

COMPLICATED VENTRAL HERNIA/ ABDOMINAL WALL RECONSTRUCTION PATIENT INSTRUCTIONS

Abdominal wall reconstruction for complex abdominal wall defects remains a challenge. Dr. Heaton has employed and has had excellent results using a retrorectus (behind the muscle) placement of a piece of mesh, either synthetic or biologic. This is done to repair large and complex abdominal wall hernias. As part of the procedure it may require a lateral release of the flat tendons of the abdominal wall on one or both sides to release the midline tension. This procedure is usually done open and under general anesthesia. The procedure usually takes 2-4 hours depending on the complexity and if any other procedures are required at the same time. Such as lysis of adhesions (cutting of scar tissue), explanation of previous mesh, or potentially a bowel resection.

WHAT TO EXPECT:

Surgery usually takes 2-4 hours under general anesthesia

You will be admitted to the hospital for approximately 48 hours.

Pain or discomfort for 1-2 weeks, should gradually improve with increased activity

You will have absorbable sutures hidden under your skin with staples +/- a "vacuum" dressing.

Some people may experience some pain, mild nausea, or loose stools, depending on what you eat afterwards, for up to 2 weeks.

DIET:

You have no dietary restrictions after your hernia has been fixed. However, it is a good idea to go slow and avoid heavy foods, that could cause nausea. Start with clear liquids and advance as tolerated.

WOUND CARE:

Unless otherwise directed, you may shower daily, with your choice of soap, and water to keep your incisions clean and to reduce your risk of skin infection. The nurses will show you how to cover the drains.

DO NOT SOAK:

no tubs, pools, or hot springs until seen on your follow up appointment. Soaking increases your risk of infection

LIMITATIONS:

You should avoid any heavy lifting (no lifting, pushing, or pulling more than 10 pounds for 6-8 weeks

If an activity causes discomfort after surgery don't do it, listen to your body

You should be up and moving around the night of your surgery, and walking 5-6 times a day, at a minimum, thereafter. Even sitting in a chair is better than laying in bed all day.

FOLLOW UP VISIT:

If you have not already done so, call our office (208-639-4900) and schedule a follow up post-operative appointment, for 1 weeks after your surgery for a drain check and staple removal

WHEN TO CALL:

Fever: temperature greater than 101.5°F

Uncontrolled pain

No bowel movement in 3 days

Shortness of breath – new onset and severe CALL 911

Chest pressure or pain– new onset and severe CALL 911

Lower leg swelling

Persistent nausea

Or any other questions you may have

PAIN:

Use your prescription pain medication, "narcotic" or "non-narcotic", as directed on the prescription

Do NOT take additional Tylenol (acetaminophen); your pain medication most likely has Tylenol in it

You may take Ibuprofen, 200mg tablets: 400-800mg total, every 6-8 hours, OR

Aleve (naproxen), 1 tablet, every 12 hours, as needed, along with your narcotic.

To help decrease swelling at the operative site; wrap ice pack in a cloth, place in on the incision area for 15-30 minutes alternating off the incision area for 15-30 minutes as needed for the first 2 days.

BOWEL CARE:

Start Bowel care IMMEDIATELY after surgery to prevent constipation. It is very common and is caused by anesthesia and narcotics. Below are different options for you that are available over the counter at your local pharmacy or grocery store:

Stool softeners (such as Colace and Docusate Calcium) soften the stool, making it easier to pass. Stool softeners can be most effective if you drink plenty of water throughout the day.

Osmotic laxatives, such as Fleet Phospho-Soda, Milk of Magnesia, or Miralax, and nonabsorbable sugars (such as lactulose or sorbitol), hold fluids in the intestine. They also draw fluids into the intestine from other tissue and blood vessels. This extra fluid in the intestines makes the stool softer and easier to pass. Drink plenty of water when you use this type of laxative.

Stimulant laxatives (such as Correctol, Ex-Lax, and Senokot) make stool move faster through the intestines by irritating the lining of the intestines. Regular use of stimulant laxatives is not recommended. Stimulant laxatives change the tone and feeling in the large intestine, and you can become dependent on using laxatives all the time to have a bowel

movement.

If you develop some diarrhea, back off of the stool softeners