

## What next?

- The dressing should be removed in a bathtub filled with water 72 hours after the procedure.
- The dressing should be soaked until it comes off with ease.
- The dressing may sometimes adhere to the wound causing slight bleeding on removal. Don't panic, the bleeding will stop.
- A ward prescription will be issued to patients on discharge, for own collection at any pharmacy.
- Patients should schedule a follow-up appointment with Dr Schoeman within 2 weeks to review the wound.
- There will be signs of bruising for at least 10 days.
- The suture-line will be hard and indurated for at least 8-10 weeks.
- Sick leave will be granted for 14 days. This is a reasonably painful operation and recovery is slow.
- Please don't hesitate to direct any further queries to Dr Schoeman.!
- **REMEMBER: THOSE WHO SUFFER IN SILENCE, SUFFER ALONE!**



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# Urologist



**Dr Jo Schoeman**  
Specialist Urologist

## PATIENT INFORMATION BROCHURE

### *INGUINAL HERNIA REPAIR*

See this live on:  
[vidscrip.com/urojo](http://vidscrip.com/urojo)

Patient well-being is my first priority!

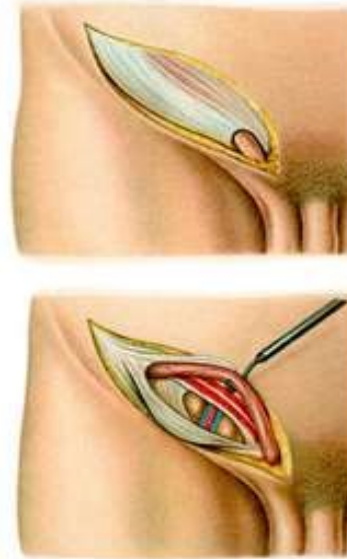
# Inguinal Hernia Repair

## Why is it done?

- To treat inguinal hernias, direct or indirect
- A general Surgeon with laparoscopic skills may be a better option for this procedure.
- Will usually be done in association with other procedures ie: Radical prostatectomy etc

## Pre-requirements

- An informed consent is required from the patient.
- Patients may not eat or drink from 22h00 the previous evening.
- Patients are to refrain from smoking before the procedure.
- **Patients allergic to IODINE should clearly state this at pre-admission clinics as well as to theatre staff.**
- Any anti-coagulants such as Warfarin or Aspirin should be stopped 10 days prior to surgery.
- Patients with cardiac illnesses require a Cardiologist/ Physician's report.
- A chest X-ray is required for patients with lung disease.
- Where required, blood tests will be scheduled as well as other specialist consultations .
- The inguinal area (area from navel to pubic bone, hip bone to midline, on affected side) needs to be shaved. This should be done the morning before being hospitalized.
- Please ensure that the ward admission staff, the theatre staff and the surgeon are made aware of the correct side on which the procedure is to be done.
- Be prepared for an overnight stay.



## How is it done?

- This procedure is done under general anaesthetic.
- A single incision is made in the groin. The underlying muscle layers are then opened.
- A repair of the muscles will be done with non-dissolvable suture material, or if the defect is too large and is surrounded by weak tissue, a mesh may be inserted.
- Subcutaneous sutures, which need not be removed, are used, unless stated otherwise by Dr Schoeman.
- A dressing is then applied, which should be removed after 72 hours.
- A local anaesthetic is injected into the wound, thus giving post-operative pain relief for the next 4-6 hours.
- A drain may also be left for 24-48 hours to prevent the collection of serous fluids.
- A catheter will be inserted overnight, as many men suffer from urinary retention after this procedure.

## What to expect after the procedure?

- Bleeding is a common complication. Please consult Dr Schoeman immediately!
- A haematoma (blood collection under the skin) may form and needs to be reviewed by Dr Schoeman as soon as possible. Bruising is normal.
- An infection of the wound may occur and requires review.
- Dressings are removed 72 hours after surgery and should be kept dry during this initial period.
- Urinary retention may occur if a urinary catheter was not inserted. Please contact Dr Schoeman.
- Testis atrophy with scarring
- DANGER SIGNS: A wound that swells immediately, fever, or puss. Contact Dr Schoeman immediately. This can occur in up to 15–20% of patients.

