



Dr. Patrick McCrea

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Laparoscopic Ventral Hernia Repair

This is an instruction sheet for patients scheduled for a laparoscopic ventral hernia repair. Read carefully. The Queen Elizabeth Hospital operating room booking office will contact you about a date for your surgery. Please contact our office if you believe there is an error in the type of surgery that is being arranged.

You will likely meet with surgery clinic nurses at the hospital to learn more about your procedure and what to expect. You may also have investigations such as blood work, cardiogram, and x-rays prior to your surgery. Depending on your health, you may meet with an anesthesiologist or other specialists.

In advance of your surgery, you should notify your employer of anticipated absence and make sure that you have help at home if you should need it. Depending on your health and surgery you may go home the day of surgery or be admitted to the hospital. In either case, you will be discharged from the hospital when it is medically appropriate. Further recovery is best done at home.

There is a small chance that your surgery will be delayed or moved to another date to accommodate other patients with surgical emergencies. If your own condition worsens prior to surgery and you are unwell you should go to the emergency department for evaluation.

Preparing for Surgery

Lifestyle: Please try to eat a balanced diet, exercise, quit/reduce smoking, and quit/reduce alcohol. Healthy choices better prepare you and your body for surgery and decreases surgical complications. *Smoking is associated with markedly increased wound infection rates which require the removal of the mesh. Removal of an infected hernia mesh will result in a worse hernia than before surgery.*

Making Arrangements: You will have a general anaesthetic and be admitted to hospital. After 1-3 nights in you will be discharged home. Please make arrangements to have a responsible adult available to drive you home and stay with you. Your surgery will be cancelled if no arrangements are made.

Medications and Herbs: Please contact Dr. McCrea if you have had any medication changes. If you take blood thinners (*Ticlid/Ticlopidine, Pradex/Dabigatran, Coumadin/Warfarin, or Plavix/clopidogrel*), Dr. McCrea, an internist, or Hematology will instruct you how to take your medication. The following herbs cause bleeding and must be stopped 7 days in prior: *Gingko Biloba, Ginseng, Ginger, and Garlic.*

Night before and Morning of Surgery: Do not eat or drink anything after midnight the day before surgery. Do not take insulin, diabetic pills or fluid pills the morning of your surgery unless otherwise instructed. Bring your medications, in their original bottles, to the hospital on the day of surgery.

Day of Surgery: A laparoscopic hernia repair will take 1-5 hours and you will be in the recovery room for 2 hours afterwards. You will have a mesh placed during your surgery. Occasionally the surgery is changed to an open procedure for your safety.



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Post-Operative Instructions

What to Expect: Depending on the size of the hernia and complexity of surgery, you may be admitted to hospital the day of surgery. Your throat may be sore from the breathing tube. Cough drops and throat lozenges are soothing. Shoulder pain is common and this is from the carbon dioxide used in the procedure; this is absorbed by the body over 48-72 hours. You will have multiple small incisions on your abdomen some of which may be slightly sore. You should not have large bruising. You will have a mesh repair of your hernia that you may feel afterwards.

Diet: You may resume a solid diet as soon as you are hungry. Drink plenty of water and fluids like Gatorade the first few days.

Wound Care: You will have steri-strip tapes over the incisions. You may shower after 48 hours after surgery but avoid scrubbing the steri-strips and dry them afterwards. Avoid bathing or swimming for one week. The strips can come off at one week time. Call the office if you have a large swelling or there are any signs of infection such as pain, redness, or persistent drainage.

Pain Control: You will have moderate pain after surgery. You may need narcotics for pain control but this causes problems with constipation and nausea and should be avoided when possible; if you are constipated, Colace is a stool softener that can help. The best pain medications are Acetaminophen (Tylenol) and Ibuprofen (Advil). Advil should be avoided in patients with kidney disease. You should take Tylenol and Advil regularly every 6 hours for 48 hours then as needed after this.

Exercise and Activity: If you had an abdominal binder before surgery, you should bring it to the hospital to wear afterwards. With nursing help, you will progressively increase your activity of non-strenuous activities. In general, you will be ready to go home when you can get to the bathroom on your own. Avoid lifting anything heavier than 10 lbs in the first two weeks (including babies). You may progressively increase your activity level and exercise. If an activity is uncomfortable, stop it and retry 3 days later. At 6 weeks time, you should be back to your full level of activities.

Driving and Return to Work/School: You may return to modified or light work duties 7 days after your surgery. Most employers/schools will accommodate modified duties. At 6 weeks time, there are no restrictions. You can drive and operate machinery only if you are not taking narcotics and you feel comfortable reacting to an emergency.

Follow-up and Emergencies: Call the office at 902.368.7610 to make a follow-up appointment for 4 weeks after surgery. If you have any problems or questions, do not hesitate to call the office. If you feel unwell or have fever, vomiting, bleeding wound, or increasing pain then go to the emergency room.