

DR. LIU HENNESSEY'S POST-OP CARE INSTRUCTIONS & RECOMMENDATIONS

After discharge from the hospital, please contact our office to book your post-op follow-up appointment for 4-6 weeks. Please indicate your full name and the procedure performed when contacting the office.

Bleeding/Discharge: A small amount of bleeding/discharge from the incision(s) is normal for 1-2 days. If increased bleeding occurs, apply firm steady pressure with one finger over the area for 10-15 minutes. Clear/pink discharge from the incisions is normal.

Swelling: To reduce swelling & pain, apply cold compress over the dressing for 10-20 minutes every hour (as needed). **DO NOT** put ice/ice packs in direct contact with the skin, it must be covered with a clean towel or pillowcase.

Showering: Keep the area dry for 2 days. The outside dressing may be removed after the first shower and leave STERI-STRIP™s on. When showering, let water run down, then gently pat the area dry with a towel, **DO NOT RUB OR SCRUB**. Remove STERI-STRIP™s after 7 days if they have not fallen off yet by themselves. **DO NOT** bath/swim/soak the incisions until confirmed by Dr. Liu Hennessey.

Pain Management: Take over the counter Acetaminophen (Tylenol®) according to box instructions to start. If Dr. Liu Hennessey prescribed Meloxicam (6 tablets)**, you may take this in addition to Acetaminophen. Otherwise, you may take over the counter Ibuprofen (Advil®) in addition to Acetaminophen. Take opioid pain medication (Tramadol or Hydromorphone)## as prescribed by Dr. Liu Hennessey **ONLY** if your pain is not well controlled. **DO NOT** drink alcohol when taking prescription pain medications. Keep in mind that relaxing, using a heating pad, reading or watching TV to take the mind off, or going for a gentle walk will all help with pain.

Note about Meloxicam: take with food. **DO NOT take other NSAID medications [Ibuprofen (Advil®/Motrin®); Naproxen (Aleve®/Naprosyn®); Celecoxib (Celebrex®)] while taking this medication.

##Opioid medications can cause drowsiness & constipation. Add an over-the-counter mild stool softener like RestoraLAX®.

Diet: Start slow. Focus on fluids and slowly increase to a regular diet if not experiencing nausea or vomiting. For example, soups, smoothies, congee, very soft noodles, eggs, smooth nut butter, and fish are good options. Focus on drinking plenty of fluids and protein intake. Remember the anesthetic can cause some nausea/vomiting for 1-2 days which is to be expected.

Activities/Limitations: Walking is encouraged after surgery. Avoid lifting anything heavier than 10lb (e.g. heavy grocery bags, children, heavy briefcase/backpack, cat litter, dog food bags, vacuum cleaner, etc.) for at least 2 weeks. If you had a hernia operation, avoid lifting for 4 weeks. Avoid strenuous activities and contact sports for 4 weeks. You may drive when you are no longer taking prescription pain meds and can comfortably turn your neck for shoulder checks. Time to return to work depends on the nature of your job, as well as your general health & recovery. Discuss this with Dr. Liu Hennessey or contact our office for more details.

Medications: All routine medications may be resumed the day after surgery unless Dr. Liu Hennessey provides specific instructions. If you take **blood thinners** [Warfarin (Coumadin®), Clopidogrel (Plavix®), Acetylsalicylic Acid (Aspirin®), Rivaroxaban (Xarelto®), etc.] be sure to talk to Dr. Liu Hennessey first about when you can resume them after surgery.

If Dr. Liu Hennessey prescribed antibiotic treatment, take the medication as directed on the label and **TAKE THE FULL COURSE**. Do not stop taking them just because you feel better, otherwise some bacteria may remain viable and develop resistance to the antibiotic.

*****Notify our office or go to the Emergency Department if any of the following occurs:**

- Fever with a temperature over 38.5°C or 102°F
- Continued nausea and vomiting
- Worsening abdominal pain despite prescription pain medication
- Unable to pass urine after more than 8-10 hours
- Pain, aching, or redness in your calves, and/or swelling of the leg
- Increasing redness around the incision, notable change in the type of drainage from clear to pus-like (yellow/green, with foul smell)



SEE REVERSE SIDE

Open Hernia Repair (e.g. Inguinal/Femoral/Umbilical)

Remove the top layer of dressing (usually square/rectangular) in 2 days after showering. Let the Steri-Strips (thin tapes) on your incision fall off naturally. If they haven't fallen off in 1 week, you may remove them. There is no need to replace them. If there is any drainage, apply clean gauze dressing which can be purchased at any drugstore. Normally, all stitches used are dissolvable and there is no need for removal. If you have non-dissolvable stitches/staples, you will be instructed as to when and who will remove them. To reduce swelling & pain, apply cold compress over the dressing for 10-20 minutes every hour (as needed). **DO NOT** put ice/ice packs in direct contact with the skin. **Avoid lifting anything heavier than 10lb for 4 weeks.**

- Local anesthetic (freezing) injected around the incision may cause *some unexpected weakness in your leg* on the side of the surgery. This will resolve within 4-8 hours.

Laparoscopic/Minimally Invasive Hernia Repair (e.g. Inguinal/Umbilical/Ventral)

Remove the top layer of dressing (usually square/rectangular) in 2 days after showering. Let the Steri-Strips (thin tapes) on your incision fall off naturally. If they haven't fallen off in 1 week, you may remove them. There is no need to replace them. If there is any drainage, apply clean gauze dressing which can be purchased at any drugstore. Normally, all stitches used are dissolvable and there is no need for removal. If you have non-dissolvable stitches/staples, you will be instructed as to when and who will remove them. To reduce swelling & pain, apply cold compress over the dressing for 10-20 minutes every hour (as needed). **DO NOT** put ice/ice packs in direct contact with the skin. **Avoid lifting anything heavier than 10lb for 4 weeks.**

- There can be a lot of *bruising* ("black and blue") in the groin (scrotum if you are male) and even down to the thigh. This is normal after this surgery and will resolve within 1-2 weeks. Wearing tight underwear (e.g. shapewear or Jockey shorts) or an athletic supporter (e.g. Jockstrap) can help. Applying a covered ice pack to the groin/scrotum also helps reduce swelling and bruising if it occurs.
- There may be "*crackling*" noise around the groin area from the remaining CO2 gas, this is normal and will resolve in 2-3 days.
- You may feel pain in your shoulders for 1-2 days. This is due to some remnant CO2 in the abdomen and is normal.
- You might have some trouble urinating, try to relax & have patience. **DO NOT PUSH OR STRAIN.**

Other Laparoscopic/Minimally Invasive Surgical Procedures (e.g. MIS Appendectomy/MIS Cholecystectomy)

Remove the top layer of dressing (usually square/rectangular) in 2 days after showering. Let the Steri-Strips (thin tapes) on your incision fall off naturally. If they haven't fallen off in 1 week, you may remove them. There is no need to replace them. If there is any drainage, apply clean gauze dressing which can be purchased at any drugstore. Normally, all stitches used are dissolvable and there is no need for removal. If you have non-dissolvable stitches/staples, you will be instructed as to when and who will remove them. To reduce swelling & pain, apply cold compress over the dressing for 10-20 minutes every hour (as needed). **DO NOT** put ice/ice packs in direct contact with the skin, must be covered with a clean towel or pillowcase. **Avoid lifting anything heavier than 10lb for 2 weeks.**

- You may feel pain in your shoulders for 1-2 days. This is due to some remnant CO2 in the abdomen and is normal.
- If you notice the whites of your eyes turning yellow (*jaundice*) after gallbladder surgery, go to the emergency room right away

Hemorrhoidectomy/Fistulotomy and other Anorectal Procedures

Your anal area will be sore/painful/itchy for 2-4 weeks. It is common to have some light bleeding & clear/yellow discharge from your anus especially when you have bowel movements for the next 1-2 months. Using Acetaminophen (Tylenol®) and opioid pain medication as needed. **AVOID** Ibuprofen (Advil®, Motrin®) or Naproxen (Aleve®) as these medications can increase bleeding.

- "Sitz baths" are an excellent way to relieve anal pain. Sit in 8-10 cm of warm water in the bathtub for 15-20 minutes 3 times a day and after each bowel movement. Pat the area dry afterwards, **DO NOT** rub. Using moistened disposable baby wipes instead of toilet paper may also help with some discomfort.
- **AVOID** sitting on the toilet for long periods of time and **DO NOT** push or strain. Use a stool softener like RestoraLAX® or mild laxative for 2 weeks to ensure bowel movements are very soft to slightly watery in order to minimize straining. You can try elevating your feet on a small supportive step stool when sitting on the toilet. The squatting position is ideal for easier bowel movements. Ensure you are walking lots daily as this can help with regularity of bowel movements.