MP SURGICAL
GLASGOW
ABDOMINAL WALL · HERNIA · UGI · ROBOTICS

PATIENT INFORMATION

Getting fit for your hernia operation

A guide to “prehabilitation”: the simple things you can do in the weeks before surgery to lower your risks and recover faster.

What is prehabilitation?

You have probably heard of **re**habilitation: getting your strength back *after* an operation. **Pre**habilitation, or “prehab”, is the same idea done *before* the operation.

Think of your operation like a long hill walk. You would not set off without any training. The fitter you are at the start, the easier the climb and the quicker you get home.

Most hernia operations are planned, not urgent. That gives you something valuable: time to get ready.

Eat well
reach a healthier weight, keep your muscle

Move more
fitter heart, lungs and tummy muscles

Stop smoking
better healing, fewer infections

Feel ready
sleep, worries, diabetes and alcohol

Why it matters for hernia surgery

A hernia repair is only as good as the healing that follows it. The most common problems after hernia surgery are **wound problems** (infection, fluid collections, slow healing), **chest infections**, and the **hernia coming back**.

Research in many thousands of hernia patients shows that three things raise these risks more than anything else, and all three can be changed:

- **Carrying extra weight.** The higher the body mass index (BMI), the higher the risk. Extra weight also puts constant pressure on the repair.
- **Smoking.** Smokers have more wound problems, more chest problems and more hernias that come back.
- **Poorly controlled diabetes.** High blood sugar slows healing and feeds infection.

Being physically inactive adds to all of these. The good news: people who do *any* regular exercise before hernia surgery have fewer complications than people who do none.

Is this for me?

Yes, this guide is for anyone waiting for a hernia repair. If you are fit, a healthy weight and do not smoke, you may only need to keep doing what you are doing.

If you are having a larger operation (a big incisional hernia, a hernia that has come back, or “abdominal wall reconstruction”), prehab matters most. These are longer operations with bigger wounds, and your preparation can make a real difference to the result.

Your personal targets

We will agree your targets with you in clinic. The numbers below are typical goals. Yours may be different, because every person and every hernia is different.

Area	Typical goal	My target
Weight	BMI under 35. For many people, losing 5 to 10% of body weight is a realistic first step.	.....
Smoking and nicotine	Completely stopped for at least 4 weeks before surgery. Longer is better.	.....
Diabetes (HbA1c)	Under 69 mmol/mol (8.5%). Closer to 53 mmol/mol (7%) is better still.	.....
Activity	30 minutes of brisk activity on 5 days a week, plus strength exercises twice a week.	.....
Review date	We check progress with you, usually at 1, 3 and 6 months.	.....

What if I cannot reach my target?

This is not a test, and you will not be left waiting for ever. Any progress lowers your risk. If you have truly tried and the numbers have not moved, we will sit down together and weigh up the risks of operating now against the risks of waiting longer, and decide what is right for you.

Weight and food

You do not need a special diet. You need a way of eating you can keep up. Aim to lose weight steadily, around **half a kilo to one kilo (1 to 2 lb) a week**. Crash diets strip away muscle, and you need your muscle to recover.

Protein protects your muscle

Have a palm-sized portion of protein at every meal. Good choices: eggs, chicken, turkey, fish, lean mince, Greek yoghurt, cottage cheese, milk, beans, lentils, chickpeas, tofu, or a handful of unsalted nuts.

Build your plate

- **Half** the plate: vegetables or salad.

- **A quarter:** protein.
- **A quarter:** wholegrain carbohydrate, such as brown rice, wholemeal pasta, oats, or potatoes in their skins.

An example day

Meal	Example
Breakfast	Porridge made with milk, topped with berries. Or two eggs on one slice of wholemeal toast.
Lunch	Lentil or chicken soup with a wholemeal roll. Or a tuna and bean salad.
Evening meal	Baked salmon or chicken, a large helping of vegetables, a few new potatoes.
Snacks	Fruit, plain yoghurt, a small handful of nuts, vegetable sticks with hummus.
Drinks	Water, tea or coffee without sugar, sugar-free squash.

Easy swaps

Instead of…	Try…
Sugary fizzy drinks and fruit juice	Water, sugar-free drinks, or a whole piece of fruit
Crisps, biscuits, chocolate between meals	Fruit, yoghurt, a few nuts
White bread, large portions of pasta or rice	Wholemeal versions, and a smaller portion
Fried food and takeaways most nights	Grilled, baked or air-fried food; takeaway as an occasional treat
Eating from the packet in front of the TV	A plate, at the table, with a smaller plate size

Avoid constipation and straining

Straining on the toilet pushes hard on a hernia. Eat plenty of fibre (vegetables, fruit, oats, wholegrains, beans), drink 6 to 8 glasses of fluid a day, and keep moving. Ask your pharmacist about a gentle laxative if you need one.

Underweight, poor appetite, or losing weight without trying? Tell us. Being under-nourished also slows healing, and you may need to build up before surgery.

Where to get help: the free NHS Weight Loss Plan app (a 12-week plan), NHS inform: food and nutrition, your GP practice (ask about local weight management services), or a group such as Slimming World or WW. We can also arrange to see a dietitian.

Weight-loss injections (GLP-1 medicines)

You may have heard of **Wegovy** (semaglutide) and **Mounjaro** (tirzepatide). Ozempic is the same medicine as Wegovy, licensed for diabetes. They are weekly injections you give yourself with a pen.

How they work: they copy a natural gut hormone that tells your brain you are full. They also slow how quickly your stomach empties. You feel less hungry and eat less.

How well they work: in large studies, people lost on average around 15 to 20% of their body weight over a year or more, when the injections were combined with healthier eating and exercise. Early studies in hernia patients suggest they can help people reach a safer weight for surgery within several months.

Worth knowing

- ✓ They work best alongside diet and exercise, not instead of them.
- ✓ Eat enough protein and do strength exercises, or some of the weight you lose will be muscle.
- ✓ Weight often returns when the medicine is stopped, so plan for the long term.
- ✓ Common side effects: feeling sick, constipation or diarrhoea, heartburn. They usually settle.

Be careful

- ✗ Only get them on prescription from a registered UK prescriber and pharmacy. Never buy from social media, beauty salons or unregulated websites.
- ✗ Severe tummy pain that will not go away needs urgent medical advice (rarely, they can inflame the pancreas or cause gallstones).
- ✗ Do not use them if you are pregnant or trying for a baby. Mounjaro can make the contraceptive pill less reliable: ask your prescriber.

GLP-1 medicines and your operation

Always tell us and your anaesthetist if you use one, including if you buy it privately, as it may not be on your GP record. Because these medicines slow the stomach, the anaesthetist needs to know to keep you safe.

Do not stop it on your own. Current UK guidance is that most people should carry on as normal before surgery. Your pre-assessment team will give you instructions that apply to you.

How to get them: NHS access is limited to people who meet set criteria, usually through a specialist weight management service; your GP can advise. Many people pay privately through a registered pharmacy or clinic. We are happy to talk this through with you in clinic. For some people with a very high BMI, weight-loss (bariatric) surgery before the hernia repair is the better route.

Stopping smoking

If you smoke, stopping is the single most useful thing you can do before your operation.

- Smoke starves the wound of oxygen, so it heals slowly and is more likely to get infected.
- Infection around a mesh can be very hard to treat.

- A smoker’s cough strains the repair, and hernias come back more often in smokers.
- Stopping lowers your risk of chest infection, heart problems and blood clots after the anaesthetic.

Stop at least 4 weeks before surgery. Eight weeks or more is better. Cutting down is not enough.

This includes cigarettes, roll-ups, cigars, pipes and cannabis smoked with tobacco. **Vaping** is much less harmful than smoking and is a good way to quit, but nicotine itself may still slow healing. If you can, aim to be nicotine-free before the operation. Talk to us if you are unsure.

Help that works

You are far more likely to succeed with support than by willpower alone.

- **Quit Your Way Scotland:** free helpline 0800 84 84 84 (Monday to Friday, 9am to 5pm), or search “Quit Your Way” on NHS inform.
- **Any community pharmacy in Scotland** offers free one-to-one support and free nicotine replacement. Just walk in and ask.
- **Nicotine replacement** works best as a pair: a patch for background cravings plus gum, lozenges or a spray for sudden urges.
- **Tablets** such as varenicline or cytisine are available through stop-smoking services or your GP.
- Outside Scotland, search “NHS stop smoking services” for your local service.

Tips: set a quit date and tell people. Work out your triggers (coffee, alcohol, stress, after meals) and plan what you will do instead. Clear cigarettes, lighters and ashtrays out of the house and car. If you slip, do not give up. Start again the same day.

Diabetes

High blood sugar makes wounds heal slowly and makes infection more likely. Good control in the three months before surgery really matters.

What is HbA1c? It is a blood test that shows your average blood sugar over the last 2 to 3 months. Because it changes slowly, **start now**. You cannot fix it in the final week.

What to do

- Book a diabetes review with your **GP or practice nurse** and tell them you are preparing for surgery. Ask what your latest HbA1c is.
- Take your medicines as prescribed and check your sugars as advised.
- The food and exercise advice in this leaflet will help your sugars too. A 10 to 15 minute walk after meals is especially good.
- If your levels are high, your GP may adjust your treatment or refer you to the diabetes team. We can write to them.

Where to get help

- **Diabetes UK Helpline Scotland:** 0141 413 5148 (Monday to Friday, 9am to 6pm), or helpline.scotland@diabetes.org.uk.
- **My Diabetes My Way:** NHS Scotland’s website where you can see your own results and learn about your diabetes.

Diabetes tablets and your operation

Some tablets, especially those ending in "-gliflozin" (such as dapagliflozin or empagliflozin), are usually paused the day before surgery. Do not change anything yourself. Your pre-assessment nurse will tell you exactly what to take and when.

No diabetes, but overweight or a family history? Ask your GP for a blood test. Finding and treating high blood sugar before surgery makes it safer.

Exercise

"Will exercise make my hernia worse?"

This is the most common worry, and for sensible exercise the answer is **no**. Walking, cycling, swimming and gentle strength work do not damage a hernia. Coughing, sneezing and straining on the toilet put far more pressure on your tummy than exercise does. Staying still is the bigger risk.

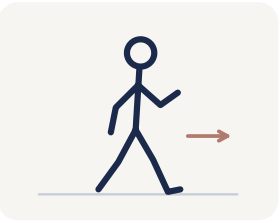
How much?

- **Get your heart working:** build up to 30 minutes, 5 days a week. Brisk walking, cycling, swimming, aqua-aerobics, dancing or gardening all count. The right level is **"breathless but not speechless"**: you can still talk, but could not sing.
- **Get stronger:** do the strength exercises below twice a week.
- **Starting from very little?** Begin with 5 to 10 minutes and add a few minutes each week. Counting steps on your phone helps: add 500 steps a day each week.

Four golden rules with a hernia

1. **Breathe out on the effort.** Never hold your breath to lift or push.
2. **Keep your tummy flat.** If it bulges or "domes" during an exercise, make it easier or stop.
3. **Support the hernia** with your hand, or a support garment if you have one, when you cough, sneeze or exercise.
4. **Discomfort is fine, pain is not.** Stop if you get sharp pain at the hernia.

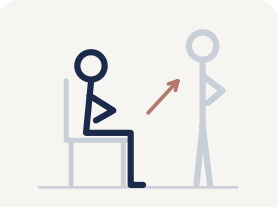
Exercises to try



1. Brisk walking

Walk tall with relaxed shoulders, fast enough to feel warm and slightly out of breath. Hills and stairs are a bonus.

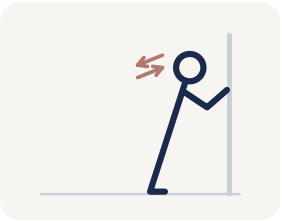
Build up to 30 minutes, 5 days a week.



2. Sit to stand

Sit on a firm chair with your arms crossed. Breathe out as you stand up. Sit back down slowly. Use your hands at first if you need to.

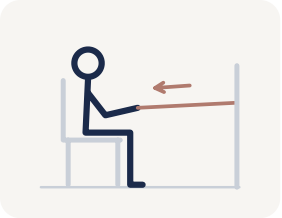
10 repeats. Rest. Do 3 sets.



3. Wall press-up

Stand at arm’s length from a wall, hands at shoulder height. Bend your elbows to bring your chest towards the wall. Breathe out as you push away.

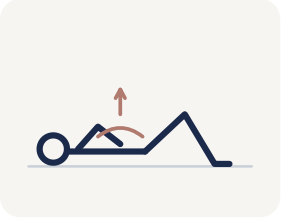
10 repeats. Rest. Do 3 sets.



4. Seated row with a band

Loop a resistance band round a door handle or banister. Sit tall. Breathe out and pull your elbows back, squeezing your shoulder blades together. Return slowly.

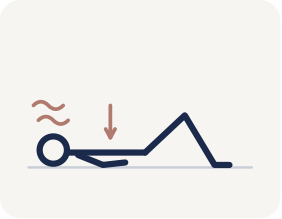
10 repeats. Rest. Do 3 sets.



5. Belly breathing

Lie on your back with knees bent and a hand on your tummy. Breathe in through your nose and let your tummy rise. Breathe out slowly through pursed lips, as if blowing out a candle.

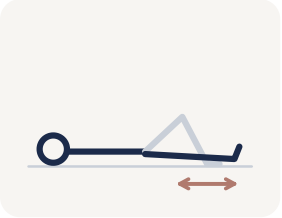
5 slow breaths, several times a day. This is also the breathing you will use after surgery to keep your chest clear.



6. Gentle core brace

In the same position, breathe out and gently draw your lower tummy in towards your spine, as if zipping up snug trousers. Keep breathing. Your tummy should stay flat, not bulge.

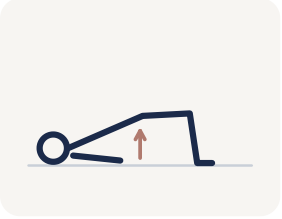
Hold 5 seconds. Relax. 10 repeats.



7. Heel slide

Hold the gentle brace. Slowly slide one heel along the floor until the leg is straight, then slide it back. Keep your back and pelvis still.

10 each leg.



8. Bridge

Knees bent, feet flat, arms by your sides. Breathe out, squeeze your buttocks and lift your hips until your body makes a straight line. Lower slowly.

Hold 5 seconds. 10 repeats.

Check with your GP or our team before starting if you have heart or lung disease, get chest pain or dizziness on exertion, or have been told to limit activity. A physiotherapist can tailor a plan for you; ask us for a referral.

Good choices

- ✓ Walking, cycling, exercise bike
- ✓ Swimming and aqua-aerobics
- ✓ Pilates-style core control and gentle yoga
- ✓ Light weights with good breathing
- ✓ Gardening, dancing, bowls, golf

Best avoided for now

- ✗ Sit-ups, crunches and double leg raises
- ✗ Heavy lifting where you have to hold your breath or strain
- ✗ Any exercise that makes the hernia bulge or hurt
- ✗ High-impact jumping if it is uncomfortable

Mind, sleep and alcohol

It is normal to feel anxious before an operation. People who feel prepared tend to have less pain and go home sooner.

- **Know what to expect.** Write your questions down and bring them to clinic. Bring someone with you if it helps.
- **Sleep:** keep regular hours, cut caffeine after lunchtime, and keep screens out of the bedroom.
- **Plan ahead:** arrange help at home for the first week or two, stock the freezer, and sort out time off work.
- **Alcohol** slows healing and increases bleeding. Keep well under 14 units a week with several drink-free days, and have none in the 48 hours before surgery. If you drink heavily every day, do not stop suddenly. Speak to your GP first.
- **Feeling low or very worried?** Talk to your GP. **Breathing Space** (Scotland) is a free, confidential phone line: 0800 83 85 87.

Do's and don'ts

Do

- ✓ Start today. Small changes add up over weeks.
- ✓ Walk every day.
- ✓ Eat protein at every meal.
- ✓ Stop smoking, with help.
- ✓ Get your HbA1c checked if you have diabetes.
- ✓ Breathe out when you lift, push or stand up.
- ✓ Support your hernia when you cough or sneeze.
- ✓ Keep your bowels regular.
- ✓ Tell us about every medicine, including weight-loss injections and supplements.
- ✓ Keep a simple diary of weight, steps and smoke-free days.

Don't

- ✗ Don't crash diet or skip meals.
- ✗ Don't rest "to protect the hernia". Inactivity raises your risks.
- ✗ Don't do sit-ups or crunches.
- ✗ Don't lift heavy weights while holding your breath.
- ✗ Don't just cut down on cigarettes. Stop.
- ✗ Don't buy weight-loss injections from unregulated sellers.
- ✗ Don't stop or change prescribed medicines without advice.
- ✗ Don't ignore the warning signs below.

When to get urgent help

While you are waiting for surgery, go to A&E or call **999** if your hernia:

- becomes suddenly very painful, hard or tender,
- can no longer be pushed back in when it usually can,
- turns red, purple or dark, or
- comes with vomiting, a swollen tummy, or being unable to pass wind or open your bowels.

These can be signs that the hernia is trapped ("strangulated") and needs emergency treatment. If you are unsure, call **NHS 24 on 111**.

Your countdown to surgery

Today	Pick one change and start. Set a quit date. Book your GP or diabetes review. Begin walking.
12 weeks or more	Steady weight loss. Build up to 30 minutes of activity on most days. Add strength exercises twice a week.
8 weeks	Smoke-free by now if you can. Repeat HbA1c if you have diabetes.

4 weeks	Latest point to be completely smoke-free. Some patients having larger repairs have Botox injections to the tummy muscles around now.
1 to 2 weeks	Pre-assessment. Bring a list of all your medicines. Arrange help at home and fill the freezer.
Last 48 hours	No alcohol. Follow your fasting and medicine instructions exactly. Practise your belly breathing.
Afterwards	Keep going. The same habits protect your repair for life.

Useful contacts

Service	Contact
MP Surgical (Mr Maciej Pawlak), Ross Hall Hospital, 221 Crookston Road, Glasgow G52 3NQ	info@mpsurgical.co.uk mpsurgical.co.uk
Quit Your Way Scotland (stop smoking)	0800 84 84 84
Diabetes UK Helpline Scotland	0141 413 5148
Breathing Space (low mood and anxiety)	0800 83 85 87
NHS 24 (urgent advice)	111
NHS inform (health information for Scotland)	nhsinform.scot
NHS Weight Loss Plan app	nhs.uk/better-health/lose-weight

About this leaflet. Written by Mr Maciej Pawlak MD PhD FRCS FEBS-AWS, Consultant Abdominal Wall and Hernia Surgeon. It is general information and does not replace the advice given to you personally by your surgeon, anaesthetist, GP or pharmacist.

Based on the European Hernia Society guidelines on midline incisional hernia (BJS 2023) and on umbilical and epigastric hernia (BJS 2020), the AWR Europe consensus on perioperative optimisation (BJS Open 2021), UK consensus guidance on GLP-1 medicines around surgery (Anaesthesia 2025), and NHS patient information.

Version 1.0 · September 2026 · Review due September 2028 · © MP Surgical Ltd