



Patient name: _____ Date: _____

Preparing for your abdominal wall reconstruction

Other formats

If you need this information in another format such as audio CD, Braille, large print, high contrast, British Sign Language or translated into another language, please contact the PALS desk on 01271 314090 or at ndht.pals@nhs.net.

What is abdominal wall reconstruction?

Abdominal wall reconstruction (AWR) is an umbrella term to cover the techniques we use to repair large hernias in the abdomen. A hernia is a hole in the muscles of the abdomen (tummy) that allows the contents to push through and cause a lump. This can happen at the site of an old scar (incisional hernia) or through the natural weak points in the abdomen (sometimes called umbilical, epigastric or ventral hernia, depending on the location). Sometimes these cause no symptoms, but more frequently these cause discomfort or pain and can affect quality of life.

Why have I been referred?

You have been referred to the abdominal wall reconstruction clinic as you have a complex abdominal wall hernia. As a specialist referral center (receives referrals from other hospitals nationally), we understand you may have to travel some distance to be seen by us in clinic and we appreciate you making the journey.

At this clinic, we will discuss your symptoms and how your hernia affects your quality of life. We will also discuss treatment options with you, which include conservative management (non-surgical treatment) and possible surgical management.

What happens after I've been referred?

As a patient who has been identified as requiring assessment for a possible abdominal wall reconstruction, you will initially receive a telephone call from one of the specialist hernia advanced clinical practitioners (ACP). We will ask questions about you and your hernia, including information about any previous surgery you have had, your past medical history and how your hernia impacts your quality of life.

You will then receive a face to face appointment to meet with one of the specialist hernia consultants. During the consultation, they will discuss the various treatment options with you, and come to an agreement with you about the best management pathway. After your meeting with the consultant, on the same day, you will meet with one of the ACPs who will talk to you about how best to manage your symptoms and improve your quality of life whilst supporting you to meet any preoptimisation (health improvement) goals. You will then be discussed at a multi-disciplinary team meeting to ensure the best treatment options are offered.

The multi-disciplinary team meeting

As you have a complex hernia, it is important that any decisions made regarding surgery are not made by just one person. This is why all our abdominal wall reconstruction patients are discussed at a multi-disciplinary team (MDT) meeting which is held once per week. The meeting will be attended by the consultant and ACP who have met you and who know your case. This will be presented and discussed with other specialist hernia consultants to ensure the most appropriate decision is made for you. We will review your scans, discuss the surgical options and recommend the best technique for you, as well as agreeing any pre-operative goals that need to be set. We will then write to you with the outcome of this meeting.

What is preoptimisation?

We want to reduce the risk of any complications during your surgery, and help you recover quicker. Evidence shows that for hernia surgery, there are things that can be modified which produce a better outcome and reduce the risk of post-operative complications. Before being booked for surgery, you will need to meet some set criteria known as **preoptimisation targets**. These targets are:

- If you are a smoker – you **must** have ceased smoking. Evidence shows that products in tobacco prevent blood flow to wounds which means the hernia repair is likely to fail if you continue to smoke. We appreciate that this can be really daunting and challenging, and we will support you to do this. It is known that nicotine replacement such as vaping, patches and gum in association with support services improves success at stopping and maintaining smoking cessation. We can refer you to local support with this.
- If you are diabetic – we will aim for your diabetes to be well controlled prior to your surgery. Uncontrolled diabetes can lead to poor wound healing and makes you susceptible to infection. We can refer you to your local diabetes specialist nurse for support with your diabetes which may include dietary or medication adjustments
- If you are overweight – you will be set a weight loss target. Having a high BMI can lead to an increased risk of post-op complications such as poor wound healing and increased length of hospital stay. Being overweight also increases the risk of the hernia recurring. We understand that living with a hernia can make exercise difficult and the prospect of losing weight can be challenging. We will support you to lose weight by signposting you to dietary advice and also giving you information on exercises which will be tailored to your abilities and fitness. Some patients may also find that joining a club such as weight watchers or slimming world can help as they offer weekly support. Support can also be accessed by your GP surgery.

Your ACP will discuss with you in further detail during your consultation with them. It is important to remember that having this operation is like running a marathon – you wouldn't attempt that without proper training. You need to prepare yourself for this surgery and we are here to support you to do this safely.

What support will you receive?

To help you achieve your preoptimisation targets, your ACP will contact you at least every 3 months, either by telephone or via our MY CARE Patient Portal – to check on your progress and see if you require any support. The means of contact will be agreed with you.

As part of the Active Hospital initiative, your ACP will support you in finding opportunities to be more active in your everyday life.

There is also a Facebook page called 'Hernia patients support group' where you can find peer support from other people undergoing hernia repair.

The Active Hospital initiative

Physical fitness, resulting from reasonable levels of activity, is one of the most important elements of our wellbeing and our ability to recover quickly from illness and surgery. The Active Hospital initiative aims to empower patients to lead a more active life, which is particularly beneficial in aiding treatment and recovery, resulting in reduced risk during surgery, better outcomes and shorter stays in hospital.

**Complications are
4 times higher
in people who are
physically inactive**

We are asking all patients who have been referred for abdominal wall reconstruction to take part in our Active Hospital initiative.

This means that we will direct you to specialist exercises designed for patients prior to surgery, as well as offering lifestyle advice and support to help you make changes which will positively impact your health and wellbeing, and hopefully lead to better outcomes from your surgery.

Feedback

Following contact with our service/team, we would really appreciate your feedback. What are we getting right and is there anything we can do better? We work in partnership with Care Opinion so that you can anonymously share your feedback on their website without revealing your details and we can respond to you. The service is independent and entirely confidential. We value your feedback and will use it to improve our services in the future. Please quote UGI team when leaving your feedback.

You can do this in one of three ways:

1. Online: at www.careopinion.org.uk and click on the pink "Share your story" box.
2. Phone: call 0800 122 31 35 (free phone) during working hours and tell your story to someone at Care Opinion.

3. Post: email us at rduh.ugisecretaries@nhs.net with your name and address – a freepost form will be sent to you which can be completed anonymously and returned to Care Opinion.

Further information

You can contact Alice or Federica on 01271 441230, or email them at rduh.surgicalacps@nhs.net

Resources

More information can be found at:

Moving Medicine

www.movingmedicine.ac.uk (Active Hospitals section)

Perioperative Patient Information Leaflet :

[www.movingmedicine.ac.uk/wp-](http://www.movingmedicine.ac.uk/wp-content/uploads/sites/5/2021/05/Perioperative_Patient_info_leaflet_2021-3.pdf)

[content/uploads/sites/5/2021/05/Perioperative_Patient_info_leaflet_2021-3.pdf](http://www.movingmedicine.ac.uk/wp-content/uploads/sites/5/2021/05/Perioperative_Patient_info_leaflet_2021-3.pdf)



Stop Smoking

www.nhs.uk/live-well/quit-smoking/nhs-stop-smoking-services-help-you-quit

Activity Videos

www.nhs.uk/better-health/get-active/home-workout-videos

PALS

The Patient Advice and Liaison Service (PALS) ensures that the NHS listens to patients, relatives, carers and friends, answers questions and resolves concerns as quickly as possible. If you have a query or concern call 01271 314090 or email ndht.pals@nhs.net. You can also visit the PALS and Information Centre in person at North Devon District Hospital, Barnstaple.

Have your say

Royal Devon University Healthcare NHS Foundation Trust aims to provide high quality services. However, please tell us when something could be improved. If you have a comment or compliment about a service or treatment, please raise your comments with a member of staff or the PALS team in the first instance.

'Care Opinion' comments forms are on all wards or online at www.careopinion.org.uk.

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