

INGUINAL HERNIA POST OP INSTRUCTIONS



INCISIONS

Your incision is closed with absorbable suture beneath the skin. There is no suture to remove. Typically your incision(s) will be sealed with a sterile glue that makes it water tight. You may shower whenever you want. Some bruising or swelling around your incisions is common. Notify the office if you experience significant redness around your incisions or drainage from your incisions like pus. You may feel a knot or nodule beneath your skin at the navel. This is a deeper suture within the muscle that is also absorbable. This will go away in the first one to two months after surgery. It is common to have bruising, swelling, and/or gas in the scrotum or base of the penis. This is temporary. You may experience some shoulder pain as referred pain from stretching of the diaphragm during surgery.

MEDICATION

Typically you will receive an electronic prescription to the pharmacy you provided us in clinic. Most patients receive Norco which is hydrocodone with Tylenol (APAP), typically designated 5/325. This refers to 5mg of hydrocodone and 325 mg of acetaminophen (Tylenol). You may take NSAIDs such as Ibuprofen, Advil or Aleve in addition to this medication. It is safe to take up 4,000 mg of acetaminophen per day, unless you have liver disease. You can take up to 2,400 mg of ibuprofen per 24 hours unless you have kidney disease or history of ulcers. Hydrocodone can cause nausea and should be taken with food. It also causes constipation. It is common to need a laxative 2-3 days after surgery. I suggest Miralax, dulcolax, Sennokot or prune juice.

WORK

People with nonstrenuous desk jobs typically return to work in 3-7 days after surgery. People with labor intensive jobs, like construction usually need 2 weeks off of work.

URINATION

It is common for urination to be somewhat abnormal the day of surgery. It may be harder to start a stream and the urge may be more frequent. If you are unable to urinate at all within 8 hours of surgery, this is an emergency that requires you to contact Dr. Glover and a catheter must be placed in the bladder to prevent injury to the kidneys. If you normally take a medication for your prostate like flomax, or were recently prescribed one, you should continue to take this before and after your surgery.

ACTIVITY

Any amount of walking you feel up to is ok. Going up stairs is ok, just take your time. Driving is okay once you have stopped taking narcotics and are comfortable turning your torso and pressing the brake firmly. Usually this is 3-5 days after surgery. You should avoid lifting more than 20 pounds the first 2 weeks. Light cardio may be resumed at 3 weeks like elliptical, recumbent bike or swimming. There are no restrictions after 4 weeks.

PORTAL

Dr. Glover and his medical assistant are always available and most easily accessible through the patient portal. You may send messages to either or request medication refills through the portal. The office phone number is staffed by the answering service after hours 24/7 should you need immediate assistance.

FOLLOW UP

You should see Dr. Glover in the office 2-3 weeks after your surgery. You may request an appointment through the portal or call the office. You can call to come in anytime sooner if you experience any complications or issues.

Mark Glover, MD, FACS
Austin Surgeons
3901 Medical Parkway
Suite 200
Austin, TX 78759

Phone: 512-467-7151
Fax: 512-467-8809

AustinHerniaCenter.com