

Hernia (Epigastric) - Adult Day Case

Your Epigastric Hernia Operation - Some Information

These notes give a guide to your operation. They tell you about getting ready at home, getting to hospital, and what it will be like in hospital. They will tell you what it will be like afterwards and how to look after yourself. They do not cover everything. If you have any queries please ask.

What is a Hernia?

A hernia (**her**-near) is a bulge or weakness in the muscles which form the front of the body wall. In your case the hernia is in the gristle between your breastbone and your tummy button. This is called the epigastrium (eppy - **gas** - tree - um).

Sometimes there are more than one.

It is usually caused by the body wall being weak from birth. Sometimes the body wall weakens with the passing of time. Sometimes the body is overstrained by coughing, heavy work or sport etc.

Hernias are very common and are easily treated. If left untreated they get bigger, cause pain and can cause a blockage in the bowel.

What does the operation consist of?

A cut is made into the skin overlying the hernia. The bulge is pushed back or is cut off. The weak part is mended and strengthened, usually with nylon stitches. The cut in the skin is then closed up.

We can do your operation as a day case. This means that you come into hospital on the day of the operation and go home the same day.

We can do this because of new ways of doing the operation, better anaesthetics and new ways of pain relief. It will save you 2 nights or so in hospital.

Are there any alternatives?

Simply waiting and seeing if you have more trouble is not a good idea. The hernia will always get worse.

A support or a belt may be useful if the hernia is very big.

It is a good idea if you do not like the idea of an operation, or if you are not fit enough for one.

Sometimes, if the hernia is big, we need to stitch in place a special patch to make a good repair.

Keyhole operations for hernia repair are experimental. It will be 5-10 years before we will know if this is a good way.

What to do before coming to hospital

Check you have a relative or friend who can come with you to hospital, take you home, and look after you for the first 3 days after the operation.

You only need normal home care, not hospital care.

Check your friend can drive or take you home in a taxi.

Check you have a telephone at home.

Have nothing to eat or drink from midnight before the operation. This means not even a sip of a drink. Your stomach needs to be empty for a safe anaesthetic. However, you can take your normal tablets and medicines.

Getting to hospital

Come with your relative or friend so that they will know the way when to coming to collect you after the operation. Also the ward staff can go over the pick-up time and any other details.

What happens before the operation?

Welcome to the ward

You will be welcomed to the ward by the nurses or the receptionist. You will have your details checked. You will be shown to your bed and will be asked to change into a cotton gown.

You will have some basic tests done, such as pulse, temperature, and blood pressure.

You will be asked to hand in any medicines or drugs you may be taking, so that your drug treatment in hospital will be correct.

Please tell the nurses of any allergies to drugs or dressings.

Visits by the surgical team

You will be seen first by the House Surgeon, who will interview and examine you. He, or she, will check all your special tests such blood samples are in order. The operation will be explained to you. You will be asked to sign your consent for the operation. If you are not clear about any part of the operation, ask for more details from the doctors or from the nurses. They are never too busy to do this.

You will have the operation site marked on you with a skin pencil.

You will be seen by the surgeon who will be doing the operation. He will check that all the necessary preparations have been made.

Visits by the anaesthetic team

One or more anaesthetists who will be giving your anaesthetic will interview and examine you. They will be especially interested in chest troubles, dental treatment and any previous anaesthetics you have had, plus any anaesthetic problems in the family.

Usually we give a general anaesthetic so that you will be asleep. Sometimes it is better just to freeze the skin with injections. The anaesthetist will talk to you about this.

The Periods

The periods do not affect the operation.

Shaving

You will be shaved to remove excess hair.

Timing of the operation

The timing of your operation is usually arranged the day before. The nurses will tell you when to expect to go to the operating theatre. Do not be surprised, however, if there are changes to the exact timing.

Premedication

You may be given a sedative injection or tablets about 1 hour before the operation.

Transfer to theatre

You will be taken on a trolley to the operating suite by a ward nurse and a theatre porter. You will be wearing a cotton gown. Wedding rings will be fastened with tape. Removable dentures will be left on the ward. There will be several checks on your details on the way to the anaesthetic room where your anaesthetic will begin.

If you are having a local anaesthetic

This means you will be awake during the operation. There will be a nurse to talk to all the time. You will be lying on the operating table.

We put several cuffs and pads on your chest, arms, fingers and leg. This helps check such things as your pulse and blood pressure during the operation.

We clean the skin round your groin with an antiseptic which is rather cold. Then we cover your trunk and legs with sterile green sheets. We then inject local anaesthetic liquid into the skin of your groin to make it numb. This stings a bit, but soon passes off.

Then we do the operation. If you feel anything, we can give you more anaesthetic. The operation takes about 40 minutes.

You can talk to us during this time, but you will not be able to see any of the operation.

If you are having a general anaesthetic

You will have an injection into an arm or hand vein, and will go off to sleep.

What happens after the operation?

After the operation, you go on a trolley to the recovery ward for a few minutes. Then you go by trolley back to the main ward.

Coming round after a general anaesthetic

Although you will be conscious a minute or two after the operation ends, you are unlikely to remember anything until you are back in your bed on the ward. Some patients feel a bit sick for up to 24 hours after operation, but this passes off. You will be given some treatment for sickness if necessary.

You may be given oxygen from a face mask for a few hours if you have had chest problems in the past.

Warning after a General Anaesthetic

The drugs we give for a general anaesthetic will make you clumsy, slow and forgetful for about 24 hours. This happens even if you feel quite alright.

For 24 hours after your general anaesthetic:

- Do not make any important decisions.
- Do not drive.
- Do not use machinery at work or at home.
(e.g. do not boil a kettle).

Will it hurt?

Every patient has local anaesthetic injected into the wound, even if you have a general anaesthetic for the operation.

Usually the wound is pain-free. There may be some discomfort on moving. Tablets of CoCodamol should easily control this discomfort. If not, we can give painkilling injections.

Ask for more if the pain is still unpleasant.

Leaving the ward

After an hour or two on the ward, you should feel fit enough to go home.

Before you go, we do the following:

Check the wound is comfortable

Check the wound is not bleeding

Check there is no swelling

Change the dressing

Give you 2 spare dressings

Give you painkiller tablets to take home. You can take 2 at a time every 6 hours as needed

Give you a note to be given to your General Practitioner

Give you a work certificate, sick note, etc.

Check you have the ward telephone number

Day Procedure Unit,
Causeway Hospital,
4 Newbridge Road,
Coleraine.
BT52 1HS

Tel 7032 7032 Ext 5102

NB. If you do not feel like going home, we can easily arrange for you to stay in hospital.

Getting home

Make sure you are going home by car with your relative or friend.

What about informing my relatives and contacts?

With your permission, the nurses and doctors will keep your relatives and contacts up to date with your progress.

At home

Go to bed

Take 2 CoCodamol tablets every 6 hours to control any pain.

Next morning

You should be able to get out of bed quite easily despite some discomfort. You will not do the wound any harm. The exercise is good for you.

Phone us up in the Day Ward during the morning to let us know how you are getting on.

The second day after the operation, you should be able to spend most of your time out of bed in reasonable comfort. You should be able to walk 50 yards slowly.

By the end of a week the wound should be nearly pain-free.

Drinking and eating

You will be able to drink within an hour or two of the operation provided you are not feeling sick.

The next day you should be able to manage small helpings of normal food.

Opening bowels

It is quite normal for the bowels not to open for a day or so after operation.

If you have not opened your bowels after two days and you feel uncomfortable, take a laxative such as senna.

Passing urine

It is important that you pass urine and empty your bladder within 6-12 hours of the operation. If you have difficulty, take 2 CoCodamol tablets and have a warm bath.

If you are still in trouble, phone our ward.

Sleeping

Take painkillers rather than sleeping pills to help you to sleep. If you normally take sleeping pills, you can take them as well as the painkiller.

The wound and stitches

The wound has a dressing which may show some staining with old blood after 24 hours. Take this dressing off. Put a clean one in its place.

You can leave the wound without dressings after 5 days or so, when it is comfortable.

There are no stitches in the skin. The wound is held together underneath the skin and does not need further attention.

There may be some purple bruising around the wound which spreads downward by gravity and fades to a yellow colour after 2 to 3 days. It is not important.

There may be some swelling of the surrounding skin which also improves in 2 to 3 days.

After 7 to 10 days, slight crusts on the wound will fall off. The cellulose varnish will peel off and can be assisted with nail varnish remover.

Occasionally minor matchhead sized blebs form on the wound line. These settle down after discharging a blob of yellow fluid for a day or so.

Washing

You can wash the wound area as soon as the dressing has been removed. Soap and warm tap water are entirely adequate. Salted water is not necessary. You can shower or take a bath as often as you want.

General recovery

You are likely to feel very tired and need rests 2 to 3 times a day for a week or more. You will gradually improve. By the time a month has passed you will be able to return completely to your usual level of activity.

Lifting

At first discomfort in the wound will prevent you from harming yourself by too heavy lifting. After one month you can lift whatever you like. There is no value in trying to speed the recovery of the wound by special exercises before the month is out.

Driving

You can drive as soon as you can make an emergency stop without discomfort in the wound, i.e. after about 10 days.

What about sex?

You can restart sexual relations within a week or two, when the wound is comfortable enough. Remember that the hernia operation is not a sterilisation procedure.

Work

You should be able to return to a light job after about 2 weeks, and any heavy job within 4 weeks.

What if anything goes wrong?

Complications are rare and seldom serious.

If you think that all is not well, please phone the ward. We can advise and help 24 hours a day.

Bruising and swelling may be troublesome, particularly if the hernia was large. The swelling may take 4 to 6 weeks to settle down.

Infection is a rare problem and settles down with antibiotics in a week or two.

Aches and twinges may be felt in the wound for up to 6 months.

Occasionally there are numb patches in the skin around the wound which get better after 2 to 3 months.

The risk of a recurrence of the hernia is about 1 in 100.

Things to look out for in the first 24 hours

Bleeding from the wound is the most important thing to look out for.

A little blood staining of the dressing is normal.

If bleeding continues after changing the dressing twice, phone the ward.

If you cannot get through to the ward, come straight away to the Casualty Department of the hospital.

The bleeding is not life-threatening, but is a nuisance if allowed to continue.

Bleeding can also show up as a painful swelling under the skin. Phone us up about this.

Things to look out for in the first week

If the wound gets painful, reddened, and swollen, there may be some infection. Phone your General Practitioner.

If you are not happy about your progress, phone the ward.

General advice

The operation should not be underestimated, but practically all patients are back to their normal duties within one month.

Have you any comments?

We welcome your comments and suggestions covering your illness, your treatment in hospital, and your recovery. Please write below any points you would like to make. If you prefer, you need not give your name.

Full name:

Hospital:

Ward:

Date of stay in hospital:

Operation:

Out patients department:

Your admission arrangements:

Your welcome on the ward:

Nursing staff:

General ward atmosphere:

Medical staff:

Ward orderlies:

Portering staff:

X-ray staff:

ECG staff:

Did you know who was who?:

Bedding:

Food and drink:

Privacy:

Locker space:

Toilets:

Bathrooms:

Other patients:

Noise:

Information:

Telephone/TV/radio/newspapers:

Timing of operation:

Preparations for your operation:

Going into the theatre:

In the operating theatre:

In the recovery room:

Coming back from theatre:

Intensive Care ward:

Recovery on the ward:

Pain control:

Sleeping:

Wound dressings:

Stitches, clips:

Progress reports:

Visiting hours:

Rest room:

Tablets, medicines, injections:

Going-home arrangements:

Out-patient follow up:

Anything else?

Continue comments overleaf if you wish.

Please send this questionnaire to Mr M G Brown, MD FRCS Consultant General & Vascular Surgeon, Surgical Unit, Causeway Hospital, 4 Newbridge Road, Coleraine. BT52 1HS