Abdominal Wall (Ventral, Incisional, Umbilical) Hernia Repair
Postoperative Instructions

ACTIVITY:
- No lifting greater than 10 – 15 lbs for the first three weeks following your surgery.
- Walking around the house, office work, climbing stairs or driving in a car is fine as soon as you feel able.
- You may feel tired up to a week after your operation. Take a nap when you feel tired.
- You may resume exercise such as running, biking or treadmill, one week after surgery; however, if a particular activity causes pain – stop. You may try to resume activity in another week.
- You may shower the day following your surgery.
- Do NOT drive a car while you are taking pain medicine.

DIET:
- Drink lots of fluids.
- Your appetite when you return home may be less than normal. Do not force yourself to eat. Eat when you are hungry and stay hydrated.

DAILY INCISION CARE:
- You may see bulging at the site of your previous hernia. This is because the hernia sac is filling with fluid. The swelling will go down in several weeks when the fluid is re-absorbed.
- Expect a “knot” near your incision. This is expected and will resolve with time.
- Your incision may be covered with a waterproof dressing (Tegaderm). Change the dressing if it fills with blood or fluid. Take the dressing off after two days. Gently clean the skin around your incision daily with mild soap and water. Please leave steri-strips or staples in place.
- If Dermabond (Skin-Glue) was used to cover your incisions, simply let it peel off when it is ready. Do not pick at it or attempt to remove prior to three days following your surgery. It is OK to shower the following day after surgery if Dermabond was used to cover your incisions.

COMMON PROBLEMS:
- You will have a bowel movement at home in the next few days.
- If you are unable to move your bowels, you can take any over the counter laxative or enema preparation.
- If you are taking narcotics for pain relief you will need to take a stool softener like “Metamucil”.

CALL YOUR DOCTOR IF:
- You have chills or your temperature is greater than 101°F (or 38.3°C).
- You have new redness in the incision or increasing pain.
- Persistent bleeding, nausea or vomiting, or inability to urinate.
- If you have any other questions or concerns, please call our office at any time at 509-946-9707. If it is after hours or on weekends, the answering service will contact Dr. Droesch.

FOLLOW-UP:
- If you do not have an appointment for a follow-up visit, call our office to set up an appointment for 10 - 14 days following your surgery.
ACTIVITY:
• No lifting greater than 10 – 15 lbs for the first three weeks following your surgery.
• Walking around the house, office work, climbing stairs or driving in a car is fine as soon as you feel able.
• You may feel tired up to a week after your operation. Take a nap when you feel tired.
• You may resume exercise such as running, biking or treadmill, one week after surgery; however, if a particular activity causes pain – stop. You may try to resume activity in another week.
• You may shower the day following your surgery.
• Do NOT drive a car while you are taking pain medicine.

DIET:
• Drink lots of fluids.
• Your appetite when you return home may be less than normal. Do not force yourself to eat. Eat when you are hungry and stay hydrated.

DAILY INCISION CARE:
• Your incision may be covered with a waterproof dressing (Tegaderm). Change the dressing if it fills with blood or fluid. Take the dressing off after two days. Gently clean the skin around your incision daily with mild soap and water. Please leave steri-strips or staples in place. These will be removed at your follow-up visit.
• If Dermabond (Skin-Glue) was used to cover your incisions, simply let it peel off when it is ready. Do not pick at it or attempt to remove prior to three days following your surgery. It is OK to shower the following day after surgery if Dermabond was used to cover your incisions.

COMMON PROBLEMS:
• You will have a bowel movement at home in the next few days.
• If you are unable to move your bowels, you can take any over the counter laxative or enema preparation.
• If you are taking narcotics for pain relief you will need to take a stool softener like “Metamucil”.

CALL YOUR DOCTOR IF:
• You have chills or your temperature is greater than 101°F (or 38.3°C).
• You have new redness in the incision or increasing pain.
• Persistent bleeding, nausea or vomiting.
• If you have any other questions or concerns, please call our office at any time at 509-946-9707. If it is after hours or on weekends, the answering service will contact Dr. Droesch.

FOLLOW-UP:
• If you do not have an appointment for a follow-up visit, call our office to set up an appointment for 10 - 14 days following your surgery.
ACTIVITY:
• You can drive after 24 hours.
• Do NOT do any hard physical activity for 1 week after surgery.

INCISION CARE:
• Keep the dressing on for 48 hours.
• Your incision may be covered with a waterproof dressing (Tegaderm). It is OK to shower the day following your surgery. Change the dressing if it fills with blood or fluid. Take the dressing off after two days. Leave the Steri-Strips (little white strips of tape) in place after you take off the dressing. These small pieces of tape will support the incision and keep the scar narrow.
• Gently clean the skin around your incision daily with mild soap and water.
• If Dermabond (Skin-Glue) was used to cover your incisions, simply let it peel off when it is ready (approx. 7 days). Do not pick at it or attempt to remove prior to three days following your surgery. It is OK to shower the following day after surgery if Dermabond was used to cover your incisions.
• Do NOT take a bath or swim for 2 weeks after surgery unless you first check with your doctor.
• Many women find it more comfortable to wear a bra DAY and NIGHT for at least 48 hours after surgery. You may find it more comfortable to continue this for 2 weeks after surgery. This will support the incision (decreasing scar size) and the strain on the biopsy site (decreasing bruising).
• It is normal to have some bruising or swelling around the incision.

PAIN MEDICATION:
• Use ice to help with the pain and swelling in the area for 24 hours after surgery.
• Use prescribed pain medications as directed.
• Keep in mind that narcotic pain medicines can cause constipation and you may also want to take a stool softener and drink lots of fluids.

CALL YOUR DOCTOR IF:
• You have chills or fever greater than 101F (or 38.3C).
• You have a lot of swelling, bleeding (red blood from the incision) or pain.
• You have a lot of drainage from the incision and/or redness (more than ½ inch beyond the incision).
• If you have any other questions or concerns, please call our office at any time at 509-946-9707. If it is after hours or on weekends, the answering service will contact Dr. Droesch.

FOLLOW-UP:
• If you do not have an appointment for a follow-up visit, call your Dr. Droesch’s office and make one after you go home. You should plan to follow-up in 7 – 10 days.
• The pathology results may take up to 5 working days to be ready.
Colon and Rectal Surgery Postoperative Instructions

John T. Droesch, MD General & Laparoscopic Surgery

ACTIVITY:
• Walking around the house, office work, climbing stairs or riding in a car is fine as soon as you feel able.
• You will not harm the incision by walking.
• You may feel tired for three to six weeks after your operation. Take a nap when you feel tired.
• Do NOT drive a car while you are taking pain medicine.
• Sexual activity is fine as soon as you are comfortable.

DIET:
• Eat soft foods that is easy to digest.
• Drink plenty of fluids.
• Your appetite when you return home may be less than normal. Do not force yourself to eat; eat when you are hungry and concentrate on liquids. It is important to stay well hydrated.
• The pain medicines may cause constipation. Therefore, please use the prescribed stool softeners.

INCISION CARE:
• It is normal to have some bruising and swelling around the incision.
• Gently clean the skin around the incision daily with mild soap and water.
• Change the dressing (gauze) daily to help keep the incision dry and clean.
• Drainage will slowly decrease as the incision closes. When it has sealed over and is dry, you do not need a dressing.
• It is OK to shower starting 48 hours after surgery. Afterwards, pat the incision dry.
• Do NOT sit in a tub for a bath until the incision is closed.
• Do NOT use a sauna or hot tub for 2-3 weeks after surgery.

COMMON PROBLEMS:
• You will have a bowel movement at home in the next few days.
• Do not take laxatives to hurry bowel motion.

CALL YOUR DOCTOR IF:
• You have chills or fever greater than 101°F (or 38.3°C).
• You have new redness, swelling, increasing pain, pus or a foul odor at the incision site.
• Persistent nausea, vomiting or increasing abdominal pain that is not controlled by pain medications.
• You have heavy bleeding from the incision (soaking the dressing).
• You have chills or fever greater than 101°F (or 38.3°C).
• If you have any other questions or concerns, please call our office at any time at 509-946-9707.
If it is after hours or on weekends, the answering service will contact Dr. Droesch.

FOLLOW-UP:
• If you do not have an appointment for a follow-up visit, please call Dr. Droesch’s office to make an appointment for 7 – 10 days after leaving the hospital.
ACTIVITY:
• No lifting greater than 10 – 15 lbs for the first two weeks following your surgery.
• Walking around the house, office work, climbing stairs or driving in a car is fine as soon as you feel able.
• You may feel tired up to a week after your operation. Take a nap when you feel tired.
• You may resume exercise such as running, biking or treadmill, one week after surgery; however, if a particular activity causes pain – stop. You may try to resume activity in another week.
• You may shower the day after surgery.
• Do NOT drive a car while you are taking pain medicine.

DIET:
• Drink lots of fluids.
• Your appetite when you return home may be less than normal. Do not force yourself to eat. Eat when you are hungry and stay hydrated.
• Follow your diet as tolerated and stay well-hydrated. Avoid greasy or fatty foods for the first two weeks after your surgery.

DAILY INCISION CARE:
• Your incision may be covered with a waterproof dressing (Tegaderm). Change the dressing if it fills with blood or fluid. Take the dressing off after two days. Gently clean the skin around your incision daily with mild soap and water. Please leave steri-strips or staples in place. These will be removed at your follow-up visit.
• If Dermabond (Skin-Glue) was used to cover your incisions, simply let it peel off when it is ready. Do not pick at it or attempt to remove prior to three days following your surgery. It is OK to shower the following day after surgery if Dermabond was used to cover your incisions.

COMMON PROBLEMS:
• You will have a bowel movement at home in the next few days.
• If you are unable to move your bowels, you can take any over the counter laxative or enema preparation.
• If you are taking narcotics for pain relief you will need to take a stool softener like “Metamucil”.

CALL YOUR DOCTOR IF:
• You have chills or your temperature is greater than 101°F (or 38.3°C).
• You have new redness in the incision or increasing pain.
• Persistent bleeding, nausea or vomiting.
• If you have any other questions or concerns, please call our office at any time at 509-946-9707.

FOLLOW-UP:
• If you do not have an appointment for a follow-up visit, call our office to set up an appointment for 10 – 14 days following your surgery.
Hemorrhoidal Surgery Postoperative Instructions

John T. Droesch, MD General & Laparoscopic Surgery

ACTIVITY:
• No lifting greater than 10 – 15 lbs for the first three weeks following your surgery.
• Walking around the house, office work, climbing stairs or driving in a car is fine as soon as you feel able.
• You may feel tired up to a week after your operation. Take a nap when you feel tired.
• You may resume exercise such as running, biking or treadmill, one week after surgery; however, if a particular activity causes pain – stop. You may try to resume activity in another week.
• You may shower the day following your surgery.
• Do NOT drive a car while you are taking pain medicine.

DIET:
• Drink lots of fluids.
• Your appetite when you return home may be less than normal. Do not force yourself to eat. Eat when you are hungry and stay hydrated.

DAILY INCISION CARE:
• Use a pad as needed to control drainage.
• Do not use enemas or suppositories until after you are seen at your first postoperative visit.
• Use baby wipes as needed for cleansing.
• Use sitz baths twice per day or as needed to soothe incisional pain and keep the area clean. Traditional Sitz baths are small plastic tubs that fit over the seat of the toilet and can be filled with warm water and can be purchased at your local drug store. Soaking your incision in warm water for 10 – 15 minutes can provide relief and help clean the incisional area. A regular bath tub is an excellent alternative. Epsom salts can also be used in the water.
• Use a fiber supplement as directed.

COMMON PROBLEMS:
• You will have a bowel movement at home in the next few days.
• Expect some bleeding with each bowel movement for 2 weeks.
• If you are taking narcotics for pain relief you will need to take a stool softener like “Metamucil” or “Citracel”.

CALL YOUR DOCTOR IF:
• You have chills or your temperature is greater than 101°F (or 38.3°C).
• You have new redness in the incision or increasing pain.
• Persistent bleeding that is soaking through the pad.
• If you have any other questions or concerns, please call our office at any time at 509-946-9707. If it is after hours or on weekends, the answering service will contact Dr. Droesch.

FOLLOW-UP:
• If you do not have an appointment for a follow-up visit, call our office to set up an appointment for 10 - 14 days following your surgery.
**ACTIVITY:**
- No lifting greater than 10 – 15 lbs for the first three weeks following your surgery.
- Walking around the house, office work, climbing stairs or driving in a car is fine as soon as you feel able.
- You may feel tired up to a week after your operation. Take a nap when you feel tired.
- You may resume exercise such as running, biking or treadmill, one week after surgery; however, if a particular activity causes pain – stop. You may try to resume activity in another week.
- You may shower the day after surgery.
- Do NOT drive a car while you are taking pain medicine.

**DIET:**
- Drink lots of fluids.
- Your appetite when you return home may be less than normal. Do not force yourself to eat. Eat when you are hungry and stay hydrated.

**DAILY INCISION CARE:**
- You may see bulging at the site of your previous hernia. This is because the hernia sac is filling with fluid. The swelling will go down in several weeks when the fluid is re-absorbed.
- Expect a “knot” near your incision. This is expected and will resolve with time.
- A few days after the surgery, there may be bruising of the penis or scrotum for men. There may be bruising on the genitals for women. The bruising is not dangerous and it is from the small amount of blood loss during the operation.
- Your incision may be covered with a waterproof dressing (Tegaderm). Change the dressing if it fills with blood or fluid. Take the dressing off after two days. Gently clean the skin around your incision daily with mild soap and water.
- If Dermabond (Skin-Glue) was used to cover your incisions, simply let it peel off when it is ready. Do not pick at it or attempt to remove prior to three days following your surgery. It is OK to shower the following day after surgery if Dermabond was used to cover your incisions.

**COMMON PROBLEMS:**
- You will have a bowel movement at home in the next few days.
- If you are unable to move your bowels, you can take any over the counter laxative or enema preparation.
- If you are taking narcotics for pain relief you will need to take a stool softener like “Metamucil”.
- Difficulty urinating for the first 1 – 2 days after surgery is not uncommon. However, if you are not able to urinate please contact our office.

**CALL YOUR DOCTOR IF:**
- You have chills or your temperature is greater than 101°F (or 38.3°C).
- You have new redness in the incision or increasing pain.
- Persistent bleeding, nausea or vomiting, or inability to urinate.
- If you have any other questions or concerns, please call our office at any time at 509-946-9707. If it is after hours or on weekends, the answering service will contact Dr. Droesch.

**FOLLOW-UP:**
- If you do not have an appointment for a follow-up visit, call our office to set up an appointment for 10 - 14 days following your surgery.
Mastectomy Postoperative Instructions

ACTIVITY:
- Do NOT do any hard physical activity for two weeks after surgery.
- Daily activity is OK, but avoid lifting greater than 10 lbs for one week.
- Please start your post-breast surgery exercises as directed.
- Do NOT drive a vehicle until one week after surgery and you are no longer using pain medications. Also, if you feel that pain may prevent you from reacting quickly while driving, avoid driving until pain resolves.

INCISION CARE:
- Keep the dressing on for 48 hours. However, please change the dressing if it fills with blood or fluid.
- If Steri-Strips (little white strips of tape) were used directly on your incision, please do not remove them. These small pieces of tape will support the incision and keep the scar narrow.
- If Dermabond (Skin-Glue) was used to cover your incisions, simply let it peel off when it is ready (approx. 7 days). Do not pick at it or attempt to remove prior to three days following your surgery.
- It is OK to shower starting two days after surgery.
- Gently clean the skin around your incision daily with mild soap and water.
- Do NOT take a bath or swim for 2 weeks after surgery unless you first check with your doctor.
- Many women find it more comfortable to wear the breast binder DAY and NIGHT for at least 48 hours after surgery. You may find it more comfortable to continue this for 2 weeks after surgery.
- It is normal to have some bruising or swelling around the incision.

PAIN MEDICATION:
- Use ice to help with the pain and swelling in the area for 24 hours after surgery.
- Use prescribed pain medications as directed.
- Keep in mind that narcotic pain medicines can cause constipation and you may also want to take a stool softener and drink lots of fluids.

CALL YOUR DOCTOR IF:
- You have chills or fever greater than 101F (or 38.3C).
- You have a lot of swelling, bleeding (red blood from the incision) or pain.
- You have a lot of drainage from the incision and/or redness (more than ½ inch beyond the incision).
- If you have any other questions or concerns, please call our office at any time at 509-946-9707. If it is after hours or on weekends, the answering service will contact Dr. Droesch.

FOLLOW-UP:
- If you do not have an appointment for a follow-up visit, call your Dr. Droesch’s office and make one after you go home. You should plan to follow-up in 7 – 10 days.
- The pathology results may take up to 5 working days to be ready.
ACTIVITY:
• Do NOT do any hard physical activity for two weeks after surgery.
• Daily activity is OK, but avoid lifting greater than 10 lbs for one week.
• Please start your post-breast surgery exercises as directed.
• Do NOT drive a vehicle until one week after surgery and you are no longer using pain medications. Also, if you feel that pain may prevent you from reacting quickly while driving, avoid driving until pain resolves.

INCISION CARE:
• Keep the dressing on for 48 hours. However, please change the dressing if it fills with blood or fluid.
• If Steri-Strips (little white strips of tape) were used on your incision, please do not remove them. These small pieces of tape will support the incision and keep the scar narrow.
• If Dermabond (Skin-Glue) was used to cover your incisions, simply let it peel off when it is ready (approx. 7 days). Do not pick at it or attempt to remove prior to three days following your surgery.
• It is OK to shower starting two days after surgery.
• Gently clean the skin around your incision daily with mild soap and water.
• Do NOT take a bath or swim for 2 weeks after surgery unless you first check with your doctor.
• Many women find it more comfortable to wear a bra DAY and NIGHT for at least 48 hours after surgery. You may find it more comfortable to continue this for 2 weeks after surgery. This will support the incision (decreasing scar size) and the strain on the biopsy site (decreasing bruising).
• It is normal to have some bruising or swelling around the incision.

PAIN MEDICATION:
• Use ice to help with the pain and swelling in the area for 24 hours after surgery.
• Use prescribed pain medications as directed.
• Keep in mind that narcotic pain medicines can cause constipation and you may also want to take a stool softener and drink lots of fluids.

CALL YOUR DOCTOR IF:
• You have chills or fever greater than 101F (or 38.3C).
• You have a lot of swelling, bleeding (red blood from the incision) or pain.
• You have a lot of drainage from the incision and/or redness (more than ½ inch beyond the incision).
• If you have any other questions or concerns, please call our office at any time at 509-946-9707.
• If it is after hours or on weekends, the answering service will contact Dr. Droesch.

FOLLOW-UP:
• If you do not have an appointment for a follow-up visit, call your Dr. Droesch’s office and make one after you go home. You should plan to follow-up in 7 – 10 days.
• The pathology results may take up to 5 working days to be ready.
REPORT ANY OF THE FOLLOWING AFTER MASTECTOMY OR AXILLARY LYMPH NODE DISSECTION:

1. New redness anywhere around your incision or drain sites.
2. Pus at the incision or at drain sites.
3. Fever greater than 101° F.
4. Fluid leaking out around the tubes. A small amount of leakage or dripping is to be expected. A lot of drainage may indicate a plugged tube. Try “stripping” or “milking” the tubing several times to open the lines.
5. Your drains can be removed when they put out less than 30cc in a 24-hour period. If you have two or more drains, they are likely to be ready to come out at different times. Please call your surgeon’s office to arrange for the drain to be removed.

   NOTE: If you have had any type of immediate breast reconstruction the drains may need to be in longer. The plastic surgeon will be the one to decide when your drain is ready to be removed.

6. “Water balloon” sensation anywhere around your incision occurring after all the drains have been removed from that particular side. You may need to get the fluid aspirated in the office.

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