

Hernia Repair Surgery

Prior to your procedure you will complete a pre-admission testing (PAT) phone call appointment. This call will come from (920) 206-3820.

My PAT Appointment time is: _____

You will receive a phone call within a **one-hour window** of this scheduled time.

It is important that you are not distracted during this appointment. You will receive instructions on preparation including diet, medication changes, and arrival time.

Please have a list of current allergies, medications, and diagnosed medical conditions prepared prior to your phone call with PAT. During your PAT phone call, please complete the following:

1. Surgery scheduled with Dr. _____

2. Date of surgery: _____

3. Hospital arrival time: _____

4. Time to stop drinking clear liquids: _____

5. Medications to **stop** prior to surgery, with date each should be stopped:

6. Post-operative appointment date/time: _____

Please consult your prescribing provider to verify it is safe to temporarily discontinue any medications you are instructed to stop. Contact the *General Surgery Clinic* at (920) 206-3042 with any questions/concerns.

Due to anesthesia, **you cannot drive after your procedure**. You will need a ride to and from the hospital. Please arrange this ahead of time.

Hernia Repair Surgery

What is a hernia?

A hernia is defined as a protrusion of an organ through the body wall that usually contains it due to a weakness or tear in the wall. Men, women, and children of all ages can have hernias, and multiple types of hernias exist.

How do hernias form?

Acquired hernias are caused by wear and tear over multiple years. Congenital hernias result from a weakness in the abdominal wall that is present at birth. At the spot of weakness, a hernia sac forms and may fill with fat or loops of intestine. Hernias may get worse or grow larger with time or physical stress. Hernias can occur around your navel, groin, or incisions from abdominal surgery. Some cause discomfort or pain and surgical repair is the only way to permanently fix a hernia.

Where do hernias occur?

An *incisional hernia* occurs at the site of a previous surgical incision anywhere on the abdomen.

An *umbilical hernia* occurs in the umbilical ring around the navel.

An *inguinal hernia* occurs in the groin. They may occur on the right, left, or on both sides of the groin. There are two types of inguinal hernias – *direct*, which occurs when repeated pressure causes a hernia through the abdominal wall; and *indirect*, which is most often congenital and occurs when the hernia passes through the inguinal canal.

A *recurrent hernia* occurs at a previous hernia site.

What complications can occur with hernias?

If a hernia bulge can be easily flattened out when you lie down or push against it, this means you have a *reducible* hernia. While there may still be discomfort, there is lower risk of injury to the bowel inside the hernia when it is reducible. If the intestine becomes trapped (incarcerated) within the hernia, and you are unable to flatten the bulge, you have a *non-reducible* hernia. This is much higher risk of damage to the bowels and urgent surgery is recommended. If the intestine within the bulge loses its blood supply due to being trapped, this is termed *strangulation* and is a surgical emergency to relieve the blockage and prevent death of the bowel inside.

How are hernias repaired?

Hernias may be repaired by one of three methods:

An *open* hernia repair is done from the outside through a 3 to 4 inch incision in the area of the hernia, with the surgeon dissecting downward through skin and subcutaneous fat to the level of the hernia.

A *laparoscopic* hernia repair is done with a laparoscope, a tiny camera attached to a long telescope. It allows for a close up view of the hernia through a smaller incision.

A *robotic* hernia repair is also performed laparoscopically through small incisions, with the assistance of a surgical robot for increased accuracy and movement of instruments.

Your doctor will decide which type of repair is best for you, depending on the type of hernia you have and other contributing factors.

What are the risks of hernia surgery?

Risks of hernia repair include bleeding, infection, numbness or pain in the groin or leg, retention of urine, bowel or bladder injury, damage to testicle structures, recurrence of the hernia, and risks of undergoing anesthesia.

What happens the day of surgery?

You will be asked to avoid eating the day of your surgery, so that you can safely undergo anesthesia. This will keep you asleep and free from pain during the procedure. You will arrive at the hospital early to check in for surgery, and be taken back to the ambulatory surgery center. You will change into a hospital gown, receive an IV, meet your nurse for the day, and see your surgeon and anesthesia provider. During the operation your surgeon will utilize tools to repair the hernia and may place a strong mesh over the weak spot to serve as a patch. The mesh is secured with surgical sutures or staples, which will remain in the abdomen permanently. After surgery you will be given time to awake from anesthesia, medication for treatment of pain if needed, and in most cases will be able to go home once you are able to eat, drink, urinate, and walk.

Preparing for Hernia Repair Surgery

7 Days

Before your procedure

Arrange transportation

Please confirm that a family member or friend is available to drive you to and from your surgery and remain at the hospital for the duration of the procedure.

Review Medications

You may be instructed to discontinue certain medications prior to your procedure. Call the prescribing provider to discuss how to safely do this.

Medications to stop 7 days prior to hernia surgery:

- **Antiplatelet Blood Thinners:** Pletal (Cilostazol), Effient (Prasugrel)
- Phentermine
- Vitamins and supplements

5 Days

Before your procedure

Medications to stop 5 days prior to hernia surgery:

- Antiplatelet blood thinners: Plavix (Clopidogrel), Brilinta (Ticagrelor)
- Coumadin (Warfarin)

Note: If you take Warfarin, please contact your prescribing provider to inquire if “bridging” will be required.

3 Days

Before your procedure

Medications to stop 3 days prior to hernia surgery:

- **PDE-Inhibitors**, unless taken for pulmonary hypertension: Sildenafil (Viagra), Tadalafil (Cialis), Vardenafil (Levitra and Staxyn), Avanafil (Stendra), Cilostazol (Pletal), Dipyridamole (Attia), Milrinone (Primacor), Amrinone, Apremilast (Otezla), Crisaborole (Eucrisa), and Roflumilast (Deliresp)
- **DOAC Blood Thinners:** Eliquis (Apixaban), Xarelto (Rivaroxaban), Pradaxa (Dabigatran), Savaysa (Edoxaban)

2 Days

In the evening, follow instructions in the provided scrub kit to clean your body thoroughly. After performing the scrub,

Before your procedure

remember to avoid other hair and skin care products as they carry bacteria. If you notice an allergic reaction notify the General Surgery Clinic in the morning or present to the emergency room if severe.

1 Day

Before your procedure

Please do not consume any *solid food* after **midnight** the evening prior to your procedure. Doing so will result in cancellation. After this time, you may however consume **clear liquids** following the attached diet guide.

GLP-1 Agonist users: Please follow a **clear liquids only** diet for a complete *24 hours* prior to your surgery.

- Includes: Semaglutide (Ozempic, Rybelsus), Tirzepatide (Mounjaro), Dulaglutide (Trulicity), Exenatide (Byetta), Liraglutide (Victoza, Saxenda), Lixisenatide (Adlyxin)

Again, in the evening, complete the second body scrub as instructed in the provided scrub kit.

Medications to stop one day before hernia surgery:

- Insulin: Follow attached protocol (See end of packet)

Procedure Day

Please remember to have a friend or family member drive you to and from the hospital for your procedure. You cannot drive after receiving anesthesia.

You may drink **clear, noncarbonated** liquids up until **two hours** prior to **arrival**. This is four hours prior to your scheduled procedure time.

- Please do not drink soda or carbonation the day of your procedure.
- Please do not consume gum, hard candy, suckers, etc. the day of your procedure.

Medications to stop the day of surgery:

- Insulin: Follow provided protocol (See end of packet)

- Metformin
- Lisinopril (Zestril, Prinivil), Benazepril (Lotensin), Captopril, Enalapril (Vasotec), Losartan (Cozaar), Valsartan (Diovan), Olmesartan (Benicar), Candesartan (Atacand)
- Rosiglitazone (Avandia), Pioglitazone (Actos)
- Glimepiride (Amaryl), Glipizide (Glucotrol), Glyburide (Micronase, Glynase, Diabeta)
- Sitagliptin (Januvia), Saxagliptin (Onglyza), Linagliptin (Tradjenta), Alogliptin (Nesina)

After Your Surgery

What happens after surgery?

After surgery, you may notice swelling, bruising, or soreness near your incisions. You may feel bloated, constipated, or more tired than usual. These effects will go away with time. Your doctor may give you medications to take during recovery. You will have either small bandages or glue over your incisions, please leave in place until your follow up visit.

You will be given instructions with your discharge paperwork that cover important restrictions to follow:

- **Bathing:** you may shower after 24 hours but avoid immersion in water such as baths, hot tubs, and pools for at least two weeks after surgery
- **Lifting:** for the first few weeks after surgery, you may not lift any objects heavier than 15-20 pounds. This is important to allow healing of the repair as heavy lifting can cause significant damage and risk of hernia recurrence.
- **Sexual activity:** you may resume sexual activity as soon as it feels comfortable, again remembering to avoid heavy lifting for the first weeks after surgery.
- **Driving:** do not drive for the first 1-2 days after surgery, and at any time of taking narcotic pain medications.

Otherwise, you may drive when you feel comfortable being able to slam the breaks if necessary without pain.

- **Work:** you may be able to return to an office job within a few days, and more physical jobs after a few weeks. Your surgeon will provide clearance for you to return to work based on your occupation and progress after surgery.

Follow Up

You will have a post-operative visit scheduled for 7-10 days after your surgery. At this time your doctor will assure there are no complications present, your pain is well managed, and determine when you may return to activities such as work and exercise.

When to Call Your Doctor

After your surgery, call your doctor if you notice any of the following:

- You have a fever (over 101.4 F) or chills
- You have an incision that drains liquid for longer than a day or increasing incisional redness, swelling, or pain
- You are unable to urinate for greater than one day
- You have excessive swelling of the repaired hernia area

You may have a mild sore throat after the procedure, which should resolve in approximately 24 hours.

Do not smoke, drink alcohol, or take sleep aids until the day after your surgery. Do not drive or operate heavy machinery until the day after your surgery, and while taking narcotic medications.

Clear Liquid Diet

OK to drink:

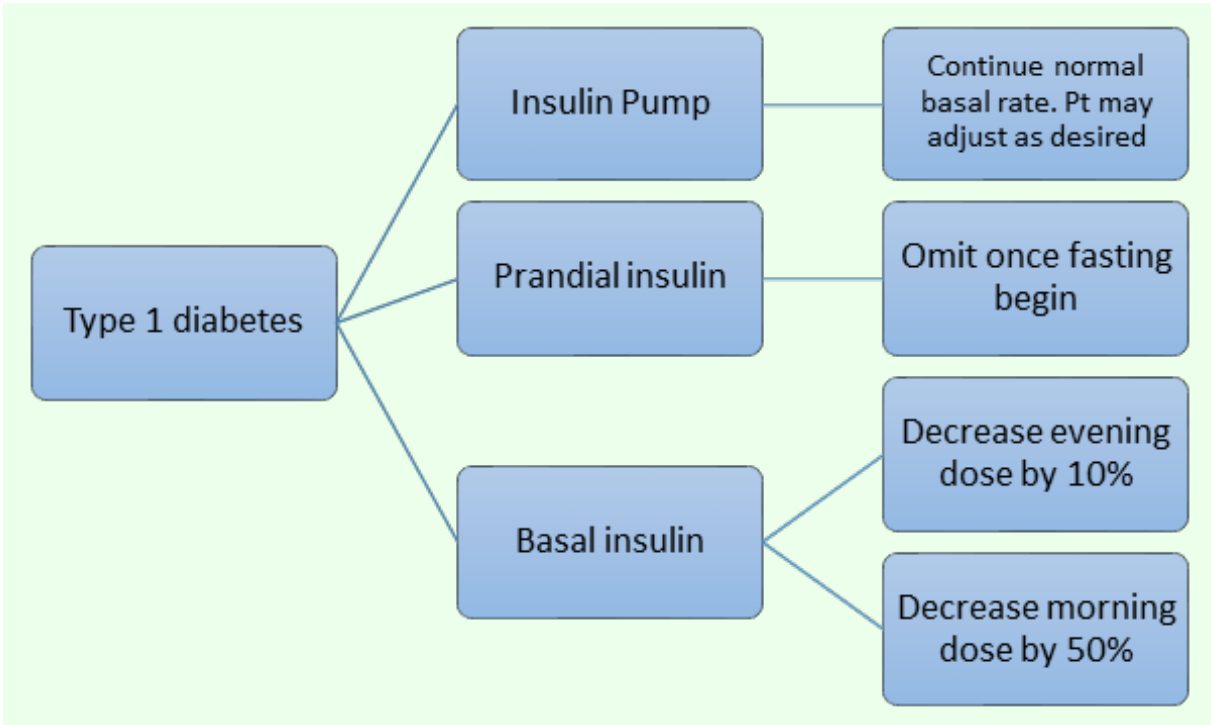
- Water
- Tea and black coffee **without** any cream, milk, or lightener (including non-dairy options)
- Flavored water without red or purple dye
- Clear, light colored juices such as apple, white grape, lemonade without pulp, and white cranberry
- Clear broth including chicken, beef, or vegetable
- Sports drinks such as gatorade or propel
- Popsicles without fruit or cream
- Jello or other gelatin without fruit
- Powdered drinks such as kool-aid or crystal light

Avoid these drinks:

- Alcoholic beverages
- Milk (including non-dairy)
- Smoothies
- Milkshakes
- Cream
- Orange juice
- Grapefruit juice
- Tomato juice
- Soup other than clear broth
- Cooked cereal
- Gum, hard candy, suckers

Anything with **red or purple coloring** such as juice, popsicles, sports drinks, or gelatins

Pre-operative Insulin Protocol



Pre-operative Insulin Protocol

