

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

After discharge, please contact our office to book your post-op follow-up appointment for 4-6 weeks after surgery. Please indicate your full name and the procedure performed when contacting the office. Email is best: [clinic@hnsy.ca](mailto:clinic@hnsy.ca)

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

- Fever with a temperature over 38.5°C or 102F
- Continued nausea and vomiting after 2 days
- Worsening abdominal pain despite prescription pain medication
- Unable to pass urine after more than 6 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)

### **Wound Care and Showering**

- Keep the area dry for 2 days and you may shower on day 2 after surgery. The outside dressing (usually white rectangle) may be removed after the shower.
- There are Steri-Strip™s on the skin and you may continue to shower with these on. When showering, let water run down, then gently pat the area dry with a towel. **DO NOT** rub or scrub.
- Steri-Strip™s usually fall off by day 7 on their own, if not, they may be removed then. No need to replace them.
- Clear/pink discharge from the incisions is normal. Apply a clean gauze or a Bandaid™.
- **DO NOT** bath/swim/soak the incisions until cleared by Dr. Liu Hennessey.
- A small amount of bleeding from the incision(s) is normal for 1-2 days. If significant bleeding occurs, apply firm pressure with one finger right on the incision for 10 minutes.
- To reduce swelling & pain, apply cold compress over the dressing for 10-20 minutes every hour (as needed). **DO NOT** put ice packs in direct contact with the skin, it must be covered with a clean towel or pillowcase.

### **Pain Management**

- You may feel pain in your shoulders for 1-2 days. This is from remnant CO2 from surgery and is normal.
- Take over-the-counter Acetaminophen (Tylenol®) according to box instructions to start (up to 4000mg a day).
- Meloxicam (6 tablets) is an anti-inflammatory pain medication (NSAID). If you were prescribed this, you may take it in addition to Acetaminophen. Take it with food. **DO NOT** take other anti-inflammatory medications like Ibuprofen (Advil®/Motrin®); Naproxen (Aleve®/Naprosyn®); Celecoxib (Celebrex®) while taking this medication.
- If you did not receive a prescription for, or if your insurance does not cover Meloxicam, you may take over-the-counter anti-inflammatory medication (Ibuprofen or Naproxen) in addition to Acetaminophen. **DO NOT** take these if you are allergic, have kidney problems, or stomach ulcers.
- Tramadol and Hydromorphone are opioid (narcotic) pain medications. Take them as prescribed **ONLY** if your pain is not well controlled with the combination of Acetaminophen and anti-inflammatory medications. **You do not need to fill this prescription if your pain is already controlled.** Opioid medications can cause drowsiness & constipation. Add an over-the-counter stool softener like Polyethelene Glycol (PEG3350, RestoraLAX®).
- **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.

### **Diet**

- There are no restrictions, just **start slow**. Focus on fluids and slowly increase to a regular diet if not experiencing nausea or vomiting. Start with soups, smoothies, congee, very soft noodles, eggs, smooth nut butter, etc.
- The anesthetic can cause some nausea and even vomiting for 1-2 days, there is no need for alarm.

### Activities and Limitations

- There are no specific activity limitations. **Let pain be your guide**—if any activity leads to pain at any point, then stop doing that activity and try again in a few days. As a rough guide, avoid lifting anything heavier than 10kg (e.g. heavy groceries, children, heavy briefcase/backpack, pets, pet supplies, vacuum, etc.) for 1-2 weeks.
- **Walking:** begin as soon as possible as it aids recovery.
- **Driving:** permitted once no longer taking prescription pain meds, and you can comfortably turn your neck for shoulder checks.
- **Return to work:** desk job – may return in 1-2 weeks; manual/heavy lifting work – may return in 4-6 weeks.

### Medications

- All routine medications may be resumed the day after surgery unless Dr. Liu Hennessey indicated differently.
- **Antibiotics:** If you were prescribed an antibiotic, TAKE THE FULL COURSE as directed. Do not stop taking them just because you feel better, otherwise some bacteria may remain viable and develop resistance.
- **Blood thinners** [Warfarin (Coumadin<sup>®</sup>), Clopidogrel (Plavix<sup>®</sup>), Acetylsalicylic Acid (Aspirin<sup>®</sup>), Rivaroxaban (Xarelto<sup>®</sup>), etc.]: be sure to talk to Dr. Liu Hennessey first about when you can resume them after surgery.

### Surgery-Specific Notes

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

- There can be some significant bruising (“black and blue”) around the incision. This is normal and will resolve in 1-2 weeks. Using ice can minimize swelling.
- After groin hernia surgery, 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/Ventral)*

- After groin hernia surgery, 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 and will resolve within 1-2 weeks. Wear tight underwear (e.g. shapewear or Jockey shorts), an athletic supporter (e.g. Jockstrap), or a hernia belt that you had before surgery.
- There may be “*crackling*” around the groin for 1-2 days. This is from trapped CO2 gas from surgery and is completely normal.
- You may feel pain in your shoulders for 1-2 days. This is also from remnant CO2 from surgery and is normal.
- If you have trouble urinating, try to relax & have patience. **DO NOT PUSH OR STRAIN.** If you cannot urinate for more than 6 hours, **go to the emergency room right away.**

#### *Other Laparoscopic/Minimally Invasive Surgical Procedures (e.g. Appendix/Gallbladder Removal)*

- You may feel pain in your shoulders for 1-2 days. This is from 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.**

#### *Complex Hernia Repair/Major Abdominal Wall Reconstruction*

- You would have woken up with an abdominal binder from surgery. Keep this on at all times other than showering for 4 weeks to minimize fluid build-up. You may wear your own abdominal binder from prior to surgery if you have one and if this provides more support than the one from hospital.
- You should avoid lifting anything heavier than 10kg (e.g. heavy groceries, children, heavy briefcase/backpack, pets, pet supplies, vacuum, etc.) for **4 weeks**. Continue walking and deep breathing as much as possible to minimize the risk of blood clots.
- It is safe to engage in any activity after 4 weeks, just **start slow** and let pain be your guide!
- You will likely experience some “twinges” of pain with certain body movements up to **6 months** after surgery.
- There may be some unevenness (“lumps and bumps”) under the skin where the hernia used to be. This is normal and will resolve over the course of 2-3 months.

*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. Use pain medication as needed. **AVOID** Ibuprofen (Advil<sup>®</sup>, Motrin<sup>®</sup>) or Naproxen (Aleve<sup>®</sup>) as these medications can increase bleeding.
- **“Sitz baths”**: 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<sup>®</sup> 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.