Patient Information
GS01

NHS Golden Jubilee

Hernia repair

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About this leaflet

The purpose of this leaflet is to give you information about hernia repair and the care which you will receive from staff.

What is a hernia repair?

The operation for hernia repair involves repairing a weakness or defect in the abdominal wall. This can be done either using keyhole surgery or through an open wound. Sometimes a strong, flexible patch, known as mesh, will be placed over the defect in the abdominal wall.

For hernia repair, you will be admitted as a day case to the Surgical Admission Unit, which is located on level 2 of the Surgical Centre. Occasionally the Consultant Surgeon and/or Consultant Anaesthetist may recommend you stay in hospital overnight. This will be discussed with you on the day of surgery. Please bring toiletries, slippers and nightwear with you into hospital in preparation for this.

Please ensure you have a responsible adult to escort you home and to stay with you overnight and for the first 24 hours after surgery.

About your visit to the Golden Jubilee University National Hospital (GJUNH)

During your stay with us, our primary concern will be your comfort and return to good health. If you have any questions or concerns, our staff will be pleased to assist you in any way they can.

If you have any questions or concerns regarding the procedure or anything contained in this leaflet, please discuss this with a member of the nursing staff before discharge.

Consultation and pre-assessment

You will have been seen by a consultant surgeon either at your own base hospital or at NHS Golden Jubilee. During this discussion the surgeon will have discussed the benefits and risk of the proposed surgery along with any other options available to you.

At the appropriate time, after you have been referred to the GJUNH, the Patient Coordination Centre (PCC) will send you an appointment to attend a pre-operative Pre-assessment clinic. A Pre-assessment is necessary to assess your fitness for surgery and anaesthetics.

At the pre-assessment clinic, a Nurse Practitioner (NP) will ask you various questions about your past and presenting medical history, carry out vital signs such as heart rate, respiratory rate, blood pressure, temperature and oxygen levels. You will also have blood samples, possibly a urine sample, your height and weight taken and if indicated, a tracing of your heart (ECG). This NP may discuss your assessment with a Consultant Anaesthetist or you may see and anaesthetist as this clinic appointment.

Please bring all your medication to this appointment.

If you would like a chaperoned at any time during your pre-assessment or any other medical assessment, please speak to a member of the nursing staff.

Please let us know if you are unable to attend this appointment.

Day of surgery

The PCC will send you an admission time to attend the Surgical Admission Unit (SAU), (level 2 of the Surgical Centre.
You are required not to eat food for six hours before your operation (including sweets and chewing gum).

You may be able to sip 150mls of clear water up until your procedure/surgery time (150mls is approximately a small cupful for fluids). This is called SipTilSend, you will be given a leaflet explaining the process at pre-assessment.

Sipping clear still water before your procedure/surgery will help to keep you hydrated and reduce possible headaches, nausea and anxiety.

It is very important that you do not drink any more than 150mls of clear water each hour, drinking too much fluid may delay your surgery.

For some patients, SipTilSend may not be appropriate and in this situation the Anaesthetic team, the Pre-assessment staff and/or the SAU staff will advise you to follow different fasting instructions

On arrival at SAU you will be met by a Unit Coordinator (UCO), who will direct you to your admission room/pod. The UCO will alert the nursing staff of your admission.

The nurses looking after you will introduce themselves to you, complete the necessary paperwork, ask relevant questions and answer any queries that you may have about the procedure. The Nurse will ask you to change out of your own clothes into the theatre gown and paper pants provided.

You will also meet your Consultant Surgeon, Consultant Anaesthetist, ward doctor and/or the Advanced Nurse Practitioner (ANP), all of whom will ask you questions about your medical history.

At this stage, you will be given the opportunity to ask further questions regarding your procedure. The surgeon will discuss the risks and benefit of your surgery and you will be asked to sign a consent

form to allow surgery to go ahead.

You may be prescribed a pre-medication tablet which will be given you by the nurse before going to theatre.

At the required time you will be escorted to the theatre suite, where you will be met by the theatre staff and the anaesthetist. At this time you will have a small plastic tube (cannulae) inserted into a vein, this will allow for any necessary drugs or anaesthetics to be given.

After your procedure, you will be taken to the recovery area until such times as you are able to return to SAU.

After surgery

On your return to SAU, the nurse will carry out regular vital signs and monitor your wound site for any signs of bleeding.

You will be given something light to eat and drink.

Once you have met the discharge criteria, you will be prepared for discharge home.

Going home

You will be discharge on the same day as your surgery. Please ensure you have a responsible adult escorting you home and staying with you overnight and the first 24 hours.

It is normal to feel some pain after surgery. It is advisable to have a supply of painkillers at home, however you may be prescribed different painkillers to take home with you. Nursing staff will go over any medication you have been given to take home and the post-surgery recovery advice.

Take your usual medications and any that you may have been given by the nurse today.

Rest on the evening of your surgery and avoid strenuous activities.
You should eat and drink normally as able (unless otherwise advised).

In the first 24 hours, you must not:
- drive;
- drink alcohol; or
- use machinery.

Ongoing recovery

You may feel drowsy or weak for several hours after your surgery/ anaesthetic for up to 24 hours.

Common side effects are:
- dizziness
- drowsiness
- nausea/vomiting
- sore throat
- general aches and pains

If a follow up appointment is required, you will be advised of this on discharge. You can contact the

hospital after discharge for any advice. Contact details for SAU are at the end of this booklet.

Contact your GP if:
- You have severe pain not relieved by medication.
- You have excess bleeding from the wound site.
- You have extreme redness or swelling around the wound site or drainage of pus.
- You are unable to pass urine.
- You have continual vomiting.
- You have a fever.

In the event of an emergency, you should go to your nearest Accident and Emergency department.

Recovery advice and wound care

- You will feel tired for the first few days following surgery. Rest for some of the time, but gradually increase your activity until you feel able to resume normal activities; this will take a few weeks. You should not go to your bed as if you were ill. Avoid heavy lifting for six weeks following surgery. You may be advised to wear your support stockings during the day until your activity has increased to near normal levels. Nursing staff will provide you with support stockings.
- You may return to driving when you can apply the brakes and perform emergency stops without pain. Check with your car insurance company.
- Continue to take the painkillers given to you on discharge.
- You will normally need 2 weeks off work depending on how well you recover from your surgery. Depending on what job you do, you may require longer, e.g. if you carry out heavy physical work. If you require a Fit Note for your employer, please discuss this with nursing staff as soon as possible on admission to SAU.

When can I bath or shower?
It is advisable for you to have a shower 24 to 48 hours after surgery. Avoid bathing for the first week after surgery as soaking your wounds could loosen the dressings and increase the likelihood of infection. It is also advisable to avoid scented, soap products, shower gels, talcum powders near your wounds. Once your wounds are exposed, after showering, lightly pat your wounds dry with a clean towel.

Caring for your wound
If you have keyhole surgery you may have three or four incisions or cuts in your abdomen. If you have an open hernia repair you will have one wound. Please avoid getting the outer dressings wet for 48 hours after surgery. If your dressing gets wet during this period, replace with the dressings supplied by the ward nurse on discharge. Leave the dressings on for five days then remove if the wounds are clean and dry, no further dressing is required.

Your wounds may be closed with steri-strips, glue, sutures or clips. You will be given instructions regarding removal of sutures or staples if required. If there are steri-strips covering your wounds, they normally fall off within seven days.

Bruising is expected following hernia repair, and in gentlemen the bruising can develop around the scrotal area. If the bruising is particularly excessive and increasing pain and discomfort, please make an appointment with your GP or Practice Nurse for a wound check.

Changing the dressing

Ensure your hands are clean and that the area you have placed the dressing on is also clean, a table or tray would be sufficient. Remove the dressing and air dry or dry with a clean towel do not be tempted to cleanse the wound with anything, once dry replace the dressing.

Infection or Sepsis
If you feel unwell, develop a temperature, the area around the wound becomes inflamed (red/hot), discharge from wound or any odour it is advisable that you make an appointment for a wound check with your GP nurse. Do not delay in having any of these symptoms checked.

Contact

The Surgical Admission Unit is opened Monday to Friday 7am to 9.30pm. If you need further assistance during these hours please contact the GJUNH switchboard on 0141 951 5000 and ask to be put through to the Surgical Admission Unit.

Out of hours you should contact switchboard on 0141 951 5000 and ask for the General Surgery Ward.

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