- Inability to urinate
- Chills
- Persistent cough or shortness of breath
- Foul smelling drainage (pus) from any incision
- Redness surrounding any of your incisions that is worsening or getting bigger
- You are unable to eat or drink liquids
- You do not have a bowel movement within 3 days

For questions or concerns, please contact our General Surgery Coordinator

Ashleigh Maxson, RN, BSN; phone: 218-927-6904; hours: Monday–Thursday, 7:00 a.m.–3:30 p.m.

For urgent questions or concerns after hours (evenings, weekends, or holidays), please call Riverwood at 218-927-2121. Ask to speak with the charge nurse on the floor, who can contact the on-call General Surgeon if needed.