

Grupo CHRISTUS MUGUERZA®

Information about:

Inguinal Hernial Repair

For International Patients

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Inguinal Hernia

Inguinal hernias are protrusions of abdominal cavity contents through the inguinal canal. They are very common and their repair is one of the most frequently performed surgical operations.

There are two types of inguinal hernia, direct and indirect. Direct inguinal hernias occur when abdominal contents herniate through a weak point in the fascia of the abdominal wall and into the inguinal canal. Indirect inguinal hernias occur when abdominal contents protrude through the deep inguinal ring; this is ultimately caused by failure of embryonic closure of the internal inguinal ring.

Surgical Indications

- Operation its recommended on discovery of an inguinal hernia
- Inpatient surgery is sometimes recommended for people who have: unusual, recurrent hernias, very large hernias on both sides (bilateral hernias), severe illnesses (such as heart or lung disease) or who are taking anticoagulant medicines.
- Infants with the following conditions may need to be hospitalized for hernia surgery: lung problems, such as bronchopulmonary dysplasia, seizure disorders, heart disease from birth (congenital heart disease).

Suggested studies and indications for case examination

Laboratory Results:

None

Radiological Results:

Ultrasonography of abdominal wall (if doubt of clinical diagnosis)

In patients over 40 yr:

Chest x ray

EKG

**Preoperative studies no more than 2 months old*

History and Physical Medical Records

- Medical History completed by patient (Medical Questionnaire)
- With actual medication (complete type and dose)

Which characteristics discard the patient or makes it high risk patient (cases where additional or special care or procedures will be needed):

Patient discarded by having: the risk of operation exceeds that of potential problems from the hernia.

High risk patient by having: Cardiovascular or respiratory disease.

Criteria for Postponement of Procedure:

- Contagious disease, diaper rash, nearby open wounds, an upper respiratory tract illness.

Pre operative tests required:

- Complete Blood Count (CBC)
- Prothrombin time (PT)
- Partial thromboplastin time (PTT)
- Biochemical profile 17

Instructions before procedure:

- 1) Patients who take blood thinners (e.g., warfarin [Coumadin]), clopidogrel (Plavix), aspirin or anti-inflammatory medications should stop taking these medications at least one week before surgery.
- 2) Patients who have diabetes and who take insulin should take half their normal dose on the day of surgery. They shouldn't take any other medications to lower their blood glucose.
- 3) Quit smoking at least 2 weeks before surgery

Sample Schedule

Length of Examination: 1 hour, 1 day at hospital

Sample Schedule:

Day 1	AM	Departure
	12PM	Arrival to Monterrey
	4PM	Consultation with general surgeon at his office
	6PM	Pre op studies at Christus Muguerza Alta Esp.
	7PM	Studies are left at general surgeon's office; confirmation of procedure by phone or in person
Day 2	10AM	Procedure takes place; hospital Stay
Day 3	AM/PM	Hotel stay
Day 4	AM/PM	Hotel stay
Day 5	10AM	Consultation with General surgeon at his office
	12PM	Patient may depart if cleared by the doctor

Standard Discharge Instructions

- Most people take several days to a week off of work to recuperate after a hernia repair.
- You will most likely tire easily and have some groin tenderness for about 1-2 weeks.
- Occasionally patients may have trouble with constipation because they are not as active the first few days after their surgery .The constipation may be relieved by increasing fluid intake or by taking a mild over-the-counter stool softener or mild laxative.
- The bowel function should return to your previous pattern within a week to 10 days.

- Generally patients find they are back to their usual daily routine within 1-2 weeks after surgery and fully recovered within a month.
- Avoid constipation.
- Eat a normal diet and maintain fluid intake for at least 8-10 glasses per day.
- Gradually increase your activity. Take rest periods as needed. Encourage walking, avoid vigorous activity, no heavy lifting (>20 lbs) for 6 weeks. No sprinting, sit-ups or heavy weight lifting.
- Males: may wear "brief" type underwear day and night for a few days to minimize scrotal swelling and tenderness.
- Expect the occurrence of a firm ridge of healing tissue under the surgical incision.

Follow-up Protocol from Remote Provider:

- The patient will be able to call the remote provider to answer any questions.
- Make sure the local general surgeon writes a confirmation email to the remote provider about the patient's progress.

How do I get started?

1. Choose your surgeon, package and preferred travel dates. Please contact us if you need any additional information.
2. Fill out the **Medical Questionnaire** and the **Contact Information**
3. You can send them to us by:
 - Email internationalpatients@christusmuguerza.com.mx
 - Fax: +52 81 8155 5151 to Medical Travel Department
 - Mail to the following address:

CHRISTUS MUGUERZA MEDICAL TRAVEL
*Carretera Nacional 6501 Col. La Estanzuela
Monterrey, NL, Mexico CP. 64988*
4. Please let us know:
 - a) if you have any pictures, tests or studies relevant to your condition
 - b) the physician you selected and
 - c) the date(s) you would prefer to have your procedure done
5. All this information will be reviewed by our medical team to determine if you are a candidate for surgery
6. One of our CSRs (Customer Service Representatives) will contact you to let you know the final review of your case, program a conference call with the surgeon if needed, inform you about travel arrangements and visas, and answer any additional doubts you may have.
7. Make payment and confirm
8. All this information will be reviewed by our medical team to determine if you are a candidate for surgery
9. Your assigned representative will confirm consultation and surgery dates and coordinate with you to make all travel arrangements

Contact Information



Toll Free: 1 866 55 860 70

Direct Phone: + 52 818 174 3519

Fax: +52 81 8155 5151

Email: internationalpatients@christusmuguerza.com.mx

Website: www.christusmuguerza.com.mx

Address: Carretera Nacional 6501 La Estanzuela
Monterrey N.L. México 64988