DIET
• Start with clear liquids today, (soup, Jell-O, juices, popsicles, and carbonated beverages). Drink plenty of water (at least eight [8 oz] large glasses/day.)
• Advance to regular diet tomorrow. Eat lots of whole grains, fruits, and green leafy vegetables.
• Avoid foods that cause constipation such as dairy products, red meat, processed foods such as pizza, frozen dinners, pasta, and sugar products such as cakes, pies, pastries, doughnuts, caffeine and caffeine drinks.

MEDICATION
• Take pain medication as prescribed. Take crackers or toast with pain medication.
• Take stool softeners as prescribed.

ACTIVITIES
• Rest for the next 24 hours.
• Walk to the bathroom and other short distances only during the day of surgery.
• On the next day, get up and walk as tolerated.
• Do not make sudden position changes; if you have been lying down, slowly sit up and stay seated for a minute before standing.
• No lifting greater than 10 pounds for two (2) weeks.

DRESSING
There will be 3 to 4 small incisions in the abdominal area. Your incisions will be closed with skin clips or sutures as determined by your surgeon. Dressings or skin glue will cover your incisions.

• Keep your dressing clean and dry for 48 hours.
• You may remove the outer dressing after 48 hours.
• If you have a clear plastic dressing, leave in place for 48 hours then remove.
• If you have steri-strips (thin strips of white tape), leave in place until your appointment with your doctor. It may fall off on its own in 10-14 days.
• If you have skin glue, a topical skin adhesive, this will naturally slough off your skin in 5 to 10 days. Do not rub, scratch, or pick at the skin glue. Do not apply any medications or other products to wound while skin glue is in place. You may shower after 24 hrs if skin glue was used.

BATHING
You may shower after 24 to 48 hours (depending on your dressing. See above). Gently pat dry wound area with soft clean towel.
No tub bathing, immersion or swimming for up to two (2) weeks.
Laparoscopic Ventral / Umbilical Hernia Repair Post Operation Instruction

What to Expect

It is common to experience:

- Right shoulder discomfort, chest tightness, bilateral shoulder discomfort for 24 to 48 hours after surgery, gradually this will go away. It is caused by carbon dioxide used to inflate your abdomen during the procedure. Carbon dioxide is a gas, and like all gases, travels upwards, settling on your chest and shoulders.
- Soreness in the abdominal area similar to an ache you would feel after starting a new exercise program evolving your abdominal muscles. This ache will gradually go away within a few days.
- Your abdomen may be distended for a few days after surgery.
- There may be a large black or blue area (bruise), on your abdomen to your hip. This may appear within the first week after surgery. It is caused by blood pooling under the skin from your surgery. Your body will reabsorb this blood over time. The bruise will turn yellow and disappear in time.
- You may feel sleepy, rest for the first 24 hours.
- You may have some nausea or vomiting the day of surgery, but this should not persist beyond the day AFTER surgery.
- You may have a sore throat, if you received general anesthesia
- It may take a few days before you have a bowel movement. Bowel irregularity is expected with pain medication. Take stool softener as ordered for constipation. This should gradually resolve, allowing you to return to normal.

MISCELLANEOUS

- No alcohol or driving for 24 hours after surgery or while taking pain medicine.
- Do not make any personal or business decisions for 24 hours.
- You should have a responsible adult with you for the rest of the day and night.

SPECIAL INSTRUCTIONS

- Use an ice pack to the incision for 48 hours (30 minutes on, 30 minutes off) while awake.
- If you have a drain connected to bulb suction, see instructions below on how to manage the drain and measure the amount of daily drainage. You will be provided with a blank drainage record. Please bring this record with you at the time of your first appointment.
- Be careful not get clothing caught up with the drain and avoid tugging on it.

How to Empty the Sterile Suction Drain:

- Before and after you empty the drain reservoir, wash your hands well with soap and running water. Pay special attention to rubbing your fingers, fingernails and the backs of your hands. Hand washing is an important step to help prevent infection.
- Empty your drain reservoir when you get up in the morning and before you go to bed at night.
- Pour the contents of the reservoir into the measuring cup, record the amount of drainage. Bring this record to your next visit with your surgeon.
- Squeeze the sides of the reservoir to remove all air. Reinsert the cap. The drain works properly only when the sides are flattened and a light suction is created.
- Pin the reservoirs to your clothing to prevent pulling on the tubing.
POSSIBLE PROBLEMS

Call your doctor if you have:

- Excessive swelling and/or bleeding.
- Excessive pain uncontrolled by medication (pain medication may not completely eliminate discomfort).
- Temperature of 101.5 degrees F.
- Nausea or vomiting 24 hours after surgery.
- Incision area that is red, inflamed, and hot to the touch.
- Wound edges open or separate.
- Inability to urinate within an 8 hour period following surgery.

Telephone numbers to call with Problems or Questions

Surgery Clinic: Department 286
Mon – Fri, 8:30 a.m. to 5 p.m.
(408) 851-2000

Medical Offices Call Center (if clinic is not open)
Mon – Fri, Weekends and Holidays
(408) 554-9800

Emergency Department
Open 24 hours
(408) 851-5300

Anesthesia Service Line
Open 24 hours; your call will be returned within one business day.
(408) 851-6020