

## Abdominal Bulge/Hernia Repair Complication Checklist

Please read the Purity Bridge Abdominoplasty information booklet and other information leaflets that you have received in full. Although you are not having a standard abdominoplasty, the recovery process and timings and the potential risks and complications are similar to those after this surgery and provide a useful reference point for you. Then please read through and initial beside each point in the complication checklist for your procedure below to indicate that you are aware of and understand each potential risk or complication. Once completed and any questions answered, please sign and date at the end of the last page.

### IMPORTANT:

Ms Nugent must receive this completed paperwork **prior to your date of surgery**.

### Early complications (within the first week of surgery)

#### Bleeding (haematoma)

If there is any suggestion that bleeding into the abdomen has occurred after surgery you will need to go back to the operating theatre to have the bleeding stopped and the wound washed out to evacuate the collected blood. Signs that a haematoma is developing include: the filling up of your drain bottle (if used) with blood, swelling of the abdomen, increasing pain and the development of severe bruising.

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#### Infection

Rates of severe infection in abdominal bulge/hernia repair are low. However, minor wound infections or inflammation may occur - if it does happen, it is most common at the umbilicus (belly button) or at the central area of the main scar. Minor wound infections are dealt with using special dressings and antibiotics where appropriate. If a major infection develops, it might be necessary to go back to the operating theatre to wash out the wound. In severe cases, more than one return trip to theatre may be required, as well as the use of a specialised dressing, to try and get the wound to heal as quickly as possible. If a mesh has been used in your repair and it becomes infected, it may need to be removed to clear the infection fully. This can affect the result of your abdominal wall repair.

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#### Blood clots

Blood clots in the veins of the legs (DVT - deep venous thrombosis) may occur after abdominal bulge/hernia repair, which is why important preventative measures are taken (calf compression stockings, pneumatic calf pumps and blood thinning injections while in hospital). You should continue to wear the calf compression stockings for 2 weeks after discharge from hospital. If a DVT does develop, you will need investigations and treatment as appropriate. A pulmonary embolus (PE) describes a blood clot that has broken off from the DVT and lodged in the blood vessels in the lungs. This can be serious (at times, fatal), and again, appropriate investigations and treatment are instigated should this be suspected after your operation.

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### **Damage to internal abdominal organs**

Abdominal bulge/hernia repair surgery is carried out on the surface skin, fat and muscle layers of the abdominal wall. Very rarely during the repair of tissues or securing of mesh, the deeper layers of the wall are breached and in the worst case scenario the abdominal cavity is entered and internal organs such as the bowel or bladder are at risk of damage. This is extremely rare but is more likely to happen if extensive scarring or a complicated hernia is present. In the unlikely event that this should happen, Ms Nugent would take steps to prevent or repair any damage. This may involve antibiotic treatment to prevent infection and involvement of a specialist colleague such as a general surgeon to assess or treat any internal damage. Even more rarely, sometimes the bowel can twist upon itself and require endoscopic treatment to return to its normal position.

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### **Time for internal abdominal organs to adjust**

Usually it will take a few days for your bowel movements to return to normal after abdominal wall repair surgery. You may notice also that you feel full quicker than usual. It is important not to become constipated during this time as this will put additional pressure on your tummy and will be uncomfortable. This normally resolves in the early stages of recovery. Occasionally, your bowel may take longer than usual to return to working normally while it adjusts to the new tighter abdominal wall.

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### **Intermediate complications (within 6 weeks of surgery)**

#### **Delayed wound healing**

In some people the wounds take longer to heal than in others: this may be due to having had a mild infection of the wound, due to a reaction with the stitches or from "overdoing it" straight after surgery. Normally this is a minor inconvenience, which can be managed with special dressings as an outpatient. Occasionally it can lead to a more severe infection developing as described above. Delayed healing may include the belly button as well as the main wound.

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#### **Suture spitting**

Stitches (sutures) that are designed to dissolve sometimes do not dissolve as quickly as they are meant to. On these occasions, there is a chance that they can work their way out of the wound and appear as sharp prickly filaments, occasionally with a surrounding area of redness on the skin. Should this occur, it is nothing to worry about, and can be dealt with simply in the outpatient clinic. These sutures can be removed from the wound in the clinic, and the wounds should then heal over these areas uneventfully.

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#### **Seroma**

Normally the fluid that comes out into the drain bottles (if used) stops being produced by the body shortly after surgery. Sometimes, however, the body continues to produce this fluid for some time and the fluid can accumulate in the abdomen, known as a seroma. If this occurs, you may experience discomfort and there is a chance that the fluid can become infected. Therefore should you develop a seroma, it may be necessary for it to be drained. This involves a fine needle being passed into the abdomen and the fluid sucked out (in a similar manner to how it previously came out into the drain bottle). The aspiration may need to be repeated on more than one occasion depending upon your situation.

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### Asymmetry

Everyone has a degree of asymmetry between right and left halves of the body. Sometimes certain asymmetries that were present, but less noticeable pre-operatively are revealed after abdominal bulge/hernia repair surgery. It is important to be aware of this possibility prior to undergoing surgery. Regarding the scar, although every effort is taken to make the scar as symmetrical as possible, the scar is often slightly different each side. This too must be appreciated prior to undergoing surgery.

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### Skin loss (necrosis)

Rarely loss of some of the central lower abdominal skin or of the umbilicus (belly button) skin occurs. If this occurs, it usually due to problems with the blood supply to the skin or infection. Should you be unlucky enough to have this happen to you, it may mean dressings and wound care for a longer than usual period of time or in more severe cases further surgery. This may result in a poorer scar than usual. The risk of this problem is significantly increased in smokers, so you are always advised to stop smoking in advance of any planned abdominal bulge/hernia repair surgery and during the recovery period.

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### Late complications (more than 6 weeks from surgery)

#### Scarring

The abdominal incision scars will fade, but this can take up to 1-2 years. Until then scars are often red and firm. As described above, regular scar massage and moisturising is important to help the scars mature and settle down as quickly as possible. Sometimes stretched, tender or lumpy scars can occur. Hypertrophic or keloid scars can occasionally occur – these are thickened and lumpy scars that are more common in people of Asian or Afro-Caribbean descent. The scar usually sits as discretely as possible on your abdomen but sometimes can be pulled higher in areas due to differences in tissue elasticity, tension or scarring. Existing scars from previous surgery will be used whenever possible. Small asymmetries in scar level or thickness have to be accepted as part of the normal healing process.

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#### Recurrence of loose skin

As your recovery takes place, your abdominal wall tissues (skin, muscle) gradually soften. This is a normal part of recovery. In some situations, a degree of recurrence of loose skin may occur. This is more likely in thin or very stretched skin with poor tone or when surgery has taken place after significant weight loss. If you have a lot of stretch marks, it is likely that not all of these will be able to be removed during your abdominal wall repair surgery. The skin tone in stretched skin such as skin with stretch marks is low and can result in a degree of loose skin or irregularities in the areas where the stretch marks remain.

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#### Recurrence of muscle bulge or hernia

As your recovery takes place, your abdominal wall muscles gradually soften. This is a normal part of recovery. In some situations, a degree of recurrence of muscle bulge or a hernia may recur. This is more likely when you have had a very wide gap between your recti abdominus muscles (6-pack muscles) or when you have had a complex or a recurrent hernia repaired prior to this surgery. Rarely a further surgery to retighten the muscles or to re-repair a hernia may be needed, and it may be necessary to place a mesh to reinforce the tissue repair. At times, Ms Nugent will ask a general surgery consultant colleague to be involved in this type of surgery,

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### **Chronic pain**

Occasionally patients suffer from chronic pain after abdominal wall repair surgery. This is not always predictable or easily treated. It is more likely to occur if you suffer from severe or complex pain prior to your surgery. Further surgery or referral to a pain specialist may be indicated in this situation although it must be appreciated that there is not always a surgical solution to chronic pain.

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### **The sub-optimal result**

Despite best attempts to repair an abdominal wall bulge or hernia, some patients will feel their abdomen is not exactly as they were hoping it would be. This may be due to residual fullness in the upper abdomen, for example, or excess tissue around the flanks or an inability to fully correct the bulge. This can mean that it may occasionally be necessary to undergo further procedures in order to improve the surgical result - these further operations will incur a further cost in most situations. You will be spoken to frankly at your initial consultations to discuss what limitations an abdominal wall repair may have in your specific circumstances. It is crucial that you know what you can (and cannot) expect from an abdominal wall repair for a bulge or hernia prior to undergoing surgery.

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### **Other points about abdominal wall repair surgery**

#### **Future pregnancies (women)**

With any future pregnancies, the same changes to your body will occur as they would have done without any surgery. Therefore any changes in size and change to your abdomen that would normally occur during pregnancy, will continue to happen. After your pregnancy is over, your abdomen will again undergo the same changes that it normally would after a pregnancy. This can mean some residual stretched skin and/or an overhang of tissue compared to your pre-pregnancy abdomen i.e. some undoing of the effect of abdominal wall repair surgery. It can also result in the recurrence of an abdominal wall bulge or hernia.

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#### **Significant changes in weight**

With any significant gain or loss of weight, your abdomen will gain or lose weight as it would normally and this will change the size and shape of your abdomen as would have happened before your surgery. Weight changes, particularly weight gain can undo or alter the effect of abdominal wall repair surgery in some cases.

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#### **Maintenance of results**

Maintaining a steady weight and a healthy weight for your body type and height as well as good core muscle strength and tone will help you get the best result possible from your abdominal wall surgery. While you will be restricted in the type and extent of activity that you can do during the recovery period, once recovered these restrictions will be lifted. Taking regular exercise and in particular core muscle exercises such as those done during Pilates will maintain a better body contour.

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#### **Limitations of results**

While abdominal wall repair surgery is very good at reducing a bulge or repairing a hernia and improving the shape and contour of the abdomen, there are some limitations to the results that can be achieved. If you are overweight, have a lot of internal body fat (which cannot be removed as part of an abdominoplasty), have a significant hernia or have had significant previous abdominal surgery, the end result may not be as flat or as contoured an appearance as that in a very slim patient with no complicating factors. A longer scar may also be needed to perform the surgery. Individual body shape also impacts on the end result. Different body shapes e.g. hourglass, pear, apple or straight will get different results with an abdominal wall repair surgery.

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## COVID-19 measures

As well as the standard process to ensure you are ready for treatment and to plan treatment, there are likely to be additional requirements due to COVID-19. You will need to undertake a COVID-19 screening questionnaire and follow the safety measures and protocols that are in place in the clinic and hospitals. Other measures that may be considered in some situations are a COVID-19 test, self-isolation in advance of treatment and during the early recovery period. You must also consider the risk of contracting COVID-19 around the time of your treatment and how this might affect you. Contracting COVID-19 during or after a time you have undergone a general anaesthetic or significant surgery may lead to a worse or more protracted course of illness than if you had not undergone the surgery.

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**I acknowledge that I have read and understood the nature of an abdominal wall repair (abdominal wall bulge or hernia) operation. I have read the information booklet provided to me and I understand the potential risks and complications associated with this procedure.**

**I agree to follow the postoperative care instructions given to me, including attendance at the postoperative follow up appointments, compliance with instructions to stop smoking/nicotine products (when relevant) and cessation of exercise and heavy lifting during the recovery after surgery.**

**I agree to communicate any concerns I may have in a timely manner and to inform Ms Nugent of any changes in my health or circumstances that may affect my suitability for, or recovery from abdominal wall repair surgery.**

**I understand that the administration of an anaesthetic (general and/or local) will be needed and consent to this. I understand that all forms of anaesthetic involve risk and the possibility of complications.**

**Occasionally during surgery, unexpected events can occur or there are unexpected findings which affect or prevent performing the planned surgery or require adjusting of the surgical plan or procedure. Should this happen, Ms Nugent and/or the operating room team will carry out any emergency treatment required and will adhere as much as possible to the planned surgery if safe to do so. If this should occur, you will be informed of this, any consequences of this and if any further treatment or assessment is required at the earliest opportunity.**

**I acknowledge that no guarantee has been given to me as to the result that may be obtained or maintained. I understand this will depend on several factors including but not limited to my pre-existing health, my body weight, skin and tissue type, the procedure chosen and performed, how my body heals during the recovery period, my lifestyle and if a complication occurs.**

**I agree that the procedure(s), recovery, after care, expected results, potential risks and complications and alternative treatments have been explained to me in a way that I understand.**

**I understand that I have the option of not undertaking any surgery at all.**

Patient signature ..... Date .....

Patient name .....