Abdominal Hernia after Transplant Surgery

After transplant, it will take months for the incision to heal. Healing may be slower after transplant because of the immune suppression medicines you take. While these medicines help to prevent organ rejection, they also make it harder for wounds to heal. One problem that can happen after surgery is a hernia.

A hernia is a hole in the abdominal wall. It occurs when the wound does not close completely. You may feel constant pain or pressure in the abdomen. Use this handout to learn how to prevent and recognize the signs of hernia.

Preventing Hernia after Transplant

You can help to prevent a hernia by following these activity guidelines after surgery:

- Do not lift, push, or pull more than 5 to 10 pounds for at least 6 weeks after surgery. For example, a gallon of milk weighs about 8 pounds. This time may be extended to 3 months post-transplant.
- If you need to bend over, hold your abdomen for support. Bend at the knees and use your leg muscles.
- When coughing, hold a pillow over your abdomen for support. If you have severe coughing, call your transplant coordinator for help.
- Eat healthy foods at meals to help with wound healing. Read the handout, Nutrition and Diet after Transplant.
- Avoid tobacco products. Tobacco prevents wound healing.
**Signs of Hernia**

If you have any of these signs, contact your **transplant coordinator** right away at 1 (800) 626-2358:

- Bulge or swelling in the stomach or abdomen area
- Pain or discomfort in the abdomen that gets worse
- Any sign of infection in the incision area, such as redness, swelling, drainage or pus, or if you have a fever with any of these signs.
- Staples or sutures closing the incision come out before your post-transplant clinic visit.

**Treatment**

Your incision will be checked during a physical exam. Tests, such as x-ray, computerized tomography (CT scan), or other tests may be used to check the abdominal wall.

Your doctor will tell you if surgery is needed. Surgery is often needed to repair a hernia when:

- The intestines are blocked in the opening of the hernia.
- The hernia is too large to close on its own.
- There is a lot of pain or discomfort from the hernia, due to size or pressure on the abdomen.

If surgery is needed, the surgeon may close the hernia with sutures or mesh. Sutures hold the abdominal wall together to help with healing. Mesh is a woven fiber that is laid over the hernia to help hold the abdominal wall together. You may hear your doctor call the mesh a “patch” or a “screen”. Using mesh to close the hernia is also known as a hernioplasty. The incision may be closed again with staples.

Rarely, the area where the intestines have been blocked may also need surgery. If the intestines are twisted or if stool has been trapped, a bowel resection is also done as part of hernia repair. Resection means that the part of the intestines affected are removed and surgically repaired.
Follow Up Care for Hernia Repair

It is important to follow your treatment plan until the hernia heals. You may be asked to take antibiotics to prevent infection. **Do not stop taking your anti-rejection medicines to protect your transplant.**

If you have questions, contact your Transplant Coordinator for help at (800) 626-2538.

Talk to your doctor or others on your health care team if you have any questions. You may request more written information from the Library for Health Information at (614) 293-3707 or email: health-info@osu.edu.