

Epigastric Hernia



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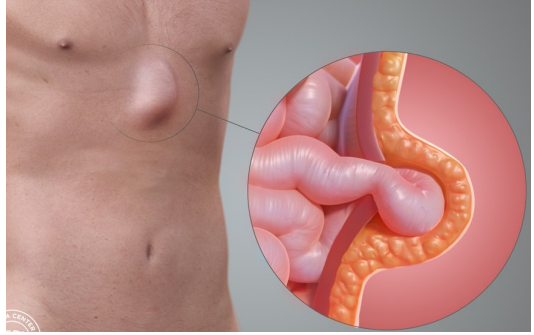
We Care Together!



St. Maarten Medical Center

Epigastric Hernia

A hernia is a bulge through an opening in the muscles on the abdomen. If the hernia reduces in size when a person is lying flat or in response to manual pressure, it is reducible. If it cannot be reduced, it is irreducible or incarcerated, and a portion of the intestine may be bulging through the hernia sac. A hernia is strangulated if the intestine is trapped in the hernia pouch and the blood supply to the intestine is decreased. This is a surgical emergency. An **epigastric hernia** bulges midline above the umbilicus.



Symptoms

The most common symptoms of a hernia are:

- Visible bulge in the abdominal wall, especially with coughing or straining.
- Hernia site pain or pressure.

Sharp abdominal pain and vomiting may mean that the intestine has slipped through the hernia sac and is strangulated. This is a surgical emergency and immediate treatment is needed.

Treatment

Surgical Procedure

Open hernia repair—An incision is made near the site, and the hernia is repaired with mesh or by suturing (sewing) the muscle closed.

Laparoscopic hernia repair—The hernia is repaired by mesh or sutures inserted through instruments placed into small incisions in the abdomen.

Nonsurgical Procedure

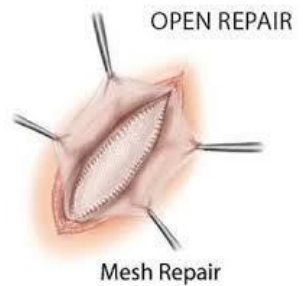
Watchful waiting is an option for adults with hernias that are reducible and not uncomfortable.

Surgical Treatment

The type of operation depends on the hernia size, location, and if it is a repeat hernia. Your health, age, anesthesia risk, and the surgeon's expertise are also important. An operation is the only treatment for a hernia repair.

Open Hernia Repair

The surgeon makes an incision near the hernia site. The bulging tissue is gently pushed back into the abdomen. Sutures, mesh, or a tissue flap is used to close the muscle. With complex or large hernias, small drains may be placed going from inside to the outside of the abdomen. The site is closed using sutures, staples, or surgical glue.



Open Mesh Repair

The hernia sac is removed. Mesh is placed over the hernia site. The mesh is attached using sutures sewn into the stronger tissue surrounding the hernia site. Mesh is often used for large hernia repairs and may reduce the risk that the hernia will come back. The site is closed using sutures, staples, or surgical glue.

Laparoscopic Hernia Repair

The surgeon will make several small punctures or incisions in the abdomen. Ports or trocars (hollow tubes) are inserted into the openings. Surgical tools are placed into the ports. The abdomen is inflated with carbon dioxide gas to make it easier for the surgeon to see the hernia. Mesh is sutured, stapled, or clipped to the muscle around the hernia site. The hernia site can also be sewn directly together.



Non Surgical Treatment

Watchful waiting is an option for a hernia without symptoms. All patients should get treatment if they have sudden sharp abdominal pain and vomiting. These symptoms can indicate an incarcerated hernia and bowel obstruction.

Trusses or belts made to apply pressure on a hernia require correct fitting.

The Day of your Operation

- You should not eat or drink for at least 6 hours before the operation.
- You should bathe or shower and clean your abdomen with a mild antibacterial soap.
- You should brush your teeth and rinse your mouth with mouthwash.
- Do not shave the surgical site; the surgical team will clip the hair near the incision site.
- Let the surgical team know if you are not feeling well or if there have been any changes in your health since last seeing your surgeon.

What to Bring

- Insurance card and identification.
- List of medicines.
- Loose-fitting, comfortable clothes.
- Slip-on shoes that don't require that you bend over.

After Your Operation

You will be moved to a recovery room where your heart rate, breathing rate, oxygen saturation, blood pressure, and urine output will be closely watched. Be sure that all visitors wash their hands.

Preventing Pneumonia and Blood Clots

Movement and deep breathing after your operation can help prevent postoperative complications such as blood clots, fluid in your lungs, and

pneumonia. Every hour, take 5 to 10 deep breaths and hold each breath for 3 to 5 seconds.

When you have an operation, you are at risk of getting blood clots because of not moving during anesthesia. The longer and more complicated your surgery, the greater the risk. This risk is decreased by getting up and walking 5 to 6 times per day, wearing special support stockings or compression boots on your legs, and for high-risk patients, taking a medication that thins your blood.

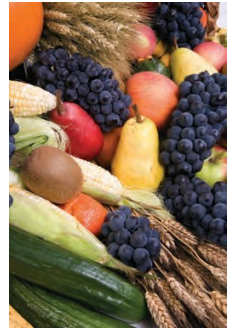
Your Recovery and Discharge

Thinking Clearly

If general anesthesia is given or if you need to take narcotics for pain, it may cause you to feel different for 2 or 3 days, have difficulty with memory, or feel more fatigued. You should not drive, drink alcohol, or make any big decisions for at least 2 days.

Nutrition

- When you wake up from the anesthesia, you will be able to drink small amounts of liquid. If you do not feel sick, you can begin eating regular foods.
- Continue to drink about 8 to 10 glasses of water each day.
- Eat a high-fiber diet so you don't strain while having a bowel movement.



Activity

- Slowly increase your activity. Be sure to get up and walk every hour or so to prevent blood clot formation.
- You may go home the same day for a simple repair. If you have other health conditions or complications such as nausea, vomiting, bleeding, or infection after surgery, you may stay longer.

- Do not lift items heavier than 10 pounds or participate in strenuous activity for at least 6 weeks.

Work and Return to School

- After recovery, you can usually return to work or school within 2 to 3 days.
- You will not be able to lift anything over 10 pounds, climb, or do strenuous activity for 4 to 6 weeks following surgical repair of a ventral hernia.
- Lifting limitation may last for 6 months for complex or recurrent repairs.

Wound Care

- Always wash your hands before and after touching near your incision site.
- Do not soak in a bathtub until your stitches, Steri-Strips[®], or staples are removed.
- You may take a shower after the second postoperative day unless you are told not to.
- Follow your surgeon's instructions on when to change your bandages.
- A small amount of drainage from the incision is normal. If the dressing is soaked with blood, call your surgeon.
- If you have Steri-Strips in place, they will fall off in 7 to 10 days.
- If you have a glue-like covering over the incision, let the glue to flake off on its own.
- Avoid wearing tight or rough clothing.
- It may rub your incisions and make it harder for them to heal.
- Protect the new skin, especially from the sun. The sun can burn and cause darker scarring.
- Your scar will heal in about 4 to 6 weeks and will become softer and continue to fade over the next year.



Hand washing



Steri-Strips

Bowel Movements

Avoid straining with bowel movements by increasing the fiber in your diet with high- fiber foods or over-the-counter medicines (like Metamucil® and FiberCon®). Be sure you are drinking 8 to 10 glasses of water each day.

Pain

The amount of pain is different for each person. The new medicine you will need after your operation is for pain control, and your doctor will advise how much you should take. You can use throat lozenges if you have sore throat pain from the tube placed in your throat during your anesthesia.

When to Contact your Surgeon

Contact your surgeon if you have:

- Pain that will not go away.
- Pain that gets worse.
- A fever of more than 101°F (38.3°C).
- Repeated vomiting.
- Swelling, redness, bleeding, or foul- smelling drainage from your wound site.
- Strong or continuous abdominal pain or swelling of your abdomen.
- No bowel movement by 3 days after the operation.

Contact information

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