

INGUINAL HERNIA REPAIR

OVERVIEW

This pathway has been developed in an effort to streamline the episode of care for your Inguinal Hernia Repair, and is intended as a guide only.

Each patient is an individual and responses may vary. Sometimes you may need to initiate treatment by advising nursing staff of your additional needs, such as more rest, sleep or extra pain relief.

DAY OF SURGERY

Admission

- On arrival to hospital, you will be admitted to the Day Procedure Unit.
- Your temperature, pulse and blood pressure will be taken and you will be weighed.
- Your surgeon may visit and your anaesthetist will also see you to discuss the type of anaesthetic you are going to receive.

Please discuss any concerns you have with any of the health professionals that you see pre-operatively.

Observations

- After surgery, you will be closely monitored in the recovery room.
- A nurse will continue to monitor your observations frequently and then less often as you recover.
- If you are a diabetic, your blood sugar will be monitored.

Hydration / nutrition

- After surgery, you will have an intravenous drip in your arm for the replacement of fluids.
- You may experience nausea as a result of the anaesthetic, but medication can be given to help relieve this.
- You will be allowed to have ice and then progress to fluids and a light diet (as directed by your surgeon) and as you feel up to it.

Medications / pain management

- You may require one or two injections for pain relief initially, and then oral pain relief will probably suffice.
- Your normal medications will be recommenced when you are able to eat, unless otherwise ordered by your doctor.
- Please let your nurse know if your pain is unacceptable so that drug doses can be adjusted accordingly.

Hygiene / eliminations

- Remain in bed with the buzzer within reach and the bed rails up until you are alert.
- Make sure you have a nurse with you when you get out of bed for the first time after surgery, to use the bathroom.

Mobility / safety

After surgery, it is very important that you practice deep breathing, coughing and limb movements every hour, while you are awake. This will help to prevent complications post-operatively, such as deep vein thrombosis or a chest infection.

Wound

Your wound will consist of an incision near your groin about 4-6cms long, with a dressing on it.

Rest and sleep

Initially post-operatively, your nurse will need to interrupt your rest frequently to care for you. The interruptions will become less frequent as you recover.

DAY ONE (until discharge)

Observations

- Your observations will continue to be recorded until you are discharged, but less often each day.
- If you are a diabetic, your blood sugar levels will also continue to be monitored.

Medication / pain management

- Oral pain relief and your routine medications may be given. It is important to have your level of pain under control so that you are able to move more freely.
- Please tell your nurse if you require more analgesia.

Mobility / safety

- It is important that you continue to do your deep breathing, coughing and limb movements every hour, while you are awake, for the whole of your stay in hospital.
- Please sit out of bed for meals and take short walks around the ward once your bladder washout is removed.
- Avoid heavy or strenuous lifting, pushing or straining until your follow up appointment with your surgeon.



DISCHARGE

- A follow up appointment with your doctor and prescriptions for medications will be organised on your behalf.
- Remember to ask for your xrays and own medications to take home with you.
- Further information on your continued recovery at home will be given along with contact details in the event of complications.

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