Wrightington, Wigan and Leigh Teaching Hospitals
NHS Foundation Trust

Repair of Epigastric Hernia Operation

Version number: **7**
Last modified date: **12th November 2026**

Repair of Epigastric Hernia Operation

Patient Information

Surgery Division

- Author ID: MW
- Leaflet ref: SW3 015
- Version: 7
- Leaflet title: Repair of Epigastric Hernia Operation
- Last review: June 2024
- Expiry Date: June 2026

Welcome to:

Day Surgery

Ward 3

Leigh Infirmary

The Avenue

Leigh

WN7 1HS

Ward 3, 7:30am until 8:30pm, Monday to Friday, Telephone 01942 264260 or 264261

This leaflet aims to give you information about your operation and your stay in hospital and advice for when you go home.

If there is anything you are worried about that is not covered in this leaflet, please feel free to speak to a member of staff.

What is an Epigastric Hernia?

An epigastric hernia occurs due to a weakness, gap or opening in the muscles of the upper abdominal wall, on a line between the breastbone and the umbilicus (belly button). This results in a bulge in the abdominal wall which may cause pain or discomfort.

Surgery involves repair of the area of weakness and return of the abdominal contents back into their normal position. “Mesh” repairs are where a piece of mesh is placed over the repaired hernia to give it added strength.

What are the benefits of having an operation to repair my hernia?

Having the hernia repaired can stop it from becoming any bigger. The bigger it becomes the more likely you are to develop complications. The most serious complication is known as strangulation, where part of the intestine becomes trapped within the hernia. This can cause severe pain and vomiting. If you have any of these symptoms you should go to your local accident and emergency department as soon as possible. Having the hernia repaired by an operation will improve your quality of life.

Are there any risks involved in having an operation to repair a hernia?

Risks of surgery include, scarring, infection, bleeding, collection of blood (haematoma), bruising, recurrence of the hernia, numbness, or chronic incisional pain. This is not a comprehensive list. Risks will be explained to you when you sign your consent form. If you have any worries about anything regarding this, please ask to speak to your consultant.

Alternatives

There are no alternatives to having a hernia operation, only surgery can repair a hernia.

Pre-Operative Assessment Clinic

At the clinic you will be seen by a nurse, who will complete a pre-operative screening assessment. This will include taking a nursing and anaesthetic history, organising investigations such as blood tests ECG's; as necessary.

The nurse will advise you about your operation. He/she will explain to you about your pre and post operative care, how long you will need someone to take care of you when you go home and how long you will be expected to be off work, etc. If you need a sick note, please ask the nurse on arrival at hospital.

How long will I be in hospital?

Ward 3 is a day surgery ward with no overnight facilities. Your operation has been planned as a day case procedure which means that you will be able to come into hospital and be discharged later the same day. Very rarely, some patients do not recover in time to go home and will therefore need to be transferred to the Royal Albert Edward Infirmary, Wigan

What sort of anaesthetic will I have?

Epigastric hernia operations are carried out under a general anaesthetic, which means you will be fully asleep.

Before you come into hospital

Please have a bath or shower. Please do not shave the operation site, as this will be done on admission prior to theatre.

Admission to hospital

On arrival to hospital, you will need to book in at the admissions desk situated on the ground floor below Ward 2 and 3. You will then be directed to the ward; here you will meet your nurse and other members of the team who are looking after you. The facilities and general routine of the ward will be explained to you.

Getting ready for the operation

You will be asked to put on a theatre gown. Prior to theatre your surgeon will see you, you will be asked to sign a consent form if you have not already done so, to say that you understand what you have come into hospital for and what the operation involves. If you have any questions, please ask. The surgeon will mark the operation site pre-operatively with a marker pen. You will also be seen by your anaesthetist; this is the doctor who will

give you your anaesthetic and look after you whilst you are asleep.

(Please note that you will be on a theatre list with several other patients, so be prepared for a wait).

After your operation

You will wake up in the recovery room; here specially trained nurses will monitor closely how you feel. On waking you will have a small clear oxygen mask in place, this will help the anaesthetic wear off. The nurses will check your blood pressure and pulse and make sure that you are comfortable. When the doctors and nurses are happy with your condition you will be taken back to the ward where you will be made comfortable and can rest. Refreshments will be offered as soon as it is safe for you to have these.

Pain control

Expect some discomfort/pain. You will be given strong pain killing and/or local anaesthetic drugs in theatre, which will reduce pain for the first few hours. Your pain will be closely monitored to ensure that it is kept to a minimum. You will be offered and given pain relief, as appropriate.

On discharge, please ensure you have access to simple pain killers which you can take when required.

If you must cough, support the wound by pressing on it with the flat of your hand.

The wound

It is essential that your wound remains clean and dry during the healing period. Your wound dressing should not be disturbed for a minimum of 48 hours. It is advised that if all is well you keep your dressing in place until your clips or stitches are removed. If you have dissolving stitches, you should be able to remove the dressing after 7 days and treat the wound as normal. The dressing is shower proof, please avoid soaking in the bath until the wound is fully healed, as this may delay normal healing. If the wound does become wet, remove your dressing, and pat the wound dry gently with a clean towel and redress the wound. If the dressing needs to be changed, make sure that you wash your hands and avoid touching the wound. The district nurse will remove your stitches/clips in 7 to 10 days after your operation. If dissolving stitches have been used, these do not need to be removed.

The ward will provide you with a district nurse referral form and contact numbers so that you can arrange for a wound check if you have any concerns and for removal of your stitches/clips.

Going home

You must make sure that an adult can take you home in a car or taxi. You will need to go home and rest. An adult must stay with you for the first 24 hours after your operation. Avoid alcohol for a minimum of 48 hours after surgery and whilst taking painkillers.

What to look out for

It may be several hours before you pass water. If you have difficulty, particularly if your bladder feels uncomfortably full but you still cannot pass water, you should attend your local Accident and Emergency department.

You should not experience severe pain, nausea and vomiting, excessive bruising, or persistent bleeding. If you do, please seek medical advice by contacting your G.P., or your local Accident & Emergency department:

Royal Albert Edward Infirmary telephone 01942 244000

You may also ring for advice by contacting one of the numbers below:

Ward 3 – 01942 264260 or 01942 264261

It is important to avoid constipation and straining after your operation, your bowels may be affected by your painkillers. To help prevent this drink plenty of fluids, water is especially good for you. Take plenty of fibre in your diet. If you are having difficulty, use a mild laxative, e.g. Senokot or seek advice from your G.P.

If the wound is showing signs of infection, i.e. increased pain, redness, swelling or discharge or you have a high temperature, seek advice from your G.P.

The first few days

Gently increase your activity over the first few days, little and often until you can do more each day.

You are encouraged to move and walk as this will help prevent stiffness, soreness and help with your circulation and minimize the risk of complications such as chest infection, deep vein blood clots and clots to the lungs. Take painkillers to ease any discomfort to enable you to mobilize.

Work and activity

You can get a sick note from the ward for the first two weeks. You will need to see your GP for any further sick notes.

How quickly you get back to work depends on the type of job you have. Two to four weeks is usual.

“Mesh” repairs allow you to carry out all normal activities two weeks after surgery without risk of harming yourself. No heavy lifting for six weeks.

Driving

We advise that you do not resume driving until your wound has healed and you are confident that you can do an emergency stop. Two to four weeks is usual. We also advise that you check with your insurance company, as policies sometimes carry restrictions, and these may vary.

Outpatients

Not all patients are given a routine follow-up appointment. This will depend on which consultant you had your operation with. If you are not provided with an appointment and encounter any problems that you feel you need to see your surgeon about, please contact your G.P. or consultant’s secretary for advice.



Version number: **7**
Last modified date: **12th November 2026**

All rights reserved © 2026
WWL Teaching Hospitals NHS Foundation Trust