

POST-OPERATIVE CARE INSTRUCTIONS

Inguinal (Groin) Hernia Repair

Laparoscopic or open repair · Take this sheet home and keep it where you'll see it during recovery.

**7 days**

DRESSINGS DRY

**~7 days**

DRIVING

**4-6 wks**

NO HEAVY LIFTING

**1-6 wks**

BACK TO WORK

Wound & dressing care

- Keep wounds clean, intact and dry for **7 days**; shower after 7 days — pat dry, don't rub.
- No baths, swimming or spa pools for 2 weeks.
- Bruising and swelling of the groin — and in men the scrotum — is normal for 2-3 weeks.
- A firm lump under the scar for several weeks is the mesh, scar tissue and a little fluid (a seroma) — not the hernia coming back.

Pain & comfort

- Groin discomfort and bruising are expected. Take your prescribed pain relief regularly at first.
- Apply an ice pack (wrapped in a towel) for 15-20 minutes to ease swelling; supportive underwear helps.
- A numb patch of skin in the groin or upper thigh can last weeks to months and usually settles.

Activity, work & driving

- Gentle walking from day one — build up gradually.
- Avoid heavy lifting and straining for **4-6 weeks**; desk work 1-2 weeks, manual or heavy work 4-6 weeks.
- Drive again once you can perform an emergency stop without flinching — about 3-7 days (keyhole) or 5-10 days (open).

Diet & bowels

- Eat and drink normally and stay well hydrated.
- Constipation is common after the anaesthetic and painkillers — fibre, fluids and a gentle laxative (such as Movicol) early on help you avoid straining.



Seek help urgently if...

- ! Severe or rapidly increasing swelling or pain
- ! Spreading redness, warmth or wound discharge / odour
- ! Fever or feeling generally unwell
- ! Unable to pass urine
- ! Calf pain or swelling, or shortness of breath

Questions during your recovery?



(07) 3333 5518



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Watkins Medical Centre, L7 Suite 351,
Spring HillAfter hours or an emergency — call 000 or go to
your nearest Emergency Department.Dr Goutham Sivasathan, FRACS · Upper Edge Surgery · Brisbane ·
Logan · Redlands · Moreton Bay.Last reviewed June 2026. This is general guidance only — the
specific advice your surgeon gives you about your operation always
takes priority.

Most people recover steadily over a few weeks. These general tips help you heal well and avoid common problems after abdominal or keyhole surgery. Use them alongside the specific instructions on the front of this sheet.



Preventing blood clots

- Move your ankles and legs often — ankle circles, foot pumps and knee bends several times a day.
- Get up and walk a little, regularly, rather than sitting for long stretches.
- Drink plenty of water.
- Take any blood-thinning medication exactly as prescribed.



Breathing & chest care

- Take 5–10 slow, deep breaths several times a day, then a gentle cough to clear your chest.
- Support your tummy with a pillow or your hand when you cough or sneeze.
- Sitting upright and walking help your lungs recover.



Getting out of bed safely

- 1 Roll onto your side with your knees bent.
- 2 Let your lower legs move off the edge of the bed.
- 3 Push up sideways with your arms — not your tummy — to sit up.
- 4 Pause for a moment, then stand up slowly.



Caring for your wound & scar

- Keep dressings dry as directed on the front; once healed, keep the area clean.
- No baths, swimming or spa pools for about 2 weeks; keyhole stitches are usually dissolvable.
- Scars settle well over months. Once fully healed, silicone gel or gentle massage helps; protect new scars from the sun.



Medicines & comfort

- Take pain relief regularly at first, then cut back as you improve.
- Don't exceed the stated paracetamol dose; take anti-inflammatories with food if they suit you.
- Strong painkillers can cause constipation — start a gentle laxative (such as Movicol) early and stay hydrated.
- Avoid alcohol while taking strong painkillers.



Eating well for healing

- Eat regular, balanced meals with protein to support healing.
- Plenty of fibre and fluids keep your bowels regular and help you avoid straining.
- If you smoke, stopping — even for now — speeds wound healing.



Looking after yourself matters. Rest when you need to, increase activity a little each day, and don't hesitate to call us on (07) 3333 5518 if something doesn't feel right.

YOUR HOURLY ROUTINE



Every hour, while awake

- 1 **Deep breathing**
Full breath in · hold 3 sec · exhale fully **×10**
- 2 **Ankle pumping**
Point and relax your toes briskly **×10**
- 3 **Thigh tensing**
Legs straight, press knees into the bed **×10**



Seek help urgently if...

- ! Redness, swelling, warmth or wound discharge
- ! Fever or feeling generally unwell
- ! Persistent or severe abdominal pain
- ! New or worsening shortness of breath, or a moist cough
- ! Calf pain or swelling — possible blood clot

POST-OPERATIVE RECOVERY GUIDE

Recovery After Abdominal Surgery

Moving early and breathing well are the two best things you can do after surgery. **Getting out of bed and walking is the most effective way** to prevent chest infections, blood clots and pressure sores — and it helps your bowels get going again.



Breathing & chest care

- Take a slow, deep breath in, hold for 2–3 seconds, then exhale gently — **10 times every hour**.
- Follow with a gentle cough to keep your lungs clear of phlegm — this reduces the risk of a chest infection.
- Sitting upright and walking both help your lungs recover.



Supporting your wound

- Press a pillow, folded towel or your hands firmly over the wound whenever you cough, sneeze or laugh — it eases pain and gives a stronger, more effective cough.
- Bend your knees before coughing to reduce strain on your tummy.
- Wear your abdominal support binder, if provided, for comfort.



Getting out of bed safely

- 1 Roll onto your side with your knees bent.
- 2 Let your lower legs move off the edge of the bed.
- 3 Push up sideways with your arms — not your tummy — to sit up.
- 4 Pause for a moment, then stand up slowly.

Don't hold your breath while moving. Breathe out through the effort — whether you're sitting up, standing or lifting something light.



Walking — from day one

- Short, frequent walks separated by rests — increase the distance or time a little each day.
- Change position regularly when resting in bed; alternate sitting, lying and side-lying during the day.
- Follow any specific instructions from your surgeon.



Preventing blood clots

- Move your ankles and legs often — circles, pumps and knee bends several times a day.
- Get up and walk a little, regularly, rather than sitting for long stretches.
- Drink plenty of water, and take any blood-thinning medication exactly as prescribed.

Questions during recovery?

- ☎ (07) 3333 5518
- ✉ admin@upperedgesurgery.com.au
- 📍 Watkins Medical Centre, L7 Suite 351, Spring Hill

After hours or an emergency — call **000** or go to your nearest Emergency Department.

MILESTONES



Your recovery timeline

1

Every hour

Bed & breathing exercises while awake

2

Day 1

Up and walking — little and often

3

1–2 weeks

Driving, once you can emergency-stop without flinching

4

4–6 weeks

No heavy lifting or straining

5

6–12 weeks

Back to full daily activity



Keep the routine going

Carry on the hourly breathing and circulation exercises at home until you're back to normal function — they matter just as much after discharge.

YOUR RECOVERY GUIDE · CONTINUED

Building Back to Normal

Keep the exercises going at home, protect your repair for the first 4–6 weeks, and let your bowels work without straining.



Precautions for the first 4–6 weeks

- Avoid heavy lifting and straining — keep to light items only — to protect your repair.
- No heavy housework, gardening or jarring activities (running, jumping) for at least 6 weeks.
- Drive again once you can perform an emergency stop without flinching and are off strong painkillers (often 1–2 weeks).
- Listen to your body — if it hurts, don't continue with that activity.



Your home exercise program

- Continue the breathing and circulation exercises until you're back to normal function.
- Keep a regular walking program going, increasing at your own steady pace.
- By **6–12 weeks** most people are back to full daily activities; a physiotherapist can help you rebuild abdominal and back strength safely — ask your surgeon about specific movement guidelines.



Healthy bladder & bowel habits

- Avoid straining on the toilet — it puts pressure on your wound, pelvic organs and muscles. Aim for soft, well-formed stools.
- Fluids, fibre and regular walking keep stools soft; go when you get the urge and take time to empty fully.
- A gentle laxative or stool softener (such as Movicol) early on helps you avoid straining — especially while on strong painkillers.



The correct toileting position

- Lean forward from your hips, elbows on your knees; a footstool keeps your knees higher than your hips.
- Relax your tummy and bottom muscles and breathe out — never hold your breath or push.
- Gently bulge your lower tummy forward and let your waist widen; hold 5 seconds. Avoid straining.



Looking after yourself

- Rest when you need to — recovery is little and often, not all at once.
- Eat regular, balanced meals with protein to support healing.
- If you smoke, stopping — even just for now — speeds wound healing.

Little and often wins. Move a little more each day, and don't hesitate to call us on (07) 3333 5518 if something doesn't feel right.

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