

Post-operative information after Ventral Hernia Repair

You have undergone a ventral hernia repair. Below are instructions and information as to what to expect.

Pain Medications:

- You will have some pain. I have prescribed a pain medication. Take this medication with food.
- Do not drive while on this medication. This medication may make you feel drowsy.
- Avoid taking Tylenol containing products while on this medication.
- It may also cause constipation. Drink plenty of water while taking it
- Unless you have a contraindication, you may supplement this medication with over the counter medications such as Advil or Aleve as directed on the bottle.
- Avoid alcohol intake while on prescription pain medication.

Dressings:

- All of your stitches are internal and will not require removal
- You have outer dressings and tape strips on your wounds. Keep outer dressing on as long as possible
- Leave the tape strips for two weeks
- You may use an ice pack on your incision for 15 minutes on/15 minutes off for the first few days for comfort
- An abdominal binder may give extra support and may be worn for comfort. These are available at most drug stores.

Activity:

- Be active but don't overdo it. Take several short walks a day over the next week.
- Do not lift more than 10 pounds for 6 weeks. Avoid strenuous exercise for 6 weeks.
- You may shower 2 days after surgery. Do not soak or swim for 2 weeks.

Diet:

- It is common to have a poor appetite and mild nausea after any surgery. Call Dr. Lundy if this does not resolve in 1-2 days. Follow a low fat diet.

Please call or go to the ER if:

You have severe pain, nausea, vomiting, bleeding or other discharge from your wound, fever > 100 degrees Fahrenheit, or any symptoms concerning to you. Please call if you do not pass gas for a day or don't have a bowel movement within 3 days of surgery. Some patients have difficulty urinating after surgery. Please call Dr. Lundy if you cannot pass urine within 8 hours of surgery.

Follow up:

Please call in 1 or 2 days to make an appointment to see me in the office in 1-2 weeks. Please let me know if you have any questions or concerns. I hope you feel better very soon.

David J. Lundy, MD

Patient Signature/Date

Witness Signature/date

_____/_____

_____/_____

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