

Post Surgery Rehabilitation

Below is a suggested mobilisation programme to help you recover after your laparoscopic groin hernia surgery. It is important to wear underwear that will provide good support for at least two weeks after surgery (avoid boxer shorts) and also please try to maintain a good healthy and high fibre diet to avoid becoming constipated.

Mobilisation

Days 1-5:

Gentle walking, start with 10 minutes then increasing every day, may need to continue taking pain killers(paracetamol).

Week 1

Simple stretching & an increase in movements and walking. If an emergency stop is possible with relative little pain or discomfort then driving can commence – please make sure that you are not on any strong painkillers as these may make you feel drowsy. Most patients can drive after one week (7-10days). A small pillow can be placed over your abdomen 'bellybutton' for comfort. Long distance driving may be uncomfortable for at least two weeks.

Week 2

Increase in walking further, light exercises such as gentle swimming or cycling is suggested if the wound is healed at the end of the second week.

Week 3

You should now be able to walk fully without much pain. Exercises can be increased; short distance cycling can be undertaken. Gentle running or fast walking can commence with continued stretching exercises for the hips, knees and abdominal walls. Further advice from a chartered physiotherapist can be sought if required.

Week 4

Running can be commenced. Heavy lifting can be commenced after the end of week 4. Pain in the abdominal area should be minimal.

After 3-4 weeks

Recovery should be complete.

This information is to be used only as advice. Your surgeon may inform you of any further specific advice that you may require. For any more information on your surgery or condition please contact your hospital or email me on:

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Laparoscopic Inguinal Hernia repair (TEP)

Mr Paras Jethwa
BSc(Hons) MD FRCS (Gen Surg)

You have recently undergone surgery on your groin hernia under the care of Mr Jethwa

To aid in your recovery some simple advice is laid out below with respect to wound care and importantly what you can and cannot do after your operation.

Wound Care

You will have two or three small incisions covered with a glue based dressing. This is designed to be air permeable, but also water proof.

You may also have steristrip® (3M) dressings This dressing is specially designed to not stick to your wounds but adhere only to the surrounding skin so that it can be removed without causing too much discomfort.

Please advise your surgeon or nurse if you have experienced any allergic reactions to such dressings in the past so that an alternative dressing can be used for your wounds.

All the wounds are closed using dissolvable stitches, therefore no sutures (stitches) are required to be removed unless specifically stated.

You can shower the day after your surgery, but do not rub soap into your wounds and ensure that your wounds are kept dry and clean.

You can take a bath or go swimming immediately after surgery.

The wounds may be red after a few days and swell. This is part of the normal healing process and you should continue to carefully monitor your wounds.

Your wounds should reasonably be kept dry.

Common problems with wounds

Pain

Some patients describe wound pain. Although you have undergone surgery and may experience some pain, it is important to inspect the wounds and look for other factors, which may be the cause for the pain including bleeding or redness, indicating a possible infection and a yellow coloured discharge which could also indicate a possible infection.

Redness

This can generally represent a simple irritation but if the redness continues then you should consult the hospital ward, your GP surgery or make an appointment to see Mr Jethwa in his next available clinic.

Stitch/Suture material

Sometimes suture material can be seen protruding, particularly at the ends of the wounds. This can usually occur after a few weeks when the wound is almost healed and will usually 'fall' away by itself. If the protruding suture material persists then your GP practice nurse may be able, if possible, to remove it for you or it can be removed by Mr Jethwa in his out-patient clinic.

Main post-surgery events to look out for

- 1) Seroma – This is a fluid collection at the original site of the hernia, which may later 'harden' before it disappears and cause some discomfort. Patients sometimes think the hernia is still there after surgery. It will completely resolve after 4 weeks or in some cases up to 3 months. In some circumstances the fluid can be drained off by a simple procedure, which is carried out in the outpatient clinic or in the X-ray department. If you have any concerns please contact the hospital where you had your surgery or Mr Jethwa as soon as possible.
- 2) Bruising – this is usually noticed both over the wounds, but after keyhole groin hernia surgery can also occur over the lower abdomen, groin and scrotum (in men). In men some scrotal swelling or fluid can also be noted. If bruising does occur, then you should not worry as this will settle with time.

