

## **Hernia (Epigastric) - Adult Not 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.

#### **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 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 your nightwear. You will have some basic tests done, such as pulse, temperature, blood pressure and urine examination.

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 arrange some special tests such as x-rays and blood samples. 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.

### **Shaving**

You will be shaved before the operation to prevent hairs affecting the operation.

### **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.

### **Visit by the physiotherapist**

The physiotherapist will show you how to keep your chest clear after the operation and how to keep moving about. You should not smoke.

### **Diet**

You will have your usual diet until 6-12 hours before the operation. Then you will be asked to take nothing by mouth. This will let your stomach empty to prevent vomiting during your operation.

### **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 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. You will go to sleep.

### **The operation is then performed.**

## **What happens after the operation?**

### **Coming round after the 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?**

There is some discomfort on moving rather than severe pain. You will be given injections or tablets to control this as required. Ask for more if the pain is still unpleasant.

You will be expected to get out of bed the day after operation despite the discomfort. You will not do the wound any harm, and the exercise is very helpful for you.

The second day after the operation you should be able to walk 50 yards slowly.

By the end of one week the wound should be virtually 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 2 days and you feel uncomfortable, you can take a single laxative such as liquid paraffin.

### **Passing urine**

It is important that you pass urine and empty your bladder within 6-12 hours of the operation. If you find using a bed pan or a bottle difficult, the nurses will assist you to a commode or the toilet.

If you still cannot pass urine let the nurses know and steps will be taken to correct the problem.

### **Sleeping**

You will be offered painkillers rather than sleeping pills to help you to sleep. If you cannot sleep despite the painkillers please let the nurses know.

### **Physiotherapy**

The physiotherapist will check that you are clearing your lungs of phlegm by coughing. You can help your circulation by continuous movement of body and limbs.

### **The wound and stitches**

The wound has a dressing which may show some staining with old blood in the first 24 hours. The dressing will be removed and the wound will be sprayed with a cellulose varnish similar to nail varnish. You can take the dressing off after 48 hours. There is no need for a dressing after this unless the wound is painful when rubbed by clothing.

There are no stitches in the skin.

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.

## **Injections**

You will have tiny injections into the tummy skin twice a day to keep the circulation going.

## **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.

## **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.

## **How long in hospital?**

Usually after 1 to 2 days you will feel fit enough to leave hospital, provided there is someone to look after you.

The nurses will talk to you about your home arrangements so that a proper time for you to leave hospital can be arranged.

You will be given an appointment to visit the Out Patient Department for a check up about one month after you leave hospital.

## **Sick notes**

Please ask the nurses for sick notes, certificates etc.

## **After you leave hospital**

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 so that by the time 3 weeks 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 3 weeks you can lift whatever you like. There is no value in attempting 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.

## **Work**

You should be able to return to a light job after about 7 days, and any heavy job within 4 weeks.

## **Complications**

Complications are rare and seldom serious.

If you think that all is not well, please ask the nurses or doctors.

Bruising and swelling may be troublesome, particularly if the hernia 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.

The chances of the hernia coming back again is less than 1 in 100.

## **General advice**

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

If you have any problems or queries, please ask the nurses or doctors.

## **Any Questions?**

If you have any questions, jot them down here and ask the doctors or nurses for answers.

## **Any complaints?**

If you have any complaints, please contact the doctors or nurses straight away. If this does not solve the problem, please write to me at Ward 3, The Friarage Hospital, Northallerton.

Michael H Edwards  
Consultant Surgeon

## **Acknowledgement**

We gratefully acknowledge the generous support for the development and launching of SCALPEL Information Systems for patients, from:

Northallerton Red Cross Society

The crew of the Royal Fleet Auxiliary 'ARGUS'

If you would like to help towards other ventures to benefit patients, please send donations to:

The Chairman  
British Red Cross  
62 Thirsk Road  
Northallerton DL6 1PN  
(Please make cheques payable to "British Red Cross")

## 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 Edwards, Ward 3, Friarage Hospital, Northallerton, North Yorkshire DL6 1JG.