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Groin Hernia Surgery (Laparoscopic Inguinal Hernia Repair)

Your Surgery and Recovery at Home

This booklet belongs to:

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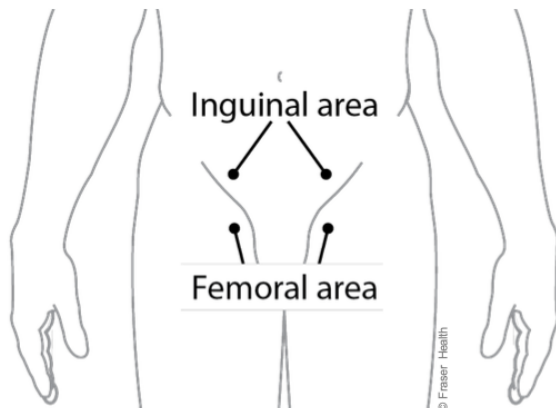
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Laparoscopic Groin Hernia Repair

Your Surgery & Recovery at Home

Anatomy & Surgery

An inguinal (direct or indirect) or femoral hernia are two groin hernia types that can be repaired with open surgery (i.e., larger cut over the groin affected) or laparoscopic surgery.



This minimally invasive option allows the surgeon to make several smaller cuts in the abdomen further from the groin. Through these incisions, the surgeon inserts a small camera and instruments to reduce the hernia and place a mesh patch, covering the inguinal and femoral spaces. Surgery takes about 1 hour.

Going Home

You should plan to be discharged home within <24hr, likely same-day or the next. You will need a ride home from the hospital.

Activity

We want you to stay active and sleep well. No heavy lifting >10lbs, impact sports, or heavy work for 6 weeks after surgery. This includes carrying children and groceries. Following activity instructions is your best way to avoid wound healing issues or hernia recurrence.

You may return to driving or work once you feel ready, usually around 1 week after surgery.

Diet

We want you consuming a regular diet and staying hydrated at home.

Constipation is common after abdominal surgery, so ensure you are drinking plenty of water, adding fibre (e.g., Metamucil®), and staying active. Avoid smoking.

Incision care

Always wash your hands before and after touching your incisions. You can usually shower 2 days after surgery. Avoid soaking your incisions and pat the area dry. No baths, hot tubs, or swimming for 4-6wks after surgery.

Top bandages can usually be removed after 5 days or if saturated, with underlying Steri-Strips remaining for up to 2wks after surgery.

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There may be bruising or swelling after your surgery in the lower abdomen, groin, and/or scrotum. To reduce swelling and help with pain, place a gel pack or ice in a cloth over your incision area for 10-20 minutes 4-6 times per day for the first two days.

Managing pain

It is normal to have some discomfort or pain. This should slowly improve but might last a few days to weeks. Your pain should still allow you to move, deep breathe, cough, and do every-day tasks.

Your surgeon will provide instructions for “multimodal analgesia,” a combination of over-the-counter (OTC) and prescription meds to optimize pain control.

After abdominal surgery, your surgeon will likely recommend starting OTC pain pills like acetaminophen (Tylenol®) and a non-steroidal anti-inflammatory medication or NSAID (e.g., ibuprofen [Advil®, Motrin®] or naproxen [Naprosyn, Aleve®]) as instructed on the bottle for the first 72hrs, then as needed. No NSAIDs if you have kidney, stomach, or heart issues.

If OTC medications aren't improving pain, add the prescription medication. This may be an opioid (narcotic) medication to be used for a short amount of time (e.g., Dilaudid, Tramadol).

No driving while taking opioids. You can also ask your pharmacist or call 8-1-1 with medication-related questions.

Call your surgeon, GP, or Health811 if:

- No urination (peeing) within 8hr of surgery
- Nausea or vomiting not improving
- Dry mouth, only passing dark urine
- Warm, red, swollen incision, or blood or pus (white/yellow/green fluid) draining from the area
- Pain not improving with pain medications, or preventing you from moving
- Redness, tenderness, or pain in your calf or lower leg
- Feeling increasingly tired or dizzy

Call 911 or go to Emergency if:

- Fever >38°C (101°F)
- Trouble breathing or shortness of breath
- Chest pain
- Sudden severe pain

Follow-up

You should see your family doctor 1-2 weeks after surgery, and your surgeon 4-6 weeks after surgery.

Your surgeon's office will call with a follow-up appointment date/time if this was not provided at your surgery.

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