



What to Expect Post Hernia Surgery With Hernia Clinic Hampshire

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Introduction

Our goal is to help you understand how you can expect to be feeling after hernia surgery, how to manage pain and wound care, and how to maximise your recovery using our recovery programme (hernia supports, rehabilitation exercises and this advice leaflet). This leaflet covers all hernia repairs.

It is extremely important that you follow our recovery programme to get the best results possible. With our bespoke recovery programme, you can use your body's natural ability to heal to its fullest potential and improve your comfort, results, and strength.

From reducing pain, swelling, and bruising, to re-strengthening and improving comfort in the surgical area, to enabling you to get back to activity quicker, this leaflet details how and why to use the supports and rehabilitation exercises.

All the information you need to make an informed choice about hernia surgery is within Hernia Clinic Hampshire website and this leaflet. Please take the time to read and digest the information.

1. Recovery 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.

1.1 Bruising / Swelling

Bruising can look frightful – literally black and blue! – but is a normal part of having an operation. Bruising can grow over a few days and cause swelling, but no matter how large the bruise or any swelling, taking simple pain relief and waiting up to a few weeks will fix it.

Wearing hernia supports after surgery can initially help with swelling and bruising.

1.2 If You Feel a Suture

The skin edges are closed with a suture underneath the skin, so there are no sutures to see. If you can feel a suture end, it will disappear in **6 weeks** (about one and a half months).

Some notice the suture end pokes out around week 3. If that happens, you can pull it out and the wound will already be healed. If a suture end is palpable by the time you book your post-surgery follow up appointment, please book this face-to-face (rather than over the phone) so that it can be removed during your consultation.

1.3 If You Feel a Lump

In many patients, 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 not an indicator that anything is wrong and is not a recurrent hernia. This is a normal variant of healing. The lump lasts up to **3 months** and flattens. The area then feels firmer than the other side for a further 6-9 months.

1.4 Wound Dressings

We advise you to leave the wound alone and wait for it to heal by itself over approximately **12 days**. You will have two or three layers of dressing:

Top Layer: Hernia Support Garment

The top layer is a pressure dressing (either hernia pants or an abdominal wrap) and is there to apply firm pressure to the wound to reduce bruising. We recommend you wear the hernia support (24 hours a day) from getting dressed after surgery for a minimum of **48 hours**.

Please see the letter sent by email after your consultation for details on how to get these and how to use them. Please read Chapter 2 for more information on how hernia supports improve results.

Middle Layer: Dressing Layer

The middle layer is a flat, waterproof dressing. You can shower with it on and then pat it dry. It may last **12 days**, but you might find that it starts falling off after 5-7 days and therefore needs to be changed. 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. The manufacturer says to change them after 7 days, but we have seen that patients had better results keeping the wound covered with the same dressing for 12 days if possible.

Bottom Layer: Wound Closure

The bottom layer of butterfly sutures needs to stay on for **12 days**. These help to create a better scar appearance in the long term. (If any or all of these come off changing dressing layer 2 then please just replace the dressing you were changing and leave what remains of this layer till day 12).



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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, then soak the butterfly sutures by getting the wound wet. They should then lift off easily or rub off with a flannel. Then, gently wash the area with a wet flannel to remove the last clots. An alcohol wipe removes any glue from the dressing adhesive but may make the scar line sting so be careful wiping with it.

A surgical incision can feel sore, look a little red, raised at the edges (but dry) and itch. Later, the skin edges can be a little dry, scabby and itchy. **This is normal and you should just follow the advice given here for wound care.**

1.5 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/dry. Do this twice a day for **2 months**. Massage the scar for a minimum of 2 minutes, but 5 minutes would be better.

Apply a moisturizer. Use the flats of your first three fingers and rub firmly in circular motions from one end of the scar (closest to the middle of your body) to the other end (closest to the side of your body). The pressure used should be 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). Do this alongside our exercise programme.

[Watch our Consultant Surgeon explain how to massage your wound and why this helps improve long-term wound comfort: Watch Video](#)

Compression (TED) stockings

TED stockings have been shown to reduce your risk of a DVT after general anaesthetic, and are routinely advised. Most hospitals advise you to keep these on for 2 weeks after surgery.

If your surgery used LA/sedation, the factors that increase the risk of DVT after surgery in most are not as applicable to you.

We advise 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 and do not have any of the above risk factors, 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**.

1.6 Pain Relief

To maximize your comfort and recovery, we advise that before the local anaesthetic wears off (and before leaving hospital) you put on your hernia support garment and start taking the paracetamol and ibuprofen as described in the information below about pain relief.

It is best to start pain relief before any pain develops or is present enough to reduce your mobility or make you feel unwell. How long you will need to take simple pain relief can relate to the amount of bruising. **The hernia support garments, if well fitted, add to pain relief.**

Use a combination of the below to get the most effective pain relief:

Paracetamol

This medicine has few/no side effects and is safe for almost everyone. Take two paracetamol capsules regularly four times a day. 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 with food. Some patients can experience problems with Ibuprofen 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 previously. Please discuss this with our Surgeon on the day of surgery if you have concerns about taking it. Ibuprofen is a highly effective and safe painkiller in the overwhelming majority when taken in this manner, 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 machinery or drive while taking this and you usually need to take a laxative with it.

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.

Pain Relief Summary:

- Wear the hernia support all the time you are requiring pain relief 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.

2. Improving Your Hernia Surgery Results

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

2.1 Wound Healing

By better understanding how your body heals, you can better understand how our recovery programme works to help you get the most from your surgery. Healing your wound well and strengthening your repair will, in time, reduce the risks of it recurring and of long-term discomfort in the operated area.

Read our webpage about wound healing:

<https://herniaclinicahampshire.com/hernia-advice/hernia-wound-healing/>

2.2 Improve Results With: Our Rehabilitation Exercise Programme

These exercise videos are included in the self-funded surgery package cost. If you are not buying a surgery package, you can purchase the exercises here:

<https://herniaclinicahampshire.myshopify.com/products/hernia-recovery-exercises-access>

While these exercises primarily help post-surgery, we recommend starting our exercise programme if you have not had surgery yet to help with strengthening your abdominal muscles before you have your surgery. **Nearly all our patients who completed our exercise programme survey found that our recovery exercises helped their recovery.**

These have been designed to improve long-term comfort, aid your recovery, help re-strengthen, and improve healing post-surgery. Follow the instructions given when accessing the videos. This programme works in 2 stages:



Stage 1: In the initial period after surgery, gentle exercise such as Videos 1 & 2 of the programme increase blood flow to the repair site and improve healing.

Stage 2: During the scar-remodelling phase of your recovery (around **2-4 months** post-surgery) the exercises can 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 Videos 1 & 2 from **day 2 or 3** after your surgery, or as you feel ready. After **7-10 days**, slowly progress through the videos (only **1 video/day**) until you feel slightly challenged. Continue the exercises as instructed for **4-6 months**, while the wound remodels.

Remember: This is not a competition on how quickly you can get to the end. Many patients will never feel comfortable doing Video 7. Video 4, 3 or even 2 may be enough.

Your hernia support can help with both this programme and general returning to activity. All 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.

2.3 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. 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.

Most of our patients who completed our Clinical Outcomes surveys have said that they would recommend a hernia support to those having a hernia repair and found it helped them feel more confident returning to activity and helped relieve discomfort.

For **groin hernias**, 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 found the hernia supports helped relieve discomfort. A few find them uncomfortable, but we ask you to bear with them for a minimum of **48 hours** post-surgery 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.

2.4 Improve Results With: Early Mobility

Another crucial factor involved in recovery is mobility. Being still only worsens stiffness and soreness, making your recovery longer and more painful. Instead, you should keep moving.

Key Rule #1: Early mobilization after surgery is essential – particularly with the older generation. The wound and clots stabilise in the first 48 hours. Bruising can be controlled by wearing your hernia supports, initially with the pad. Be gentle with yourself in this period, but remain mobile. From day 3 the pads can be removed and there are no absolute limitations on returning to activity if you follow this rule:

Key Rule #2: If it hurts (more than just being a little 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.

Please note that it is better to take paracetamol and ibuprofen and move around than take no painkillers and stay still. Your hernia supports can be extremely helpful in getting you more mobile and active early on.

3. Return to Day-to-day Activity: When Can I...

3.1 Early Mobility and Exercise Programme

After surgery, we highly recommend you remain mobile. The first **48 hours**, you should be gentle with yourself but still moving around. From **day 3**, you can start our rehab exercises.

3.2 Driving After Surgery

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. We suggest that you expect not to drive for **10 – 14 days**. 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.

3.3 Showering/Bathing/Swimming After Surgery

You can shower from **day 1** with the dressing in place, just pat it dry. To have a bath or swim, the wound must be healed and dry (typically once the dressings come off after **12 days**).

3.4 Playing Sport After Surgery

Sport enthusiasts should expect to return to exercise carefully from **2 weeks** after surgery. It is best to try aerobic exercise first, like running and swimming, and for a shorter distance or duration than you usually manage. Build up again as comfort allows. **It will take longer to return to an extremely elevated level of activity/sport.** Slowly introducing aerobic and conditioning exercises will improve recovery and reduce the risk of recurrence.

3.5 Heavier Lifting After Surgery

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.

3.6 How to Lift After Surgery

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.

WARNING: Most problems arise from simple activities like gardening and 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 extremely comfortable.

3.7 Return-to-Activity Timelines

We ask our patients to complete a **Clinical Outcomes Study**. This helps us understand what patients feel able to do during their recovery. 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 groin hernias.
- Dancing – Depends on the dancing. 2-8 weeks, based on how you feel.
- Driving – 2 weeks
- Golf – 5-6 weeks
- 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 will need. 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 of weight per hand**. Can do housework after a few days if needed, but only light work and you will tire quickly.

- Lift a Medium Weight – 8 weeks
- Mow Lawn – 1-2 weeks if mowing with an electric/powerd mower, but do not lift it.
- Running – 4 weeks
- Sailing (yachts) 4-6 weeks
- Short Walk – Within 1 weeks
- 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 skiing slowly
- Stationary Exercise Bikes – Can be as soon as comfortable. Use lower resistance to start 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.
- Short Walk – Within 1 week
- Longer Walk – Within 2 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.

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

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 new connective tissue. Just after surgery, your body has not done this yet and the repair is 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 scar tissue to finish and final maximal strength to be achieved. In the first **4 weeks** there is truly little strength – you can damage your repair if you ignore the body's warning signs of discomfort and tiredness when you have done too much.

4. Hernia Surgery Risks

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

4.1 Bruising and Wound Infection, as 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.

Wound infections typically occur **4-8 days** after surgery. The wound starts to get more painful again rather than less painful. It becomes a brighter red and starts to weep. This is the opposite to it becoming a darker red at the margins and dry which is normal wound healing.

4.2 Altered Skin Sensation

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

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 long-term.

4.3 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 exceedingly small.



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4.4 Long-term Pain

An inflamed pubic tubercle may cause discomfort, but this is rare and broadly speaking of equal risk from either hernia repair technique. One potential cause of long-term discomfort is tension in the healing tissue/scar, which we try to combat with our rehab exercises.

Remember, the purpose of our advice, hernia supports, and hernia rehabilitation exercises is to reduce the risks of hernias reoccurring or getting long term discomfort after surgery.

4.5 Testicle Injury

4.5.1 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 cause the testicle to get smaller and ache 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%).

4.5.2 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.

4.6 How to Prevent a Hernia from Re-occurring

Some hernia recurrence risk factors can be removed/modified:

4.6.1 Removable Risk Factors

- **Smoking:** Stop smoking tobacco after surgery and for at least 6 months pre-surgery.
- **Obesity:** Achieve a BMI under 33 before having surgery and maintain this after surgery to reduce strain on the abdominal wall. A BMI greater than 25 increases the risk of hernias occurring exponentially as BMI increases.

4.6.2 Modifiable Risk Factors

- **Respiratory Disease:** Improve control of respiratory conditions to reduce muscle fatigue and strain on the abdominal wall.
- **Diabetes:** Ensure blood sugar levels are well-managed, with an HbA1c below 69, to minimize complications during and after surgery.

In addition to the above, you should also be careful and mindful of how you feel and what you are hoping to do and achieve.

- 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 programme – for example, our specially-designed **Rehabilitation Exercise Programme**. Aerobic exercises, Yoga, Pilates, and Tai Chi are also excellent ways to continue your recovery once you are more fully recovered from surgery.

5. Follow Up

You will have a follow up after **4-6 weeks**. 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 email us your questions and we will get back to you ASAP.

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 Clinic Hampshire's website and this leaflet.

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.