



# TRACEY'S STORY

My last operation was to repair an incisional hernia; the hernia came about because a previous operation's scar line had weakened my stomach. This was most probably from doing things I shouldn't have done, like lifting heavy objects. My GP said it must be repaired because it was close to my bowel. I took her advice and went with it. She referred me back to the Specialist that did the first operation. I am thankful for the doctors I am under and have full confidence in them. I was given a detailed information sheet on the operation itself and what the risks were. My biggest concern about the recovery was the wound dressings I might need. After the first operation the hospital dressings were not adequate. I "leaked" everywhere and always felt wet. When I went home the Community Nurses called on me and they did a brilliant job in that regard. The Doctor said that they won't be needed this time and he was right.

The lead up to the operation didn't worry me unnecessarily, it was not going to be as big as the one I had five and a half years earlier. I didn't ask a lot of questions beforehand; at the time I really didn't know what to ask I was just prepared to go with the flow. Don't know whether ignorance is bliss but I just accepted what I was told. My main thoughts were about the recovery which isn't pleasant, a bit restrictive in what I would be able to do for a short while. I am fairly independent and not a person that likes to ask family or friends for help.

However, before I was due to have this operation I had to have a colonoscopy which was bought forward a couple

of months. The Specialist said that he wanted to check things out in case there was something going on down there and while I was asleep he could deal with it at the time of the operation. There was only a week and a half between the two procedures. Whilst the colonoscopy is a day surgery stay, the hernia repair would involve a stay in hospital of four days at least.

On the day of the operation my husband and daughters came with me; and like most times there is a lot of sitting around wondering when it is going to be your turn – I could have stayed at home for a while longer. It was lovely that they came to support me but I worried about them and they worried about me. My husband is fairly dependent on me and I thought he would find it a little bit difficult to cope.

The time came and off I went; I was greeted by a couple of nurses who would assist the Doctor and Anaesthetist (whom I met when I was originally operated on). Going to sleep was very quick but then when I woke up it seemed like only minutes had passed. I was a little bit disorientated and was hit with pain.

To relieve this pain I had two very small tubes coming from my stomach leading into what I thought looked like little grenades inside two bum bags. These "grenades" contained anaesthetic which in turned anaesthetised the whole wound site. So while I had a fairly long

cut the only pain relief I had was panadol and only once or twice had something a little bit stronger. I thought what a brilliant idea; it alleviated having a lot of stronger medicines which in turn have side effects, sometimes not so pleasant. I like to think that maybe because I was not in a lot of pain I was up and getting around quickly.

During my follow up visit I asked the Doctor about the mesh that was used to repair the hernia; what's it like, how big is it. He explained that the mesh used in my case covers a fairly wide area over my stomach. I can only assume that it was done to prevent a hernia recurring.

I have now fully recovered and back to doing what I was doing before.

## What have I learnt?

**That as you get older you should look after yourself more. I thought I could still do the same things I did when I was 40. I have stopped moving the furniture and lifting heavy items. I have had to change ways that I do some of my household jobs.**

**I also believe that you are dealt this hand and you just have to deal with the situation and then move on and hope it all works out in the end – no use blaming anyone or anything.**

## Questions to consider

**What can you do to alleviate the fears and concerns of your patients?**

**How do you ensure your patients fully understand why you are recommending a particular operation and what exactly will happen?**

## Health Literacy

According to the Australian Bureau of Statistics (2008), up to 46% of the adult population may struggle to understand and use complex information and forms, and 60% of the population have poor health literacy. That is, they have difficulty navigating their way through the health system and to read, understand and use healthcare information to make decisions and follow instructions for treatment. Basic health literacy is much lower for people born in non-English speaking countries (26%) and also lower in older populations, for example, only 17% of 65-74 year olds surveyed had sufficient health literacy for everyday life.

**Teach-back** is a way to confirm that you have explained to a patient what they need to know in a way that they understand. The steps are: one, explain in plain English; two, check that the patient has understood by asking, "Can you tell me in your own words..."; and three, explain again if needed.