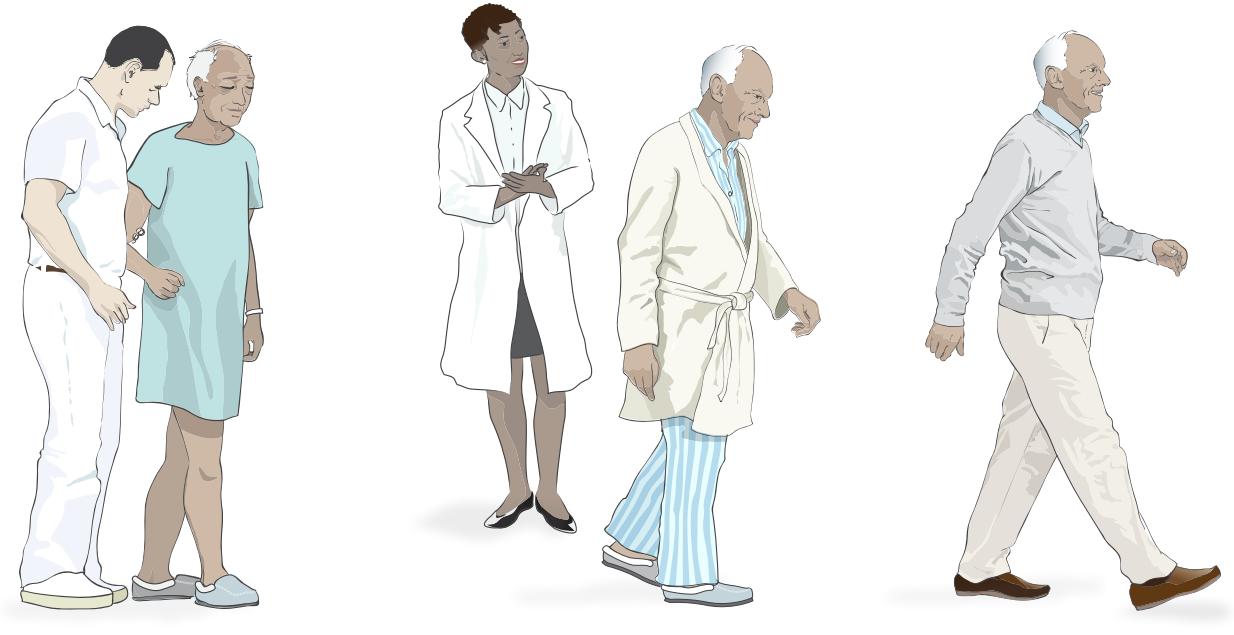
A guide to your

Inguinal Hernia Repair Surgery



This booklet will help you understand and prepare for your surgery.
Bring this booklet with you on the day of your surgery.

Centre universitaire de santé McGill
McGill University Health Centre

PRET SURE
Parcours de rétablissement chirurgical du CUSM
MUHC Surgery Recovery Program

This booklet was developed by the MUHC Surgical Recovery (SURE) working group.

We would like to recognize the MUHC Patient Education Office for their support throughout the development of this booklet, the design and layout, as well as for the creation of all the images.

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IMPORTANT

Information provided by this booklet is for educational purposes. It is not intended to replace the advice or instruction of a professional healthcare practitioner, or to substitute medical care. Contact a qualified healthcare practitioner if you have any questions concerning your care.

Centre universitaire de santé McGill
McGill University Health Centre

PRET/SURE
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What is a care pathway?

When you go to the hospital for an inguinal hernia repair surgery, you will be part of a Care Pathway program. **The Care Pathway** program helps you get better quickly and safely. Your health care team worked together to create this pathway.

This booklet will:

- Help you understand and prepare for your surgery
- Explain what you can do to get better, faster
- Give you information for when you return home

Research shows that you will recover faster if you do the things explained in this booklet. There are instructions about eating and drinking, physical activity, and controlling your pain. These will help you feel better faster .

Bring this booklet with you on the day of your surgery. Use it as a guide during your hospital stay. Hospital staff will review it before you go home.

Having surgery can be stressful for patients and their families. The good news is that you are not alone. We will support you each step of the way.

Please ask us if you have questions about your care.

Your MUHC surgery team



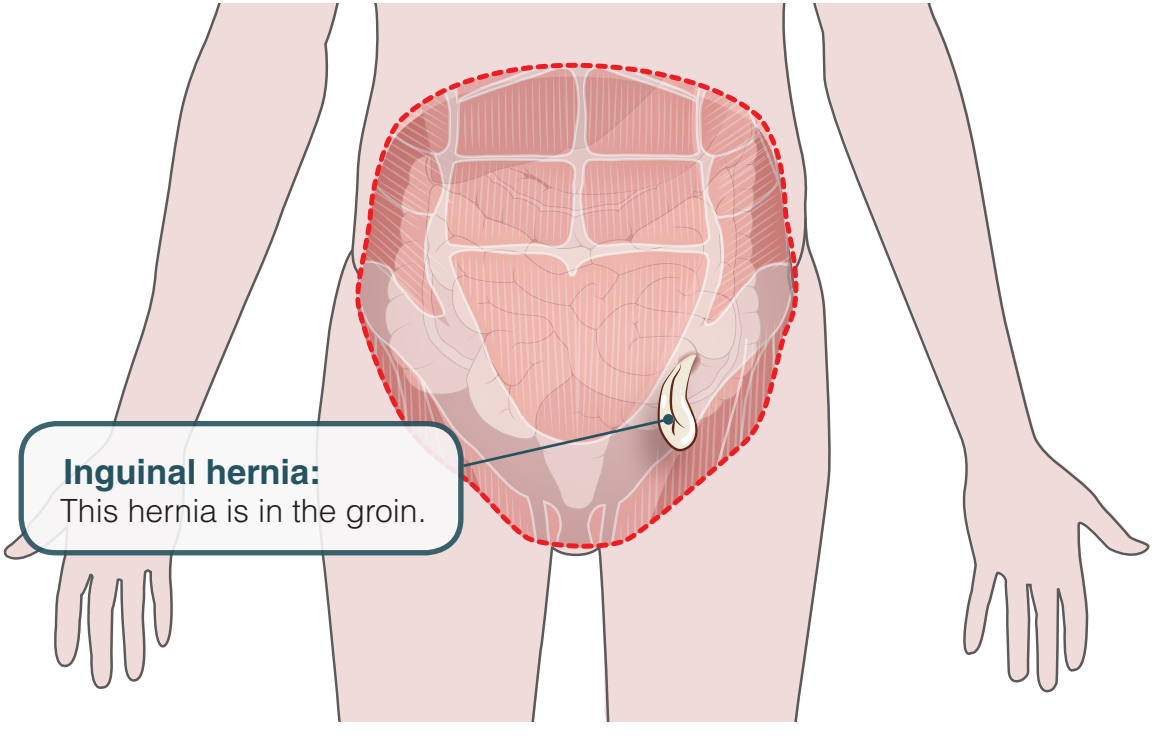
If you are not comfortable with French or English, try to have someone with you during your clinic visits and hospital stay who can help you understand.

What is a hernia?

A hernia happens when part of an organ inside your body (such as the bowels) bulges through a weak area. Hernias are common. It usually happens in the belly or groin area.

A hernia:

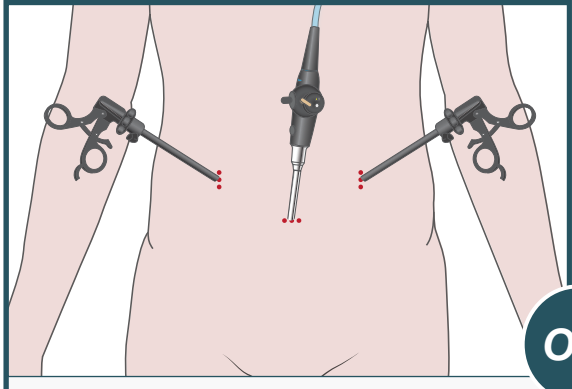
- Does not get better over time, nor will it go away by itself.
- Usually looks like a bulge under your skin, especially when standing, coughing, or straining.
- May cause pain or discomfort at the hernia site when you lift heavy objects, cough, strain when you are using the toilet, or when standing or sitting for a long time.



What is an inguinal hernia repair surgery?

The surgery can be done 2 ways:

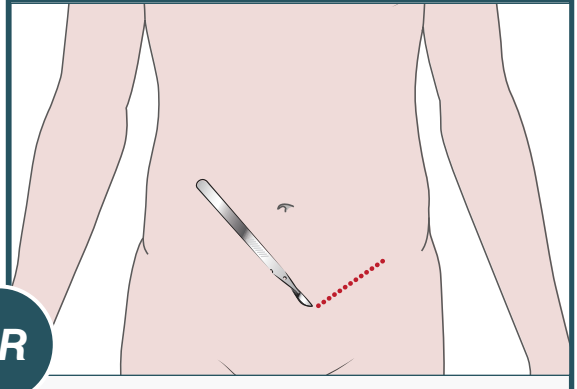
1. Laparoscopic



The surgeon will make small cuts. Your belly will be inflated with gas. This helps the surgeon see your inside better. The surgeon will put a camera and instruments into the incisions to repair the hernia.

OR

2. Open



The surgeon makes one cut, where the hernia is. The size of the cut depends on the size of the hernia.

Preparing for your surgery

Be active



Do not exercise if you feel pain.

Your fitness level before surgery can make a difference in how you recover. Exercise does not need to be hard to make a difference. You may be able to go for a 10-minute walk. If it hurts when you exercise, stop.

Stop smoking and vaping



You should quit smoking 4 weeks before your surgery and stop vaping 3 days before your surgery. Quitting before surgery can help you recover faster. Quitting is possible even if you are a long time heavy smoker and have tried many times before. **It is never too late to stop.**

Your doctor can help you stop smoking and vaping. Speak with your doctor about the different ways to stop.

See **page 32** to learn more.

Stop drinking alcohol



Do not drink alcohol for 4 weeks before your surgery. This could affect how you recover. Tell us if you need help with drinking less alcohol.

Preparing for your surgery

Cannabis use

Let us know if you use cannabis. **Stop using cannabis 4 weeks before your surgery** if used for your enjoyment or recreational reasons.



Exception: If you are using cannabis authorized by a doctor for medical purposes, let us know during your pre-op visit. Bring your prescription. We may ask you to take your usual morning dose if you need one, on the day of surgery. If you need another dose at the hospital, bring your cannabis and your prescription with you.

Plan ahead

You might need some help at home after your surgery. Ask your family and friends for help with meals, bathing, laundry, or cleaning. Make sure you have food in the fridge or freezer that is easy to prepare.





If you don't think that you can manage at home after your surgery, talk with your CLSC. They might offer services such as housekeeping or meals on wheels.

Preparing for your surgery

Arrange transportation

You should be able to go home from the hospital on the same day of your surgery.

Arrange to have an adult with you to take you home from the hospital and stay with you **for the first 24 hours after your surgery.** You will not be allowed to leave the hospital alone.

You CANNOT drive, take a taxi or public transportation by yourself.



Your surgery will be cancelled if you do not have someone to take you home and stay with you for the first 24 hours.

Tell your nurse if you are worried about going home.
See **page 33** for information on parking rates.

Insurance forms: CNESST, SAAQ and salary insurance

If you have insurance forms to be filled out, bring them to your surgeon's office.

Some forms will need to be sent to the Registrar Office (L6.120) and some your surgeon will complete. Your surgeon's office will let you know. They can only be filled out after the surgery.

Note: There may be fees to have these forms filled out.

Pre-operative Clinic visit

The reason for this visit is to check your health, plan your care and make sure you are ready for surgery.

During your Pre-operative Clinic visit, you will meet with a nurse and a doctor.

They will:

- Ask you about your health and any medical problems you have
- Ask you about any medication that you are taking
- Tell you how to get ready for your surgery, for example, what activities to do and what to eat
- Tell you what to expect while you are in the hospital and what to expect after your surgery

If you have medical problems, you might have to see another doctor (a specialist) before surgery.

You might also:

- Have blood tests
- Have an electrocardiogram (ECG) to check how your heart is working
- Need to stop taking some medication and natural products before surgery

The Pre-operative Clinic doctor will tell you which medications you should stop and which ones you should keep taking.



If you have any questions, call **the Pre-operative Clinic nurses** at:
Phone: 514-934-1934, ext. 43778
Days: Monday to Friday
Hours: 1 p.m. to 3 p.m.
Pre-operative Clinic: L10-509 (L wing, 10th floor, room 509).

Phone call from Admitting

The day before your surgery, the Admitting Department will call to tell you when to come to the hospital. If your surgery is scheduled on a Monday, the hospital staff will call the Friday before.

They will ask you to come 2 to 3 hours before your surgery. The time of surgery is not exact. It can happen earlier or later than planned.

Exception: If your surgery is at 7:30 a.m., we will ask you to come at 6 a.m.



Date of surgery: .....

Time of arrival at the hospital: .....

Room: .....

If you do not get a call by 2 p.m. the day before your surgery, call the Admitting Department at 514-934-1934 ext. 42190.

Cancelling your surgery

If you are sick, pregnant, or for any reason cannot come to the hospital for your surgery, call as soon as possible to tell us. You should call both:

- your surgeon's office

  and

- the Central Operating Room Booking (CORB) 514-934-4460 (between 9 a.m. – 11 a.m. and 1 p.m. – 3 p.m.).



If you call after 3 p.m., leave a message on the answering machine stating:

- Your full name
- Date of surgery
- Your telephone number
- Your hospital card number
- The surgeon's name
- The reason you are cancelling your surgery
- For how long you will not be available to have the surgery

If you need to cancel your surgery the day before, after 3 p.m. :

Call the Admitting Department at 514-934-1934 ext. 42190.

The Montreal General Hospital is a Trauma Centre.

This means that your surgery might need to be delayed or cancelled because of an emergency.

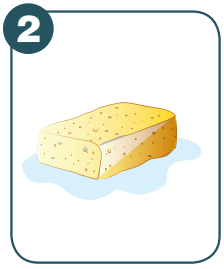
Your surgeon will reschedule you as soon as possible.

Washing

The night before your surgery:



Use regular soap and shampoo for your face and hair.



Take a shower with 1 of the sponges.



Wash your body from the neck down. Also wash your belly button and your genital area.

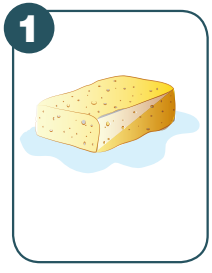


Do not shave the area where the surgery will be done.



Wear clean clothes to bed.

The morning of your surgery:



Take a shower with the 2nd sponge.



Do not put on lotion, perfume, makeup, nail polish. **Do not** wear jewelry or piercings.



Do not shave the area where the surgery will be done.



If you wear contact lenses, wear your glasses instead.



Put on clean, and comfortable clothes.

For women: If you are menstruating on the day of the surgery use a pad. Tampons and menstruals cups are not allowed.

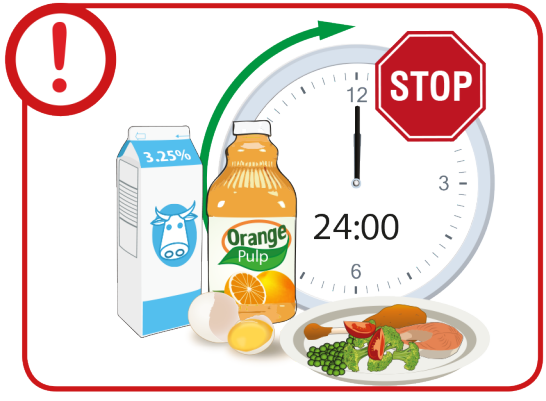
Diet

Before a marathon, runners do not stop eating and drinking. Instead, they prepare their bodies with the right nutrition to make sure they have the energy they need. Like marathon runners, patients going for surgery should also prepare and feed their bodies. The Pre-op Clinic nurse will explain what to eat and drink before your surgery.

Day before surgery

Until midnight:

- Eat and drink normally until midnight (unless told otherwise).



After midnight:

- Do not have any food, dairy products, or juice with pulp.
- Drink clear fluids up to 2 hours before your surgery. You can drink any clear juice (juice that you can see through) and have popsicles.



Exception: If you are asked to come at 6 a.m. stop drinking any clear fluids at 5:30 a.m.

Remember: Some people should not drink at all after midnight. Your nurse will tell you if you need to stop drinking at midnight.

Diet

The morning of surgery:

Drink 1 PREcovery® beverage. This drink has special sugars and salts that will give you energy.

When?

- Drink it **2-3 hours before surgery.**
- This is usually the same time that you are asked to arrive at the hospital.
- If you are asked to come at 6 a.m., drink it between 5 and 5:30 a.m.

How?

1. Measure 400 mL (1 and ¾ cups) of cold water.
2. Add all of the content of the powder pouch to the water and stir until fully dissolved.
3. Drink all of it right away after mixing, in 5 minutes. Do not sip it.



Want to know more about PREcovery®? Follow this link:
www.enmednut.com/products/precovery

What to bring to the hospital

- ☐ This booklet
- ☐ Medicare and hospital cards
- ☐ The list of all the medication you take. Ask your pharmacist to give you a list.



If needed

- ☐ Your CPAP machine if you have sleep apnea
- ☐ Your glasses, contact lenses, hearing aids, dentures, and their storage containers labeled with your name
- ☐ Your cane, crutches, walker, labeled with your name

Bring these items in a small bag with your name on it. There is very little storage space.

Do not bring anything of value. Do not bring credit cards or jewelry. The hospital is not responsible for lost or stolen items.



At the hospital

Admitting area

Go to the Surgical Admission **D10.124 (D wing, 10th floor, room 124)** at the time given. The admitting clerk will ask you to sign an admission form.

At the Surgical Admission area, your nurse will:

- Ask you to change into a hospital gown
- Fill out a pre-operative checklist with you
- Make sure your personal items are in a safe place
- Give you some Acetaminophen (Tylenol®) and an anti-inflammatory pill before you leave for your surgery.



In the Operating Room

A patient attendant (orderly) will take you to the Operating Room.

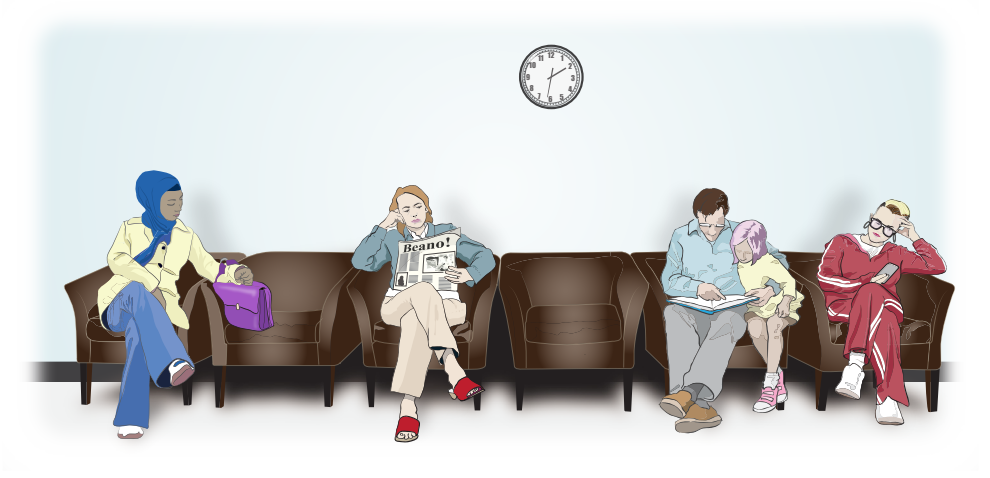
In the Operating Room, you will meet your surgical team and the anesthesiologist. The anesthesiologist is the doctor who will give you medication so you will be asleep and pain-free during your surgery.

Your surgery is usually done with general anesthesia. The anesthesiologist will decide with you what type of anesthesia is best for you.

At the hospital

Waiting room

Family or friends can wait for you in the waiting room located in **D10-117 (D wing, 10th floor, room 117).** The space is small, so please limit the number of people you bring with you.



Internet access

There is free WiFi available at the hospital.

Connect to:

Network: CUSM-MUHC-PUBLIC
Username: public
Password: wifi

Other resources

- **Coffee shops** - 1st floor Pine Ave. entrance and the 6th floor near the main entrance on Cedar Ave.
- **Cafeteria -** 4th floor - D wing
- **Small restaurant called "The Hospitality Corner"** – D6-125, D wing, 6th floor, room 125
- **Bank machines** – 1st floor Pine Ave. entrance and the 6th floor near the main entrance on Cedar Ave
- **Gift shop** on the 6th floor near the main entrance D6-145, D wing, 6th floor, room 145

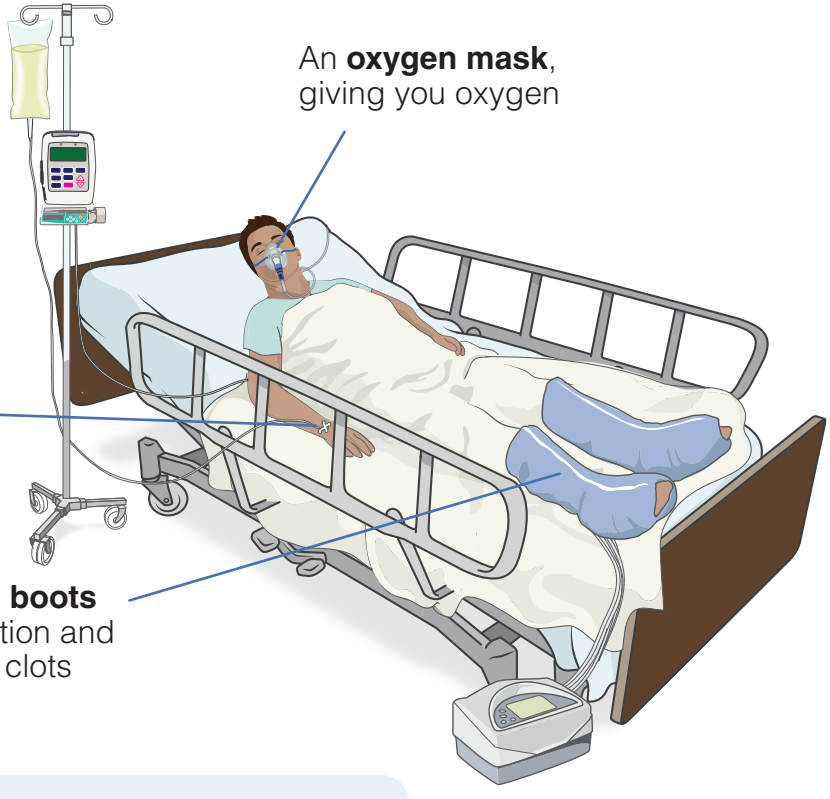
Post-Anesthesia Care Unit (PACU)

After your surgery, you will wake up in the **Post-Anesthesia Care Unit (PACU)**. This is also called the **Recovery Room**.

There are no visitors allowed in the PACU.

After your surgery, a PACU nurse will call the family member or friend you have chosen to tell them how you are doing. You will stay in the PACU (Recovery Room) until you go home.

You might have:



The nurse will:

- Check your pulse and blood pressure
- Check your bandage(s)
- Ask you if you have pain
- Make sure you are comfortable

Pain control

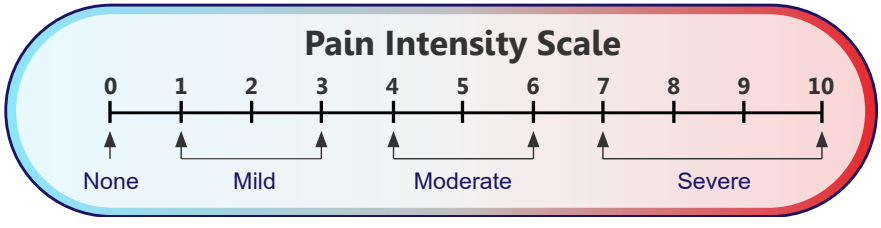
Our goal is to keep your pain low so you can:

- Breathe better
- Move better
- Eat better
- Sleep better
- Recover faster

Your nurse will ask you to rate your pain on a scale from 0 to 10.

Pain intensity scale

0 means no pain and 10 is the worst pain you can imagine. Giving a number to your pain will help your nurse decide how to best manage your pain.



Do not wait to let us know if you have pain. Having pain can make you not want to move around. This can slow down your recovery.

The different ways to control your pain

Your anesthesiologist will talk to you about the best ways to control your pain.

Pills

We will give you pain medication pills so to keep you comfortable and able to move around.



Going home

You will be able to leave the hospital on the same day of surgery, a few hours after your surgery.



Remember **you must have someone to take you home and to stay with you for the first 24 hours after your surgery.** Patients will not be allowed to leave the hospital alone. **You CANNOT drive**, take a taxi or public transportation by yourself.

For the next 24 hours, because of the medication side effects, it is important that you:

- **Do not drive a vehicle or operate machinery**
- **Do not drink alcohol**
- **Do not make important decisions**







Before leaving the hospital, make sure you have information for your follow-up appointment with your surgeon and a prescription for your medication. Tell your nurse if you have any concerns about going home.

Read the next section of the booklet called “At home.” Ask any questions before you leave the hospital.

Pain control

Your surgeon will prescribe pain medication for you. This is to help you get back to your activities as quickly as possible. These medications may include Acetaminophen (Tylenol®) and anti-inflammatory medications for mild to moderate pain.

If the Tylenol® and the anti-inflammatory pills do not control your pain well, then you can **add** the stronger pain medication called an opioid or a narcotic. Do not stop taking the Tylenol® and anti-inflammatories.

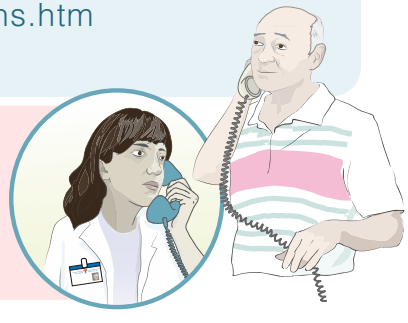
You must follow the instructions on the bottle. It is important to understand the risks and benefits of using an opioid.

If you have questions about pain medications, speak with your pharmacist or your surgeon.

Not sure what questions to ask? Want to know about how to use pain medication safely when you get home? Visit this link:

www.ismp-canada.org/medrec/5questions.htm

If you have severe pain that is not helped by the medications you have been prescribed, call your surgeon's office or go to the Emergency Department.



Did you know that pain medication can cause constipation? To help your bowels stay regular:



Drink more liquids.



Eat more whole grains, fruits and vegetables.



Get regular exercise (a 10-minute walk every day is a good start).

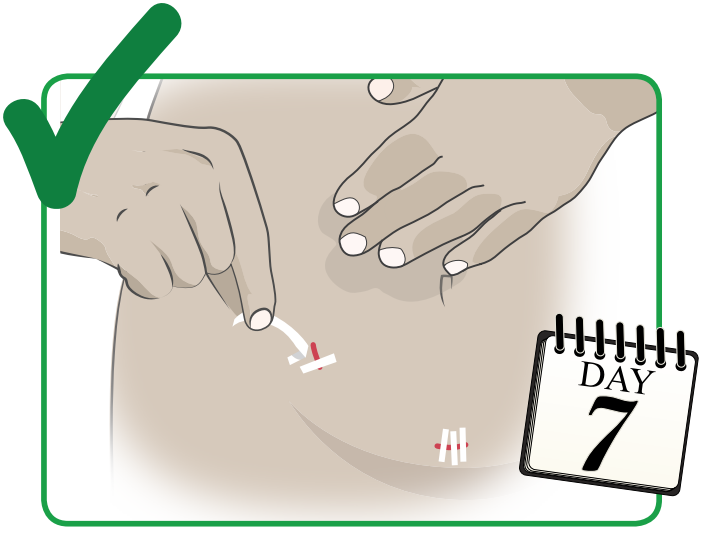


Take stool softeners prescribed by your surgeon.

Incisions

You may notice a pink stain on your skin. This is the disinfectant used in the operating room. It will wash off after you shower.
Your incision(s) (cut(s)) will be covered with thin pieces of tape.
On top of the tape is a bandage. The bandage is waterproof so you can take a shower right after your surgery.

Remove the bandages 3 days after your surgery. The thin pieces of tape under the bandage will peel off by themselves. **Remove the pieces of tape after 7 days if they have not fallen off. Lift up one end of the tape. Roll it to the other end of the tape.**







You can continue taking showers even after the bandages come off. Let the water run softly over your incision(s) and wash the area gently.

<u>Do not</u> scrub.
<u>Do not</u> take a bath for 2 weeks.

Your skin may get thicker where the incision(s) is. This is normal. Many people feel numbness near the incision(s). This feeling is normal and will go away over time. Your incision(s) may be slightly red and uncomfortable for 1-2 weeks after surgery.

Incisions



Men who have had inguinal hernia repair may notice a change in color (bruising) around the scrotum and at the base of the penis. This is normal and may take a few weeks to disappear.

You can use ice for the first 24 hours to lessen the pain and control the swelling. Wrap ice in a towel and place this on the area that hurts for short periods at a time (15 minutes).

Some stitches will melt away by themselves. If you have this type of stitches, they don't need to be removed.



If any of these happen call your surgeon's office. If you cannot reach your surgeon or nurse, go to the Emergency Department (ED).

- **Your incision becomes warm, red, or hard.**
- **You see pus or drainage coming from it.**
- **You have a fever higher than 38 °C/100.4 °F.**



Diet

Eat and drink whatever you want unless your doctor, nurse, or nutritionist tells your otherwise. Eat foods with fiber (fruits, vegetables, whole grains). Drink plenty of fluids to help prevent constipation.

Eat foods that have protein to help your body heal. Meat, fish, chicken and dairy products are good sources of protein.

If you get full quickly, try eating smaller amounts at each meal and add nutritious snacks between meals. Try high protein, high calorie shakes or commercial supplements.



If you have nausea that doesn't go away and you can't keep anything down, call your surgeon's office. If you cannot reach your surgeon or nurse, go to the Emergency Department (ED).

Exercises and activities

You can slowly go back to all your usual activities when you feel like it. Continue to increase your activities each day. You may feel tired after your surgery. Remember to rest between activities.

Family and friends can usually help with:

Transportation
Meal preparation
Grocery shopping
Cleaning house
Laundry



- Walk every day. It is good exercise (shopping malls are good places to walk in the winter and summer).
- For most people, there are no limits on physical activity after surgery, including sex. Your surgeon will let you know if there are any limits.
- Do not drive while you are taking narcotic pain medication.
- Talk to your surgeon about when you can go back to work. Going back to work depends on your surgery, recovery and your type of work.



You can be a passenger in a car, but you cannot drive for the first 24 hours after surgery or while you are taking pain medication.

You may start driving again <u>only when</u>:

1. You are no longer taking narcotic medication for pain

AND

2. You can move your foot from the gas pedal to the brake quickly and without pain



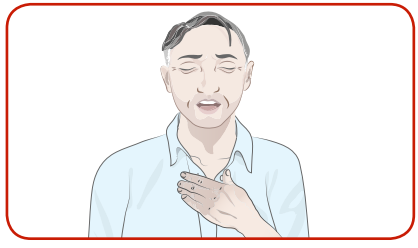
When to get help



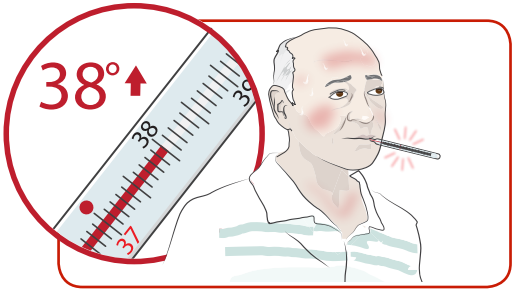
Phone your surgeon or recovery room nurse (514-934-1934 ext. 44913) or go to the Emergency Department (ED) if any of these happen:



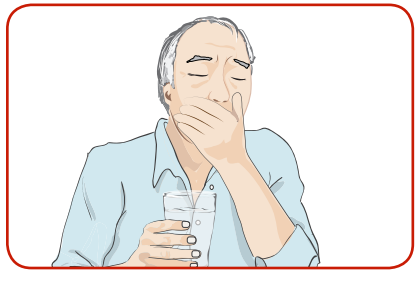
You feel extremely weak



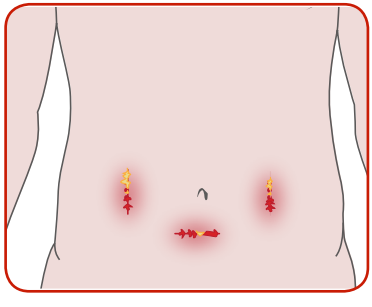
You have trouble breathing



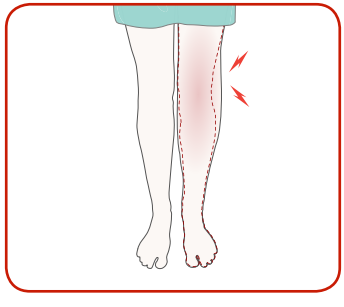
You have a fever higher than 38°C (100.4°F)



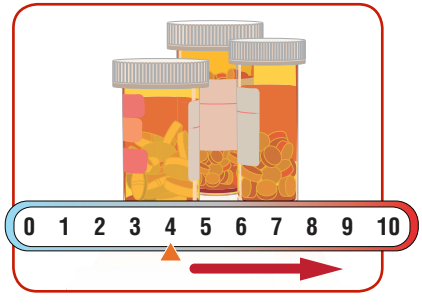
You cannot drink or keep liquids or solid foods down (nausea or vomiting)



Your incisions are warm, red and hard or you see pus coming out



You have redness, swelling, warmth or pain in either leg



You have more pain and your pain medication does not help

Some patients may have difficulty urinating (peeing) after this surgery.

If you feel the need to urinate (pee) but have problems urinating,

or

if you haven't urinated in the first 8 hours after your surgery or since we last inserted a catheter in your bladder, go to the Emergency Department. **Do not wait**. This will not go away by itself.



Follow these steps if you are having problems urinating after your hernia surgery repair.

- Go to the **Emergency Department (ED)** of the hospital you had your surgery.
- Tell the nurse at the ED that you had a inguinal hernia repair surgery and are having problems urinating.
- The nurse in the ED will put a tube (catheter) in your bladder. This drains the urine. You will go home with the tube in place.
- The nurse in the ED will explain how to empty your bags. You should get 2 bags; one for day and one for night.
- You can go home after you understand how to change your bags and know how to clean them.
- You can shower with this tube in your bladder.
- The next working day, call the Urology Clinic: 514-934-8488. Ask the secretary for an appointment with the urology nurse for a "trial of void". If no one answers, leave a message. It is important to get an appointment in the next week.
- At this appointment, the urology nurse will remove your urine tube and make sure that you are urinating normally.

Follow-up

You will get a follow-up appointment, or you will be asked to make your own follow-up appointment with your surgeon. This follow-up appointment is usually 3 weeks after your surgery at the Surgical Clinic:

MGH Surgical Clinic L9.200 (L wing, 9th floor, room 200).
Phone: **514-934-8025.**

If you have any questions, phone us

Name of your surgeon: .....

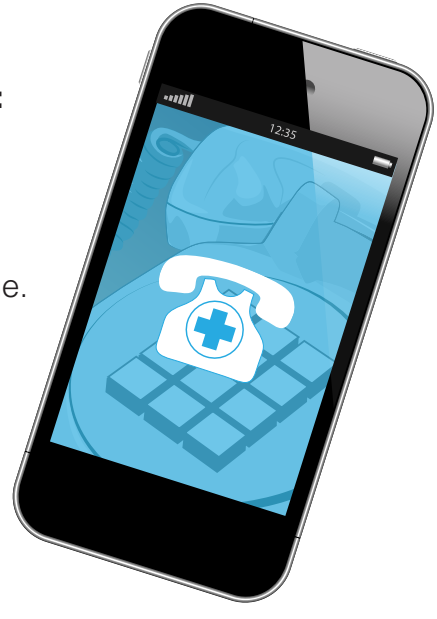
Phone number of your surgeon: .....

The recovery room nurse will call you the day after your surgery to see how you are doing.

Other phone numbers:

MUHC Appointment and Referral Centre:
514-934-8488
(Monday to Friday from 8 a.m. to 5 p.m.)

Info-Santé: 811
(Contact a nurse for non-urgent health issue. 24 hours a day, and 365 days a year.)



Websites of interest

Resources to help you stop smoking



- **Quit line :** 1-866-527-7383 (free) or www.iquitnow.qc.ca
- **Quit Smoking Centers, ask your CLSC for information**
- **The Quebec Lung Association:** 1-888-768-6669 (free) or: www.pq.lung.ca
- **Smoking cessation clinic at the MUHC:** Send the consultation by fax: 514-934-8488 (requires referral from your doctor).

Looking for more information on your surgery

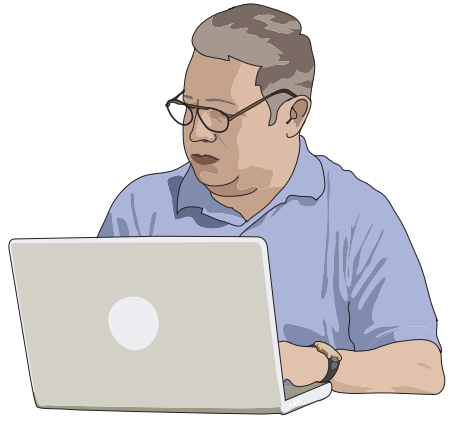
https://www.muhclibraries.ca/patients/health-topics/hernia/

For more information about anesthesia:

www.cas.ca/en/about-cas/advocacy/anesthesia-faq

MUHC parking information:

www.muhc.ca/patient-and-visitor-parking



Parking Information

Please visit this link for any updated information:
Source: www.muhc.ca/patient-and-visitor-parking

Notes

Centre universitaire de santé McGill | McGill University Health Centre

Montreal General Hospital

1650 Cedar Ave. Montreal, QC H3G 1A4

