

Did your doctor tell you that you have developed an infection related to your surgery?

If YES, please call the Infection Prevention Control office at LWDH

(807) 468-9861 extension 2362

Thank you for helping us ensure quality care.

Lake of the Woods District Hospital

21 Sylvan Street

Kenora, Ontario

P9N 3W7

Telephone (807)468-9861 Fax (807)468-3939

**DISCHARGE
INSTRUCTIONS
FOR
INGUINAL
HERNIA REPAIR**

1. Eat lightly for the first few meals after your surgery and progress as able to tolerate. You should then consume a diet high in protein to promote tissue building and healing (unless on a restricted or special diet).
2. Increase the fluid and fiber in your diet to help your bowels move. Laxatives, such as Milk of Magnesia, may be used for constipation but try to discuss this with your surgeon first.
3. Do not lift anything heavier than 10 pounds (6 kg) for 6 weeks if mesh was used, then resume activity as tolerated.
4. You may shower starting in 1 to 2 days. Avoid tub bathing until steri-strips or staples are removed. When showering, avoid saturating incision with water while steri-strips in place. Pat incision dry. Avoid use of soaps, powders and lotions.
5. You may leave your incision exposed to air or cover with a light dressing for comfort.
6. Resume medications as on at home unless otherwise advised.
7. You will tire easily, so resume activities only as tolerated.
8. Take your prescribed pain medication as directed (every 4 hours if needed) for discomfort.
9. Discuss when you will be able to return to work with your doctor.
10. It is recommended that you don't drive a car for 1 to 2 weeks until discomfort subsides. Your ability to react may not be fast enough to apply the brakes.
11. Wear loose fitting pants.

12. Notify your doctor or come to Emergency if any of the following occur:

- Excessive drowsiness
- Excessive pain, not controlled by pain medication
- Unusual bleeding from incision or vagina
- Redness, swelling or drainage of pus from incision
- Elevated temperature over 100F (38C)
- Faintness or dizziness
- Unusual cough or shortness of breath
- Persistent nausea or vomiting

13. Make an appointment to see Dr. _____
in _____ Phone number _____

**** If you have any questions do not hesitate to call your doctor ****

Special Instructions: _____
