



GUARNIERI
HERNIA
CENTER

Prof. Francesco Guarnieri

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Dear Sir / Madam, with today's visit, after evaluation of your clinical status, you may be admitted to the program of surgical treatment in Day Surgery.

The organization of our department, in fact, requires treatment such as that which you must undergo and the hospitalization may be through a single day, with the observation of an intervention program now well established in our service as with most surgeries of Italian, English and European hospitals.

The program stipulates that you can run all the tests prescribed, necessary for the operation, without being hospitalized if necessary.

With about 7 days notice We will indicate the date of execution of the intervention.

Thinking of something to please, we have prepared this booklet to provide information necessary for the type of treatment you will undergo.

What is hernia

The hernia and the release of a content through a weakness in the abdominal wall. This often occurs as a protrusion of the wall, causing discomfort and sometimes pain. In most of the time this protrusion and is reducible but sometimes it results in pain during its reduction then it becomes obligatory to consult a specialist surgeon.

How to cure the hernia

The best cure is surgery, any other method is temporary, useless and even harmful. There are more than 100 surgical methods for treating inguinal hernia.

There are 3 main methods to treat hernia

Anatomical - prosthetic - laparoscopic

Each of these methods has advantages and disadvantages:

Anatomical: low cost, more experience it is necessary

Prosthetic: the average costs, it takes less experience, the prosthesis do not respect the physiology, rare recurrences sometimes difficult to operate.

Laparoscopic: higher costs, longer operating time, it takes experience, little postoperative pain, often have to perform under general anesthesia, more complications than other techniques.



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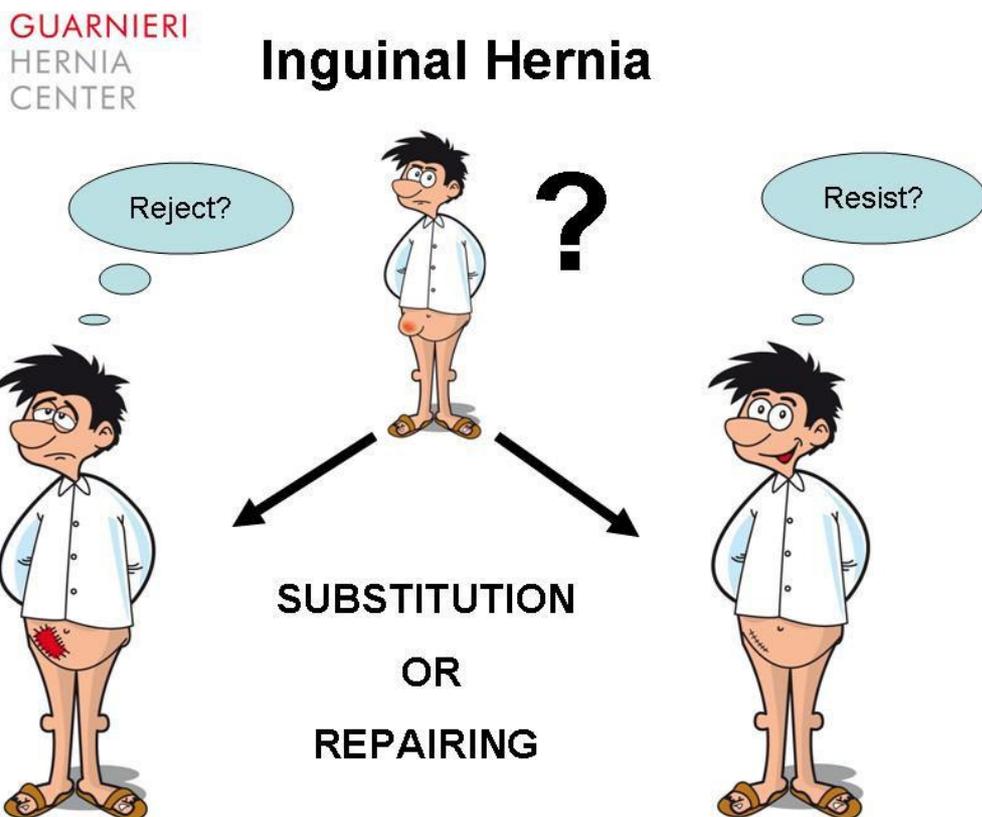
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Why to choose our technique

Our technique differs from the others because:

1. It is reconstructive, we avoid using prosthetic material except in cases where it is necessary or when you ask for it
2. it is physiological, the function of the inguinal canal and the musculature is preserved without placing sutures at full thickness inside the muscles
3. Unlike other so called anatomical techniques, It is "tension free" , while acknowledging in the so called "tension free" techniques numerous defects.

Would you like a **repairing** or **replacement** of yourself?





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The day of admission

In the morning of the specified day, fasting, with empty stomach, you should come at our Day Hospital Department. You will find to welcome you our surgical nurse, who will accompany you in the operating room.

The surgical operation will be performed under local anesthesia (numbing only the portion subjected to intervention): While remaining completely awake you do not feel any pain. To improve the stress generated from the surgery a sedation may be required. At the end of surgery followed by a brief stay in the ward so that you can recover with due calm and caregivers you will keep under observation. In the evening, after a medical evaluation you will be discharged to return home knowing that at any time you can contact the ward doctor. Conversely, if the medical evaluation should be necessary, you will continue medical observation at the Department of Surgery. Statistically, this possibility is very uncommon.

The requirements

To make sure this type of procedure, it is essential that, once reached home, a person can devote to you for the next 24-48 hours;

this person must be able, if and when the need occurs, to take you back in the clinic.

The anti-inflammatory drugs, the aspirin, antiplatelet agents, anticoagulants should be avoided 5 days before surgery to prevent bleeding unless recommended by your cardiologist. Please note that you must inform the clinic staff about any medication from your Pre Admission.

What do the night before admission

The night before the shelter is important:

- Do a complete shave from the navel to your knees, including the pubic region. This should be done with care to avoid to provoke minor cuts. In this regard we suggest to use a special foam and a razor blade proper;
- Perform a cleansing shower with cleaning products. The shower should be repeated the next morning;
- Observe the fast of 24 hours;
- Do not take the morning of admission antidiabetic drugs and still tell the doctor and / or nurse this disease for the appropriate inspections.

If you are taking any medications but for the heart, high blood pressure etc..

the head nurse will respond appropriately to all your questions.

How does the intervention

The surgery for inguinal hernia involves, as already mentioned, the local anesthetic.

Local anesthesia involves the injection of anesthetic drugs in the area to be working, the mind is completely awake and fully conscious, with the elimination of risks associated with general anesthesia. This local anesthetic, similar to the one performed by dentists, abolishes these feelings leaving, however, the tactile, pressure and tension that, however, are generally well tolerated and does not require additional doses of anesthetic. If you were to still have pain, you can always ask the proper medication, administered by the anesthetist.

The priority of our "hernioplasty" is to reinforce the muscular wall of the abdomen - weakened by the disease.



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What can happen after surgery

The groin and the side corresponding to the operated side may, for a few hours successive intervention, be less sensitive. This is absolutely normal and is thus performed with local anesthesia. After about 2 hours after surgery, when it decreases the effect of anesthesia, begin to feel discomfort, heaviness or sense of burning, inevitable after any type of surgery. These feelings are very subjective, and tolerated differently from person to person. :If you do not tolerate them:

- Apply an ice pack on the affected area, which is not too full, to avoid pressing on the operated area;
- Take the pain medications listed on the letter of resignation, avoiding the abuse in case of gastric diseases: it is advisable to associate an antacid drug;

The painful phase is weakening by the hour to complete regression, which occurs at the 3rd, 4th postoperative day.

It is not necessary to complete immobility, on the contrary it is expedient to perform physical activity such as, for example, carry out normal houseworks activities, with a brisk walk etc.. Coughing, sneezing, push for the evacuation of the bowels is not a problem, the surgical technique adopted makes the plastic groin extremely robust since the first postoperative hours.

The precautions necessary

- If there is vomiting, you can eat from early in the successive intervention: a light meal of course!
- In the second, third postoperative day, the case you have not yet evacuated, take a mild laxative.
- If you get fever up to 38 °-38.5 ° C do not worry, your body reacts to surgical stress. Only in case of persistence of fever for more than 48 hours or if the temperature exceeds 38.5 °, please contact the department or his family doctor.
- Sting, blueness, is the expression of a modest and superficial bleeding into the operative site, or on the side of the scrotum is a possible event and not relevant at the clinical level, tends to disappear spontaneously after a dozen days even without the application of any ointment.
- A swelling, bloating and a feeling of hardening of the tissue at the surgical wound outcomes are the natural healing process of tissues. Usually swelling subsides within a week or so, the feeling of induration persists for several weeks. Both are physiological reactions caused by the reaction of your tissue to surgery.
- It is not a cause for concern the appearance of a few drops of blood on the dressing, nor the temporary decrease in the sensitivity of the skin surrounding the wound, it is a fact related to the inevitable surgical section of certain nerve fibers.
- If you want to take a shower, by the third day onwards, you can make it with confidence, suturing skin is now completely healed thanks to the surgical technique that involves no stitches outside. Remove the dressing, wash as usual, without rubbing vigorously on the operated side, dry thoroughly, disinfect the wound with a common disinfectant and apply a new patch.

Remember to perform the checks as directed by medical personnel at the time of discharge: usually after 4 days and after 30 days.

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The possible complications

Although quite rare, these are the possible complications which arise due to the hernia illness or after surgery:

Sieroematica collection in the wound (less than one of 10)

Hematoma (3-4 cases out of 100)

Testicular transient edema (1 case of 10)

Testicular atrophy (2 cases out of 600)

Visceral perforation (2 cases out of 6000)