

MARC MANDEL, M.D., F.A.C.S.

GENERAL AND ONCOLOGIC SURGERY OF THE BREAST AND ABDOMEN

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Post-Operative Care Instructions for Umbilical and Ventral Hernia repair

Congratulations! You have just had your ventral/umbilical hernia repaired. Please follow my instructions to help minimize pain and length of recovery after your repair. Call the office as soon as possible for a post-operative appointment.

WOUND CARE:

- Please note that you have a clear plastic dressing over your wound. This dressing is waterproof but allows air to get to the wound to facilitate healing. You may also have skin glue as your dressing, in which case the instructions are still somewhat similar.
- You may notice some blood underneath the dressing. This is quite common and, unless it is a large amount, is not cause for concern. If there is a bubble of blood under the plastic dressing, I would advise making a tiny opening with the tip of scissors or a pin and gently squeeze the blood out into a gauze pad or tissue. I would then just continue to allow the dressing to stay intact. If the blood is leaking: out from under the dressing, I would recommend getting some sterile gauze and tape and placing it over the dressing for the first twenty-four to forty-eight hours until the leakage of blood stops. I would still not recommend removing the dressing. If you feel you need to remove the dressing, please call the office.
- If you have an umbilical hernia repair, the sutures are not visible and are self-absorbing. You may see gauze between the dressing and the incision, and this may become stained with blood. Again, that is nothing to worry about.
- If you have a large ventral hernia, you may notice clips under the dressing. I will remove these anywhere between the seventh to fourteenth day post-operatively, depending on your particular condition.
- Starting: around the second or third day, you may begin to notice blood under the skin or a "black-and-blue mark." Again, this is not a cause for concern and it will all be re-absorbed over a period of a week or two.
- You may also notice swelling in the area of the wound and this generally begins to appear on the second or third day and peaks around the fifth day. It may actually appear as if your hernia has returned. This, often times, is just some fluid under the wound which could be resorbed on its own or which I may remove at your first visit with a needle. Again, it is nothing to worry about and is quite common. The lump should go away over a period of two or three weeks.
- You may have been sent home with a Jackson-Pratt drain. for which I will give you separate instructions.

PAIN CONTROL:

- Your wound was injected with a long-acting local anesthetic prior to starting the procedure. This wears off in anywhere from four to eight hours. It is important that you start taking your pain medication before this medication wears off. It is much easier to prevent pain from occurring than it is to stop it once it has occurred. Keep this in mind when taking your oral medication as well. You will be given two kinds of pain medications in the recovery room. One is an anti-inflammatory type medications and the other is a narcotic. When you go home, you will be given the same two medications. You should take the anti-inflammatory medication on a continual basis for one to two weeks. You should not wait for pain to begin to occur, but should take it according to the clock. The narcotics

should be taken on an as-needed basis. Many patients find that after two or three days the narcotic is no longer necessary and that the pain can be handled with the anti-inflammatory medications alone.

- For the first two days, ice is important in keeping the swelling down and reducing pain. You may use an ice pack that does not get the wound wet. Ice should be applied twenty minutes on and twenty minutes off. The ice should not be in contact with the skin directly for more than twenty minutes, as it can cause frostbite. Ice is only effective for the first forty-eight hours. Following the first forty-eight hours, a heating pad can be used and, again, for only short periods of time, ten or fifteen minutes, as not to burn the skin.
- You may have pain on and off for three to six months as you heal and resume full activities.

ACTIVITY:

- For the first two days, only walking is permitted. You may climb stairs as necessary and this will not bring harm to the repair, however, it may cause excessive soreness. Following the first two days, you may begin walking or climbing stairs more. You may lift light objects, however, heavy lifting is not permitted for the first three to four weeks. After three to four weeks, you may begin light exercise. If you have a work out regime, I would recommend using 25% to 50% of the weight you have been using pre-operatively. You should target six weeks at a time when you are lifting 75% of that weight, and eight weeks when you are back to full-strength. It is unlikely that straining will cause the hernia to return, however, it may lead to prolonged pain. Remember, being a little patient will allow the wound to become more comfortable more quickly.
- You may engage in sexual activity after forty-eight hours. Obviously adjustments may need to be made for comfort.
- You may shower starting on post-operative day one, unless otherwise instructed. You may not bathe for one week. I do not want the wound to be soaked. You may, however, stand with your back to the shower and let water gently run over the waterproof dressing.

DIET:

- Water is your friend: You should drink approximately eight glasses of water a day. This will make you feel better and keep your bowel movements nice and soft.
- You may eat anything you want. I would suggest staying away from foods that make you gassy or bloated, or foods which tend to constipate you, such as rice and potatoes. I would also stay away from greasy or fatty foods, which may tend to nauseate you, for the first twenty-four to forty-eight hours.

BOWEL MOVEMENTS:

- Pre-operatively a stool regime was recommended to you. I would continue that stool-softening regime for the first one to two weeks. You may stop taking the mineral oil after one week. I would continue the Metamucil for the second week, and you may continue that indefinitely.
- If you have not moved your bowels in forty-eight to seventy-two hours after surgery, I recommend taking 45cc of Milk of Magnesia, either in the morning or prior to bed. Remember, it takes eight hours for the Milk of Magnesia to work, so you do not want to take it so that the time sequence would fall in the middle of the night. When you strain to move your bowels, press firmly against the incision. This will alleviate some of the pain, which comes with pushing out bowel movements.

YOU SHOULD CALL ME IF ANY OF THE FOLLOWING OCCUR:

1. Persistent diarrhea or vomiting.
2. Temperature greater than 101 for more than 24-hours.
3. Excessive bleeding, beyond that which was described in the first section.
4. No bowel movement 24-hours after taking Milk of Magnesia.
5. If your pain is increasing steadily over a period of several days rather than slowly decreasing, I would recommend that you give me a call

that you give me a call.

IF YOU BELIEVE THAT YOU ARE HAVING A HEART ATTACK OR OTHER EMERGENCY PROBLEM, PLEASE CALL 9-1-1 FIRST TO HAVE AN AMBULANCE BRING YOU TO THE HOSPITAL, THEN CONTACT THE OFFICE TO LET ME KNOW WHAT IS GOING ON.

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