



Dr. Patrick McCrea

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Ventral Hernia Repair

This is an instruction sheet for patients scheduled for a 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. 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 Herbals: 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 herbals cause bleeding and must be stopped 7 days in prior: *Ginkgo 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 ventral 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: You will be admitted to hospital the day of surgery. Your throat may be sore from the breathing tube. Cough drops and throat lozenges are soothing. You will have an incision on your abdomen. You will have staples on the skin. You will have a mesh repair of your hernia that you may feel afterwards.

Diet: You will be started on clear fluids the night of surgery. The next day you may not feel hungry or you may be nauseated but you will have no diet restrictions.

Wound Care: You will have staples over the incisions. You may shower after 48 hours after surgery. Avoid bathing or swimming for one week. If you have staples, they will be removed either in same-day treatment unit or by your family physician two weeks after your surgery. Call the office if 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 7-14 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.