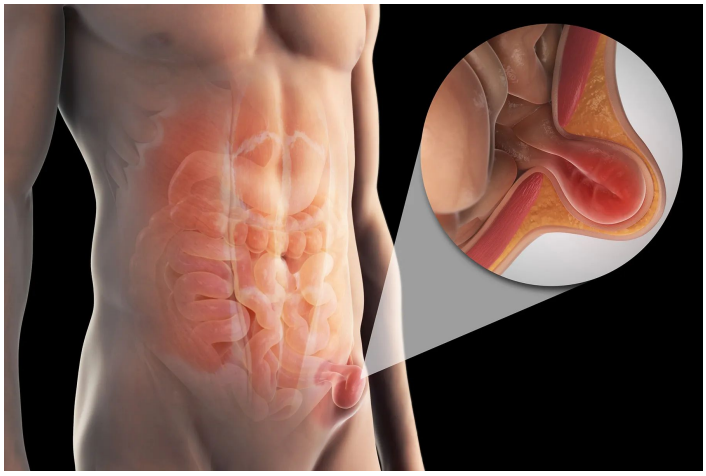
Robotic Assisted Inguinal Hernia Repair
(Groin hernia)

Understanding your Hernia and the Risks

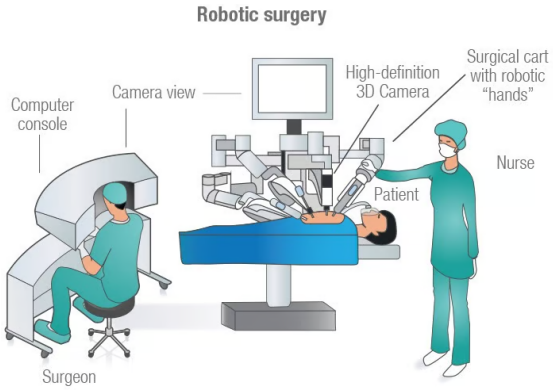
- Hernias usually happen when your abdominal wall gets a bit weak in different spots. This often happens slowly over time because you're putting a lot of strain on your body, or sometimes it's just something you're born with. Now that the wall is weaker, things inside your abdomen, like fat, your intestines, and other stuff, can push through the hole and cause pain or make a lump appear on your skin.
- This can become trapped (incarcerated) or even lose its blood supply (strangulated). Either case can be a medical emergency.
- The purpose of a hernia repair is to close this 'opening' so your intestines can not get stuck or strangulated through this opening.
- There are two main types of inguinal hernias: direct and indirect, and they both happen in the groin area. They're more common in men, and they're all about where they are and how they connect to the blood vessels in your abdomen.



- **Direct:** This type goes straight into your abdominal wall and is located inside the inferior epigastric vessels, which are the blood vessels that supply the abdominal wall.
- **Indirect:** This type goes through the inguinal canal, which is an opening in your abdominal wall that leads to the scrotum (for men) or the round ligament of the uterus (for women), which helps keep the uterus in place.

What Is a Robotic Operation?

- Robotic surgery is a type of laparoscopic operation (small incisions). Every movement by the robot is controlled by the surgeon at the console. The robot does not operate or even move independently.
- The surgeon is present in the room and within a few feet from the patient
- The robotic console provides better visualization, 3D HD cameras, and better instrument stability.



Before Your Surgery

- No food or drink after midnight unless otherwise instructed
- The following medications usually need to be held before the operation.
  - Anticoagulation (Aspirin, Brilinta, Eliquis, Coumadin, Plavix, Xarelto, ect). Discuss specifics with your surgeon and staff.
- Shower the night before or morning of surgery
- Wear loose-fitting clothing
- Arrange transportation home. Someone will need to stay with you the night of the operation.

After Your Surgery

- Walk frequently beginning the day of surgery
- Advance diet as tolerated; initially choose lighter meals
- Do Not lift objects heavier than 10–15 pounds for THREE weeks (or as directed)
- Keep incisions clean and dry.
  - You may shower the day after surgery
  - Do NOT soak the incision in water (pools, tubs, baths, ect) for 3 weeks

- Most patients return to desk work within several days and more strenuous activity in 5–6 weeks, depending on recovery

Diet

- You have no dietary restrictions after the operation. Your appetite may take a day or two to return to normal
- Stay hydrated.

Normal After Surgery

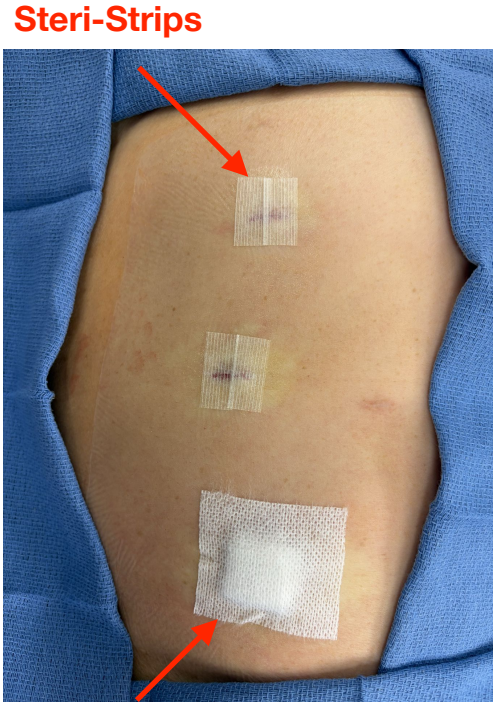
- Mild shoulder discomfort from the gas used during surgery. Resolves after 48h
- Mild bloating that can last for 1-2 weeks
- Mild fever up to 100.5°F. Fever Greater than 101.5°F (38.6°C) should be reported to your surgeon.

Incisions

- Bruising around the incisions is normal
- One incision hurts more than the other incisions, this is normal. This is the incision where the gallbladder is removed from the body and often is sutured closed at the muscle. This pain generally resolves by 6 weeks
- You will feel a bump under each of the incisions. This is scar tissue and will soften and flatten after 1-2 months

Bandages

- STERI-STRIPS:
  - The top layer of bandages can be removed after 24 hours. This is a large square of tape. Underneath this bandage are smaller bandages called stern-strips
  - Steri-strips will usually fall off after 10 days. If they have not fallen off after 14 days, peel them off yourself.
  - You can shower with stern-strips in place.
- DERMABOND
  - This is a thin layer of glue over the incision.



It will flake off after 7-10 days but it can also require gentle removal with your fingernail after 14 days.

Constipation

- Constipation is common after general anesthetic and during the use of pain medication.
- If you do not have a bowel movement within 48h after your operation, take laxatives
  - Mirilax 17mg powder twice daily until constipation has resolved

Physical Restrictions

- Do not lift anything over 10 pounds for THREE weeks after your operation
- Do not exercise within THREE weeks of your operation
- After THREE weeks, you can begin light cardiovascular exercise such as walking or an elliptical machine
- It's common for patients to experience some discomfort with activity for up to six weeks after surgery. Please be kind to yourself during this time as your post-op pain will usually go away.
- Even after six weeks, some discomfort might still be normal as your body adjusts to moving against the mesh. It's best to keep up with your regular physical activity and stretching. The pain should lessen as you move more.

Call JRK Surgical If You Experience

- Fever greater than 101.5°F (38.6°C)
- Increasing redness, swelling, or drainage from an incision
- Persistent nausea or vomiting
- Worsening abdominal pain

Seek Emergency Care Immediately For

- Chest pain
- Shortness of breath
- Heavy bleeding
- Loss of consciousness

Youtube Videos of Similar Operations:

- BILATERAL Inguinal Henria Repair with Mesh
  - https://www.youtube.com/watch?v=30_3RL7EA3I
- UNILATERAL Inguinal Hernia Repair with Mesh
  - https://www.youtube.com/watch?v=X14FpwSLHoM