



What to Expect Post Hernia Surgery With Hernia Clinic Hampshire

Our safe and innovative surgical technique makes hernia surgery efficient, and any pain can be managed with simple analgesia in the recovery period. This leaflet covers all hernia repairs.

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All the information you need to make an informed choice about hernia surgery is within the '[Hernia Surgery](#)' section of our website and this leaflet. Please take the time to read and digest the information.



Recovery and recuperation from a hernia operation

With the pain relief medication provided and using the appropriate hernia support on discharge, you should remain comfortable after your surgery.

Bruising

The length of time you will need to take simple pain relief is related to the amount of bruising. Bruising always looks frightful. It is usually a superficial bruise making you look literally 'black & blue.' Bruising can extend over a few days and cause swelling particularly in the scrotum and base of the penis.

The key point is: No matter how large the bruise or any swelling, some simple pain relief and waiting up to a few weeks will fix it.

Bruising is complicated. Many factors influence the extent of bruising, including:

- Size and complexity of the hernia
- How the hernia is repaired – open or keyhole
- Being overweight
- Medical conditions that affect bone marrow and tissue healing
- Regular blood-thinning medication
- Age and general frailty
- The 'luck of the draw'

Wound Closure

The skin edges are closed with a suture that is invisible under the skin, so there are no sutures to see – if you can feel an end it will disappear in 4-6 weeks (about one to one and a half months).

A surgical incision repairs like any other cut to your skin which you may have had in the past. Soon after surgery, it can feel sore, look a little red, raised at the edges (but dry) and itch. Later, the skin edges can become a little dry, scabby and itchy.

This is normal and you should just follow the advice given here for wound care.

Wound Dressings

We advise you to leave the wound alone and wait for it to heal by itself over approximately 12 days. The skin edges are closed with a suture that is under the skin, so there are no sutures to see or remove. If a suture end is palpable

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by the time of making a follow up appointment, please book a face-to-face follow up. Tell me on the day and I can remove it there. You will have two or three layers of dressing:

1. Top Layer: Hernia Support Garment

The top layer (layer three) is called a pressure dressing and is there to apply firm pressure to the wound to reduce bruising.

Hernia Support Briefs or an umbilical/abdominal support belt/wrap are the best method of applying pressure to the wound. We recommend that you wear the hernia support for a minimum of 48 hours. After this time, they support the recovering abdominal wall making mobilization easier and more comfortable (as reported by most people that have undergone this surgery before). **Please see the letter sent by email when your surgery was confirmed for details of how to get these and how to use them.**

2. Middle Layer:

The middle layer (layer two) is a flat waterproof dressing. You can shower with it on and then pat it dry. It may last 12 days, and it is safe to leave it on for 12 days, but you might find that it starts falling off after 5-7 days and therefore need to change it. The hospital will provide you with some replacement dressings. The fewer times the dressings are changed the better as it reduces the risk of a minor wound infection. Please note the manufacturer's advice is to change them after 7 days, but we have observed that patients have had better results keeping the wound covered with the same dressing for 12 days.

3. Bottom Layer:

The bottom layer (layer one) of butterfly sutures needs to stay on for 12 days. These help to create a better scar appearance in the long term.

Removing Dressings

At 12 days, you can remove all the dressings, and the wound should be healed: dry and clean. To remove them, first take the middle dressing off. I then suggest soaking the butterfly sutures by getting the wound wet. They should then lift off easily or simply rub off with a flannel. Then, gently wash the area with a wet flannel to remove the last clots.

An alcohol wipe removes any grimy glue from the edges around the dressing adhesive but may make the actual line of the scar sting so be careful wiping with it.

The suture takes about 3 weeks to break down, but the knot takes longer. Some notice the suture end pokes out around week 3. If that happens pulling it out will solve this and the wound will already be healed.

Massaging the Scar

To help the scar heal as neatly as possible, start to massage the wound 2-3 weeks post-surgery (once dressings are off and the wound is clean and dry). Do this twice a day for 2 months.

Apply a moisturizer (any that you would happily put on your face is fine).

Use the flats of your first three fingers and rub the scar firmly in circular motions from one end of the scar (closest to the middle of your body) to the other end of the scar (closest to the side of your body).

The amount of pressure used should be firm enough to be a little uncomfortable.

If the scar develops discomfort at a few months post-surgery, start massaging it again (twice a day for 2 months) alongside doing our exercise programme.

You may feel a lump in your scar.

Post-surgery there are varying amounts of inflammation and swelling. This can depend on the patient. In many, there is a period when the skin or tissue beneath the skin feels like a raised lump that is cigar or finger shaped. This is a normal variant of healing and flattens by 3 months.

It is not an indicator that anything is wrong and is not a recurrent hernia. The lump lasts up to 3 months and flattens. The area then feels firmer than the other side for a further 6-9 months.



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Pain Relief

The best way to manage pain relief is to wear your hernia support and take pain-killer medication before any pain develops or becomes present enough to reduce your mobility or make you feel unwell.

If you do not actively try to control the pain, hernia surgery can be painful. If you do actively manage it, then recovery from hernia surgery should be straightforward.

To maximize your post-surgery comfort and recovery we advise that before the anaesthetic wears off (and before leaving hospital) you put on your hernia support and start taking the paracetamol and ibuprofen prescribed to you on your discharge before leaving hospital.

The hernia support garments, if well fitted, also add to pain relief.

Use a combination of the below pain relief to get the most effective pain relief with the fewest ill/side effects of individual medications:

Paracetamol

Take two paracetamol capsules regularly four times a day. This medicine has few/no side effects and is safe for almost everyone. Take it for as long as you are taking any other pain relief. Then reduce the number of times a day that you are taking Paracetamol, so you are comfortable and come off the medicine. This can take anything from 2-3 days to many weeks.

Ibuprofen

Take two ibuprofen capsules, regularly to start with, three times a day. Always take them with food. Some patients can experience problems with this medicine as it can cause stomach irritation and affect kidney function. However, taking it for 48-72 hours with food should be safe even for those warned off it in the past. Please discuss this with me on the day of surgery if you have any concerns about taking it. Most people warned off this drug can take it safely for 2-3 days if the appropriate care is taken. Ibuprofen is a highly effective painkiller, especially when taken with paracetamol.

Dihydrocodeine

This is a powerful opioid painkiller with an extensive list of side effects. Only take it if needed. You can take it up to four times a day with paracetamol and ibuprofen as instructed above. It can cause constipation, nausea, poor appetite, headaches, drowsiness and affect concentration. You should not operate

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machinery while taking this or driving and you may need a laxative with it. We will send you home with one.

Laxatives

We will send you home with one. Opioid pain relief will cause constipation, but so can a change in diet and routine. We do not want you to have to strain to evacuate your bowel whilst recovering as this will be painful. It is better to use a laxative to ensure a good bowel habit, opening your bowels 1-2 times a day without straining. If you take too much laxative your bowels will become more frequent and stools waterier. Miss a dose or reduce your dose if this happens. Once a regular routine and exercise and diet are returned to your daily life you should be able to stop taking these.

In summary:

- **Wear the hernia support all the time you are requiring medication, and as required after you stop requiring pain relief medication.**
- **Take a combination of paracetamol and ibuprofen regularly until paracetamol is enough. Even if you have previously been told not to take ibuprofen it is usually safe for 48-72 hours, which is how long most people need it. – Ask if in doubt.**
- **Use a laxative to avoid constipation and straining on the toilet in the early recovery phase. Not doing this will increase your pain.**



Improving Your Post Hernia Surgery Results

Below we provide advice on the importance of hernia supports, early mobility and returning to activity for better post-surgery results.

Improve Results With: Our Rehabilitation Exercise Programme

Once you book surgery with us, you will be given access to our hernia surgery recovery exercise programme.

Patients who followed our exercise programme survey believed that our recovery exercises helped their recovery.

These have been designed to improve long-term comfort, aid your recovery, influence scar remodelling and help with strengthening post-surgery. Follow the instructions on our dedicated webpage. This programme works in 2 stages.

Stage 1: In the initial period after surgery, gentle exercise such as Video 1 of the programme will increase blood flow to the repair site and improve healing.

Stage 2: Once you reach the scar remodelling phase of your recovery, around 2-4 months post-surgery, these exercises can help influence how the scar forms through repetitive gentle/moderate movement. This can reduce tension in the scar and improve long term comfort in the repair.

Start gently using the Video 1 from day 2 or 3 after your surgery, or as you feel ready. After 7-10 days, slowly progress through the videos (only **one video a day**) until you feel slightly challenged. You should continue doing these exercises as instructed for **4-6 months**, while your wound is remodelling.

Please remind yourself: These videos are not a competition on how quickly you can get to Video 5. Many patients won't ever feel comfortable doing Video 5. Sticking to Video 4, 3 or even 2 may be enough for you.

Your hernia supports can help with both this programme and generally returning to activity. All of our patients who completed our exercise programme survey and who wore hernia supports while doing the exercise programme found that they helped them perform the exercises.

Our aim is to help you get back to activity in the safest way possible and as soon as possible.

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Improve Results With: Hernia Supports

We advised you pre-surgery to buy an appropriate hernia support garment to wear post-surgery as discussed in your consultation. The majority of our patients who completed our Clinical Outcomes surveys have said that they would recommend a hernia support to those undergoing a hernia repair and found it helped them feel more confident returning to activity.

A well-fitted support will also help resolve your pre-operative symptoms, so the sooner you can get some, the more useful they will be.

Remember when buying support pants (for a groin hernia) they should look like boxer shorts/briefs rather than the belts that do not act as a pressure dressing or provide support post-surgery. Hernia pants are NOT trusses.

For umbilical/ventral hernias, abdominal support belts/wraps are usually better in the wider format to avoid riding up or down.

The majority of our patients who completed our Clinical Outcomes surveys have said the hernia supports helped relieve discomfort. A few find them uncomfortable, and we ask you to bear with them for a minimum of 48 hours while the clots from surgery stabilize as they help reduce bruising.

Wear them under your clothes and in bed. You can take them off to shower and go to the toilet. We have found that the better the fit, the better the results, so we recommend you measure your body as instructed by the manufacturer and order the accurate size needed. Use them pre-surgery too for symptom relief.

Improve Results With: Mobility and Returning to Day-to-day Activity

Another significant factor involved in recovery is mobility. Being still will only worsen stiffness and soreness, making your recovery longer and more painful. Instead, keep moving.

Key rule #1 for the best outcome: Early mobilization after surgery is essential – particularly with the older generation.

The first 48 hours are when the wound and clots are stabilizing. Bruising can be controlled by wearing your hernia support with the pad initially and then with or without the pad as comfort allows. Be gentle with yourself in this period but



remain mobile. From day 3 there are no absolute limitations on returning to activity if you follow this rule:

Key rule #2 for the best outcome: If it hurts (more than just being a bit uncomfortable) stop doing it and try again in a couple of days.

Most people can walk a mile and carry a small shopping bag within a week. Some are walking the dog from day 3, others not till the end of week 2. Everyone's recovery is individual to them.

Please note that for your recovery it is better to take paracetamol and ibuprofen and move around than take no painkillers and stay still.

Clinical Outcomes Study

We ask our patients to complete a clinical outcome survey. This helps us to understand in detail what patients feel able to do during their recovery. Most of our patients report that they can go on a short walk within 1-week post-surgery. Most can drive and go for a longer walk within 2 weeks. By 4 weeks, most are back to their normal activities and in 8 weeks (about 2 months) able to lift a medium weight.

Compression (TED) stockings

TED stockings have been shown to reduce your risk of a DVT after general anaesthetic and so are routinely advised. Most hospitals advise you to keep these on for 2 weeks after an operation. Your surgery though will certainly have been using LA/sedation and so the mechanisms that increase the risk of DVT after surgery in most are not as applicable to you.

Hernia Clinic Hampshire advises that using TED stockings for 2 weeks if you have had previous DVT in the past, smoke/vape or have a BMI >30 is sensible to reduce your risk of a DVT and the complications that can arise from this. If you are mobilizing normally, have not had a DVT in the past, do not smoke/vape and have a BMI <30 then TED stockings do not alter your risk of DVT much as it is already extremely low. In these cases, it is reasonable to stop wearing them after 24-48 hours.

"When can I drive again?"

For driving the DVLA states that you must be able to make an emergency stop. It is illegal to drive a car if you cannot do this. Some insurers have time limits in the small print of their contracts so it can be worth calling them to make sure you are covered to drive again. On average after hernia surgery expect not to drive for 10-14 days (about 2 weeks).



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WARNING: Most problems arise from simple activities such as gardening or DIY when it is too easy to forget you have just had surgery and try to lift, move, push things that are too heavy from a weak position. Please be careful doing these activities in the first 6-8 weeks (about 2 months) even when you feel very comfortable. - *Imagine you are being good after attending your workplace manual handling training. Follow those sorts of rules. See below on how to lift after surgery.*

“When can I shower/bath/swim again?”

You can shower from day 1 with the dressing in place. Just pat the dressing dry. To have a bath or swim the wound needs to be healed and dry (typically once all the dressings have come off after 12 days).

“When can I play sport?”

Sport enthusiasts should expect to return to exercise carefully from 2 weeks after surgery. It is best to try aerobic exercise first, such as running, swimming and exercise classes, and for a smaller distance or duration than you usually manage. Build it up again as comfort allows.

Feedback from previous patients suggests the following timelines are comfortable for specific activities at a non-competitive intensity:

- Bowls – 2 weeks
- Cycling – 2 weeks ventral hernias, 4-6 weeks (about 1 and a half months) groin hernias
- Dancing – Depends on the dancing. 2-8 weeks, based on how you feel.
- Driving – 2 weeks
- Golf – 5-6 weeks (about 1 and a half months)
- Hedge Trimming – 8 weeks
- Hiking – 2-4 weeks (depends on distance and elevation)
- Horse Riding – Depends how you ride. The more energetic, aggressive and stood in the saddle, the longer you'll need. Remember no lifting/significant force (i.e. controlling your horse) for 6-8 weeks.
- Housework (laundry, ironing, vacuuming, washing the car, general cleaning, etc.) – Lifting limit is 5kg weight per hand. Can do housework after a few days if needed, but only light work and you will tire quickly.
- Mow the Lawn – 1-2 weeks if mowing with an electric or powered mower, as long as you are not lifting it.
- Running – 4 weeks
- Sailing (yachts) 4-6 weeks (about 1 and a half months)

- Skiing – Depends how you ski. Assume 6-8 weeks for more aggressive and harder work (moguls/off piste) and 4 weeks for gentle, groomed slopes slowly skiing.
- Stationary Exercise Bikes – Can be as soon as comfortable. Use lower resistance to start with and build up over first 4-8 weeks as comfort allows.
- Swimming – When the wound is clean and dry (usually when you take your dressing off on day 12).
- Tennis/Squash – When it feels comfortable. Most former patients say 6 weeks.
- Water Sports – When it feels comfortable for basic kayaking but do not lift kayaks for at least 8 weeks. Windsurfing, dinghy sailing, kite surfing etc rest for 8 weeks as it is a big load and heavy equipment.

If you are trying to return to an extremely high level of activity/sport it will take longer to get back to your old ways. - Slowly introducing aerobic and conditioning exercises will improve your recovery and reduce the risk of recurrence whether you just want to walk to the shops or compete in ultramarathons.

“When can I start heavier lifting?”

DO NOT lift weights (more than a 5kg bag of shopping in each hand) for at least 8 weeks (about 2 months). If lifting weights, start with light weights that are comfortable and increase the number of repetitions before lifting heavy weights at a low repetition.

“How to lift after surgery”

As mentioned above, a workplace manual handling course tells you how to do this. But the key principles are:

- Squat down and lift using your legs. DO NOT bend forward to lift with your back. This puts a lot of additional pressure on your core/trunk. Lifting with your legs reduces the force in your abdomen needed to lift.
- Keep the object being lifted close to your trunk with a straight back.
- Try not to twist your trunk as you lift or reach over to lift, even a light weight.

In short, try and use common sense and follow the key rules for the best outcome.

Please be patient with your body. It feels traumatized and weak for a reason – It is! The surgery repairs the hernia defect and places a mesh to encourage the



body to generate firm new connective tissue. This seals the repair and strengthens the tissues in the area. Initially after surgery, your body has not done this yet and the repair is very weak. By about 3 months it has all its final strength back so greater activity is possible. It takes up to 12 months for the modelling of this scar tissue to finish and final maximal strength to be achieved. In the first 4 weeks there is truly little strength, and you can damage your repair if you ignore the body's warning signs of discomfort and tiredness when you have done too much.

Hernia Surgery Risks

Hernia surgery is minimal risk, but as with all surgery there are potential issues. These risks include:

Bruising and Wound Infection, as already discussed above.

We view minimal bruising as an indicator of success and aim to limit it by using hernia supports worn for a minimum of 48 hours post-surgery.

Altered Skin Sensation

It is common with any open hernia surgery to feel some altered sensation around the wound. It is the skin nerves recovering from the bruising and any surgical damage. The area involved slowly improves, becoming less frequent over several months and becomes more normal as recovery progresses.

Please note it takes up to 6 months to resolve but even then, a small percentage can have a permanent numb patch about the size of a 50p piece around the region of the scar. It is exceedingly rare for this skin change to remain painful in the long term.

Hernia recurrence

This happens rarely and carries the same risk regardless of how the operation is carried out. The main risks for recurrence are smoking and being overweight. Alter these factors and the risk will reduce to become very small.

Longterm pain

An inflamed pubic tubercle may cause discomfort, but this is rare and broadly speaking of equal risk from either hernia repair technique.

Testicle injury

Damage to the Testicle's Blood Supply

This is a rare complication of groin hernia surgery in men. The hernia sac is attached to the tubes running to and from the testicle. We will need to dissect the hernia sac off these tubes to repair the hernia. It is rare, but as we dissect one structure from another, there is a risk of damaging either of them.

In the case of these tubes, damaging a part of them alters the blood supply of the testicle. This WILL NOT alter function and would not be expected to reduce testosterone levels significantly. It can make the testicle change in size, so it gets smaller and aches whilst it does so.



This ache then resolves after 4-6 months. In the worst-case scenario, you may require testosterone replacement either as a gel rubbed into the skin or as an injection 2-4 times a year. There is an extremely minimal risk of this happening (approx. 0.4%).

Hydrocele

Unrelated to damaging testicle blood supply is a small risk of fluid filling a sac around the testicle causing enlargement of the scrotum. This is called a hydrocele. They occur naturally in 1 in 70 men (1.4%) and overtime we have seen 2 occurring within a few months of hernia surgery. This is due to irritation of this lining of the testicle by bruise or inflammation. We see bruise/inflammation routinely in the scrotum and in much less than 0.3% of people, this has developed into a hydrocele.

It is uncertain whether this is a true complication or coincidence (i.e., that a hydrocele may have developed anyway as our incidence figures suggest). Timing suggests there may be a rare linking of the 2 events. If it is uncomfortable, it may require further surgery to correct it. In these rare cases it would need assessment and surgery by one of our urology colleagues.



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Follow Up

You will have a follow up after 4-6 weeks once you recover. The office will email you around 3.5 weeks after surgery and you can decide at that point if you want a face-to-face appointment, or a telephone call based on how you feel your recovery is going. We are happy to offer either at your preference.

If you need to be seen before this, please contact us, or the hospital you were treated at if urgent, to arrange an earlier review. If you have other questions in the meantime, please contact us and we will get back to you asap.

How to Prevent a Hernia from Re-occurring

- Be careful and mindful of how you feel and what you are hoping to do and achieve.
- If you smoke, make this an opportunity to stop. Smoking causes weak connective tissue, and the repair will never be as strong as it should be.
- If you have a BMI >25, use this opportunity to try and lose weight. Excess weight adds pressure on the repair especially when abdominal pressure is increased. The higher your BMI the more this applies. (The increasing risk is an exponential rather than a linear curve – the excess risk with a BMI of 30 is substantially more than the excess risk of a BMI of 27 for example.)
- If you cough, sneeze, or laugh hold the repair with your hand to help support it. If you find the hernia support briefs comfortable continue to use them without the pad.
- Start a core muscle (core muscles are the abdomen, sides, lower back, buttocks, and hamstrings) exercise program. Aerobic exercises, Yoga, Pilates, and Tai Chi are excellent ways to start this.



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As a patient of the Hernia Clinic Hampshire, you are in the best possible care, but it is up to you as to how much you follow our post-surgery advice and information.

Your recovery will be affected by how closely you follow this guide.

All the information you need to make an informed choice about hernia surgery is within 'Hernia Surgery' section of our website.

If after reading this a couple of times you still have questions, please email them to us prior to your surgery so we can answer them and make sure you are comfortable with and understand what you agree to and why.