Hernia Repair: After Hospital Care

The following provides helpful information to assist you as you recover from hernia repair surgery. If you have any questions or concerns, please ask your doctor or nurse.

**Activity**

Rest the day of your surgery. Apply an ice pack over the dressing for the next 24 hours while awake (20 minutes on, 20 minutes off). Stand up or walk a few minutes each hour while awake to lessen muscle spasms. Slowly increase your activity each day. Your activity level will be guided by how your body feels. Rest if you get tired. Feeling tired is to be expected for several weeks after surgery. Try to get a good night’s sleep. Taking pain medicine before activity and at bedtime may be helpful.

Avoid sitting for prolonged periods of time, which may increase your risk for blood clots. When sitting, elevate your feet.

Slowly begin light exercise, such as walking. This may cause slight discomfort, but if pain increases, stop the exercise. Avoid forceful physical activity such as sprinting, sit-ups or lifting more than 10 lbs. until you discuss this with your surgeon.

Most patients take up to 7 days off work after hernia surgery. This depends on your work and its demands. If you must lift more than 10 lbs., you may be off work for longer periods. Consult your doctor for specific instructions.

Many people have questions about resuming sexual activity after surgery. If you feel well and are rested, sexual activity may be resumed. Avoid positions that strain your incision sites.

**Driving**

You may resume driving when you are free from incision pain, are no longer taking pain medication and believe you can react well in an emergency. Before driving, make sure that you are able to move your legs without discomfort to your incision site.

**Bathing**

You may shower 24 hours after surgery. Avoid soaking in a tub until your doctor tells you that it is safe to do so. Avoid rubbing over the incision line.
Remove the outer dressing the day after your surgery. If you have white paper strips (Steri-Strips™) across your incision, do not take them off. Allow them to fall off on their own. No other dressing is needed.

Keep your incision clean and dry. Let warm soapy water run over the incision while showering to gently clean the incision.

Some bruising at the incision can be expected. If your incision is in the lower abdomen or groin, this bruising may extend into the penis/scrotum or vulva.

A firm, tender ridge will develop beneath the wound. It will disappear after several weeks to a few months.

Excessive redness, swelling, pain or drainage from the incision may be signs of an infection. Report these signs to your doctor or nurse.

You may resume your regular diet as tolerated. For the first few days, eat what was easy to digest before surgery.

Support the incision with a small pillow when coughing or sneezing. Men should wear brief-type underwear or an athletic supporter for the first few days to reduce scrotal swelling.

Pain medicine will be prescribed for you. You may need to take this medicine regularly, as directed, for the first few days after surgery. This should help control your pain and allow you to be more active.

For mild discomfort, you may take plain Tylenol® (acetaminophen). Follow dose directions, but do not take more than 4,000 mg of acetaminophen in 24 hours. This includes other medicines that you may be taking.

- Many medicines including narcotic pain medicines have acetaminophen in them. Be sure to read labels carefully or check with your pharmacist to be sure. It is important that you look at your total intake of acetaminophen. Do not take more 4,000 mg of acetaminophen in 24 hours.
- Talk with your doctor about 24-hour limits that may be proper for you. Patients who are fasting/undernourished, have diabetes, are taking isoniazid, or are frequent alcohol users may need to limit acetaminophen to just 2,000 to 3,000 mg per day – in divided doses. It is possible your doctor may tell you not to take acetaminophen at all.

Wearing loose-fitting clothes for about 1 to 2 weeks after your surgery may decrease your discomfort at the incision site.
Pain medicine can cause nausea and constipation. To help ease these effects, take pain medicine with food. Also, drink plenty of fluids along with eating fiber or bran. If constipation persists, you may take an over-the-counter stool softener such as Colace®. Take it as directed. If your bowel function does not return to normal within a week, contact your doctor. Do not strain with bowel movements.

**Special Instructions**

Don’t lift anything heavier than 10 pounds until your healthcare provider says it’s OK. Do not strain with bowel movements.

**When to Call Your Doctor**

Please call your doctor if you experience any of the following:

- Temperature over 101.5° F.
- Increased redness, swelling, pain around the incision.
- Drainage from the incision.
- Nausea, vomiting, diarrhea or constipation that persists.
- Swelling, redness or pain in your leg.
- Difficulty urinating.
- The dressing is soaked with blood or there are other signs of bleeding.

If you have any questions or concerns, please call your doctor.

**Northwestern Medicine – Health Information Resources**

For more information, contact Northwestern Memorial Hospital’s Alberto Culver Health Learning Center (HLC) at hlc@nm.org, or by calling 312.926.5465. You may also visit the HLC on the 3rd floor, Galter Pavilion at 251 E. Huron St., Chicago, IL. Health information professionals can help you find the information you need and provide you with personal support at no charge.

For more information about Northwestern Medicine, please visit our website at nm.org.