



## Post-Operative Info & Care

### Pain

- **Acetaminophen** (Tylenol) 650mg to 1000mg every 6 – 8 hours for first 3 days, scheduled
  - After 3 days, may continue as needed for pain 
  - *Do not exceed 4000mg in 24 hours*
  - *Avoid if history of hepatic (liver) impairment, alcohol abuse*
- Non-Steroidal Anti-Inflammatories (NSAIDs), **choose one**:
  - **Ibuprofen** (Advil, Motrin) 400mg by mouth every 6 – 8 hours, as needed
  - **Naproxen** (Aleve) 440mg by mouth every 12 hours, as needed
    - *Avoid if history of renal (kidney) impairment*
    - *Avoid if history of coronary artery disease (CAD), hypertension*
    - *Avoid multiple NSAIDs at once (e.g. Ibuprofen + Naproxen)*
- Narcotics and Opioids
  - **Oxycodone, Hydrocodone** & combo pills are **for severe breakthrough pain ONLY**
  - If a combo pill (e.g. Percocet, Lortab, Vicodin, Norco), do NOT take with Tylenol
  - Do not drive or operate machinery while taking narcotic pain medication
  - **Narcotics can be habit-forming, have addiction potential, and cause constipation, so be careful – and use sparingly**
- Tramadol
  - **Tramadol** (Ultram) is for severe breakthrough pain & often used in place of opioids
  - It is not a true narcotic but can be habit-forming with long-term use
  - *Avoid if history of seizures*
- Pain management efforts are more successful if you take the medication as soon as you start to feel uncomfortable, rather than waiting until the pain is severe
- Should you require a refill, please plan ahead, as we do not call-in prescriptions after hours
- Scheduled medication, such as narcotics, cannot be called in and must be written in-person

### Hygiene

- May shower and use soap and water on surgical site incisions, the day after surgery
- Keep dressing clean and dry for 24 hours, may replace as needed for drainage
- Do not swim or soak; no hot tub, pool, beach, lake, etc. for at least 7 days

## Constipation

- **Post-operatively & within 2 days**, *should be having* regular, soft bowel movements (BMs)
- Hydrate & drink plenty of water (8 –10 glasses per day)
- PEG 3350 (**Miralax**) 17g by mouth each day for BMs each day
  - May increase up to four times a day, as needed
- Other alternative recommendations, as needed – **Use at least one if have not had a BM for 2 days:**
  - Magnesium Hydroxide (Milk of Magnesia) 15 – 30 mL by mouth once a day, as needed
  - Magnesium Citrate 200 – 300 mL by mouth once a day, as needed
  - Docusate (Colace) 100mg by mouth twice a day, as needed

## Activity

- Ambulate and increase activity *as tolerated* post-operatively
  - Simply walking often improves mentation, decreases pain & bloating, and improves BMs
- *Avoid heavy lifting* (greater than 20 pounds) until follow-up after laparoscopic and open surgeries
- Avoid prolonged straining and strenuous activity until follow-up
- Wear your abdominal binder after hernia repair
- Resume all home medication as directed

## Wound Care

- The raised, firm area you may feel is called a *healing ridge*, is normal, and should resolve over time
- Remove your dressings/bandages 2 days after surgery, unless told otherwise by Dr. Ford himself
- You may shower and use soap & water on surgical site incisions, the day after surgery

## Contact Us

- You may call with any problems, questions, or concerns at [970-479-5036](tel:970-479-5036).
  - Prescription Refill Hours: Monday – Thursday 8:30 AM – 4:30 PM, Friday before 2:00 PM
- Please call *if you experience any of the following*:
  - Temperature greater than 101 degrees
  - Incisions with increasing areas of redness, thick or colored discharge, worsening tenderness
  - Nausea and vomiting or an inability to tolerate anything by mouth
  - Progressively worsening pain