OAKVILLE COLORECTAL
GROUP

General and MIS Colorectal Surgeons
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Patient Information and Consent for Umbilical Hernia Repairs

Important things you need to know

Patient choice is an important part of your care. You have the right to change your mind at any time, even after you have given consent and the procedure has started (as long as it is safe and practical to do so). If you are having an anaesthetic you will have the opportunity to discuss this with the anaesthesiologist prior to the procedure.

We will also only carry out the procedure that is described on your consent form unless, in the opinion of the health professional responsible for your care, a further procedure is needed in order to save your life or prevent serious harm to your health.

However, there may be procedures you specifically do not wish us to carry out and these can be recorded on the consent form.

What is an Umbilical hernia?

Your surgeon has recommended that you undergo an operation for a paraumbilical hernia. This document has been designed to provide you with information about the nature of the surgery, what to expect in the recovery period and the potential risks. If you are unsure about anything contained in it please ask one of the medical or nursing staff.

A paraumbilical hernia is an abnormal protrusion through the abdominal wall around the umbilicus (belly button). The protrusion contains a small sac of abdominal lining which can be empty or it can fill with abdominal contents such as bowel. Typically, hernias are more obvious when standing or straining (for example, coughing, heavy lifting and digging) as this forces bowel into the sac.

Hernias usually develop over time for no obvious reason, although in some people there may be an inborn weakness in the abdominal wall. Occasionally a strenuous activity will cause a lump to appear suddenly. They may occur at any age and are more common in men than women. Paraumbilical hernias are more common in patients who are overweight.

Hernias may simply present as a painless bulge that enlarges with standing or coughing. Commonly though they cause an aching discomfort or a dragging sensation. Occasionally a

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piece of bowel or fat can get stuck and twisted within the hernia. This is very painful and can lead to a strangulated hernia which is a life-threatening emergency. It is generally recommended, therefore, that hernias be repaired to prevent such complications arising.

Intended benefits

To repair your hernia. This should reduce discomfort and prevent the hernia from bulging. It should also prevent the hernia from enlarging over time.

Hernias very rarely "strangulate". This is when the hernia comes out and gets stuck. In this situation an emergency operation is required. If your hernia has been repaired it cannot strangulate, therefore this complication is prevented by repairing your hernia electively.

Who will perform my procedure?

The surgeon whose name is on the consent form will be the primary surgeon who performs your procedure. However, other suitably trained surgeons may also be involved in your care during your procedure as directed by your primary surgeon.

Before your admission

Some patients will need to attend the pre-operative clinic, which is usually run by specialist nurses and anaesthesiologists. At this clinic, they will ask for details of your medical history and carry out any necessary clinical examinations and investigations. Please ask them any questions about the procedure, and feel free to discuss any concerns you might have at any time.

They will ask if you take any tablets or use any other types of medication either prescribed by a doctor or bought over the counter in a pharmacy.

Please bring all your medications and any packaging (if available) with you. Please tell the ward staff about all of the medicines you use. If you wish to take your medication yourself (self-medicate), please ask your nurse. Pharmacists visit the wards regularly and can help with any medicine queries.

Your operation will require a general anaesthetic. You will see an anaesthetist before your procedure to discuss the best options for you.

Hernia surgery is usually performed as a day case procedure. Sometimes we will recommend you stay in hospital overnight after your operation. This will be discussed with you when you are seen in clinic.

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Hair removal before an operation

If you need hair removal from the surgical site this will be done using an electric hair clipper with a single-use disposable head, after you have been anaesthetised. Please do not shave the hair yourself or use a razor to remove hair, as this can increase the risk of infection. Your healthcare team will be happy to discuss this with you.

It may be necessary during the procedure to shave other areas of your body if appropriate to allow equipment/machines, for example diathermy machines (used to seal blood vessels), to stick to your skin to achieve the best and safest performance.

During the procedure

This operation involved making a small incision just below the umbilicus. The hernia sac is then completely removed, and the contents of the hernia are placed back into the abdomen. The defect in the abdominal wall is then closed with either sutures, or occasionally with the aid of a polypropylene mesh. You will not be able to feel the mesh as it is placed below the abdominal wall. The umbilicus is then tacked down to the abdominal wall to improve the cosmetic appearance. The incision is then closed with absorbable sutures.

A plastic dressing is placed over the wound. The dressing is shower-proof. You can get them wet, but you should avoid rubbing them, or submerging them in a bath. The dressings should stay on for 7 days, after which you can remove them yourself.

After the procedure

Once your surgery is completed you will usually be transferred to the recovery unit (PACU) where you will be looked after by specially trained nurses, under the direction of your anaesthesiologist. The nurses will monitor you closely until the effects of any general anaesthetic have adequately worn off and you are conscious. They will monitor your heart rate, blood pressure and oxygen levels too. You may be given oxygen via a facemask, fluids via your drip and appropriate pain relief until you are comfortable enough to be discharged home.

Eating and drinking.

After your operation, you may drink and eat as soon as you feel like it.

Getting about after the procedure.

It is safe to perform light duties immediately after the operation, but you should avoid heavy lifting (>10 lbs) for four to six weeks.

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Driving

You can drive once you are confident that you can brake in an emergency and turn to look backwards for reversing without fear of pain in the wound. This usually takes about 7-14 days. If in doubt you should check with your insurers.

Leaving hospital.

Typically you will be able to be discharged home later the same day. However, occasionally it is recommended that you say in overnight due to other medical conditions that you may have.

Resuming normal activities including work.

You should be able to resume normal office work within 2 weeks, and fully activities in 4-6 weeks.

Special measures after the procedure.

There are no stitches to remove. You can shower normally for the first 7 days and then you can soak in a bath and peel the plastic dressing off and leave the wound open to the air. If the wound becomes red, hot or mucky see your GP, local ER or surgeon in case you have a wound infection and need antibiotics. Expect some numbness beneath the scar - this may be temporary or permanent.

Pain control.

Local anaesthetic is usually injected into the wound to minimise pain immediately after surgery and this lasts for four to six hours. You will be given pain killers to take home and should take these regularly for the first few days.

It is normal to have some discomfort after your operation; you will not be pain-free.

We use a multi-modal approach to pain management to help reduce the need for narcotics for your pain management. We recommend that you take Tylenol (Acetaminophen) and Advil (Ibuprofen) regularly for the first 48 hours, whether you are having pain or not. They work in different ways to reduce pain, so taking them at the same time is safe to do. Studies show that 90% of patients will have good pain control with these medications alone, and will not require anything stronger. However, you will be given a prescription for a strong pain medication called Hydromorphone (Dilaudid). Only fill this prescription if the Acetaminophen and Ibuprofen do not control your pain in the first 6 hours.

Please notify your surgeon if you have a history of stomach ulcers, liver disease, kidney disease or allergies to any of these medications.

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As the discomfort subsides you will need less pain relief but you may not be fully comfortable for two to four weeks.

In the period following your operation you should seek medical advice if you notice any of the following problems:

- increasing pain, redness, swelling or discharge
- severe bleeding
- difficulty in passing urine
- high temperature over 38° or chills
- nausea or vomiting.

Check-ups and results.

Please call your surgeon's office *within 1 week of your surgery* to book a follow up appointment for 5-6 weeks.

Significant, unavoidable or frequently occurring risks of this procedure

Hernia repair is generally a very safe operation with few risks, but rarely complications can occur. Therefore, in the period following your operation you should seek medical advice if you notice any of the following problems:

- increasing pain, redness, swelling or discharge
- severe bleeding
- difficulty in passing urine
- high temperature over 38° or chills
- nausea or vomiting

Wound haematoma

- bleeding under the skin can produce a firm swelling of blood clot (haematoma). This may simply disappear gradually or leak out through the wound.

Wound seroma

- a seroma is a pocket of clear yellow fluid that can develop after surgery. It may leak out of the wound or gradually dissipate

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INFECTION

- minor wound infections do not need any specific treatment. Antibiotics are given during the operation to minimise the risk of deep seated infection. Occasionally more significant wound infections do require a more prolonged course of antibiotics.

RECURRENCE

- fortunately recurrence after hernia surgery should be rare. It is more likely if you are overweight.

ALTERNATIVE PROCEDURES THAT ARE AVAILABLE

The principle alternative to the procedure outlined is not to have any surgery to the hernia. In some cases, particularly with very small or very large hernias, the chances of life threatening problems, such as strangulation, are small.

In most other cases if a decision is taken not to have surgery, there is a small risk that strangulation might occur and require an urgent operation. The hernia may also increase in size as time goes by.

Sometimes your surgeon will recommend laparoscopic (keyhole) surgery to repair a paraumbilical hernia; if so then you will be given more specific details about this.

ANAESTHESIA

Anaesthesia means 'loss of sensation'. There are three types of anaesthesia: general, regional and local. The type of anaesthesia chosen by your anaesthetist depends on the nature of your surgery as well as your health and fitness. Sometimes different types of anaesthesia are used together.

BEFORE YOUR OPERATION

Before your operation you will meet an anaesthesiologist who will discuss with you the most appropriate type of anaesthetic for your operation, and pain relief after your surgery.

To inform this decision, they will need to know about:

- Your general health, including previous and current health problems
- Whether you or anyone in your family has had problems with anaesthetics
- Any medicine or drugs you use
- Whether you smoke
- Whether you have had any abnormal reactions to any drugs or have any other allergies
- Your teeth, whether you wear dentures, or have caps or crowns

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Your anaesthesiologist may need to listen to your heart and lungs, ask you to open your mouth and move your neck and may review your test results.

Preoperative Checklist

Before starting your anaesthesia the medical team will perform a check of your name, personal details and confirm the operation you are expecting as well as the side of the hernia.

You will change into a gown before your operation and we will take you to the operating room. When you arrive in the operating room, monitoring devices may be attached to you, such as a blood pressure cuff, heart monitor (ECG) and a monitor to check your oxygen levels (a pulse oximeter). An intravenous line (drip) may be inserted and you may be asked to breathe oxygen through a face mask.

General anaesthesia

During general anaesthesia you are put into a state of unconsciousness and you will be unaware of anything during the time of your operation. Your anaesthesiologist achieves this by giving you a combination of drugs.

While you are unconscious and unaware your anaesthesiologist remains with you at all times. They monitor your condition and administers the right amount of anaesthetic drugs to maintain you at the correct level of unconsciousness for the period of the surgery. Your anaesthesiologist will be monitoring such factors as heart rate, blood pressure, heart rhythm, body temperature and breathing. They will also constantly watch your need for fluid or blood replacement.

What will I feel like afterwards?

How you will feel will depend on the type of anaesthetic and operation you have had, how much pain relieving medicine you need and your general health.

Most people will feel fine after their operation. Some people may feel dizzy, sick or have general aches and pains. Others may experience some blurred vision, drowsiness, a sore throat, headache or breathing difficulties.

When the effects of the anaesthesia wear off you may need pain relieving medicines.

What are the risks of anaesthesia?

In modern anaesthesia, serious problems are uncommon. Risks cannot be removed completely, but modern equipment, training and drugs have made it a much safer procedure in recent years. The risk to you as an individual will depend on whether you have any other illness,

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personal factors (such as smoking or being overweight) or surgery which is complicated, long or performed in an emergency.

The specific risks of anaesthesia will be discussed with you by your anaesthesiologists at your preoperative clinic appointment.

Acknowledgement

By signing below and the attached surgical consent form, you acknowledge that you have read and understood the patient information about this procedure, that the procedure has been discussed with you by your surgeon, and that you have no further questions and wish to go ahead with the procedure.

Name (Print): …….

Signature: ……. Date: ……