

## 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 of legs, knees and hips, 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 'belly-button' for comfort. Long distance driving is not advised for at least one month.

Functional rehabilitation programme can commence - Isometric hip flexors, adductors, abductors and rotators also a spinal mobilisation programme.

### Week 2

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

### Week 3

You should now be able to walk fully without much pain. Light 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 should be sought if required.

### Week 4

Early sport rehabilitation: running and some sprinting can be commenced. Heavy lifting can be commenced after the end of week 4. Pain in the abdominal and groin areas should be minimal.

### Week 5

Gentle weights and sports specific rehabilitation can be commenced. Once reassessed, return to playing sport possible.

### After 3-4 weeks

Recovery should be complete to level of 80%.

### After 5 weeks

Full return to chosen sport should also be attainable.

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 visit the following webpages.

[www.manchestergeneralsurgery.co.uk](http://www.manchestergeneralsurgery.co.uk)

[www.manchesterherniaclinic.com](http://www.manchesterherniaclinic.com)

Call us on: 0161 495 6149

# Sportsman's groin/ Inguinal disruption – Laparoscopic Inguinal Hernia repair (TEP)



Mr A J Sheen

## Before surgery

It is important to continue all the core stability exercises to improve the strength of the gluteal (buttock), rectus abdominis muscles and the adductor longus tendon prior to surgery as per your physiotherapist's advice.

You may also have already undergone corticosteroid and local anaesthetic injections in your groin area.

## Surgery

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

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 three small incisions covered with a dressing called Mepore® (Molnyncke). Mepore is designed to be air-permeable, comfortable and with reduced risk of allergic reactions. 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 (stiches) are required to be removed unless specifically stated.

A dressing is required for your wounds for at least 7 days after surgery. If any dressing is removed, becomes wet or falls off, you are advised to reapply another dressing which should remain for up to 7-10 days. You can shower after at least three days, 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 at least two weeks 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 must 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 Sheen in his next available clinic.

If either pain or redness should occur and you are not able to contact your GP surgery or the hospital where you had your operation for advice and you are sufficiently concerned, then you are advised to report to your local A&E department.

### 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 Sheen 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 out-patient clinic or in the X-ray department. If you have any concerns please contact the hospital where you had your surgery or Mr Sheen as soon as possible.

2) Bruising – this is usually noticed 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.

## Post surgery rehabilitation

You are strongly advised to closely liaise with your physiotherapist both before and after surgery. 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.