Surgery for ACNES

This leaflet is intended for patients who will undergo surgery related to ACNES. It contains information about the surgery, possible complications and postoperative advice. Most of these ACNES patients have undergone a variety of treatments including injections and/or PRF (Pulsed Radiofrequency). If these treatments were not beneficial, patients may want to undergo surgery.

Surgery

Prior to the operation, the surgeon marks the point(s) of maximal pain using a marker. Once you are asleep, a small, transverse skin incision is made. The surgeon locates the nerve bundle penetrating the abdominal muscles that is running at your point of maximal pain. He then examines a 5 cm area around this point as there may be a 2nd or even a 3rd penetrating nerve branch causing the pain. A small portion of these branches is removed and the accompanying blood vessels are cauterized or ligated. The muscles are then stitched including the subcutaneous tissue and the skin. These stitches do not require removing. This procedure is called an anterior neurectomy.

The surgery itself lasts about half an hour. As the anesthesia is also not extensive, the procedure should not cause any problems in healthy people.

Some patients have already received an anterior neurectomy previously, but are still experiencing pain in the same area. They may want to undergo secondary surgery termed a posterior neurectomy. This means that the nerves that run deeper in the abdominal wall are removed. This usually is done via the same scar as the anterior neurectomy.

After the surgery

Wound pain

At the end of surgery, the wound is anaesthetized using an analgesic agent. The pain is therefore usually well tolerated immediately postoperative and can additionally be controlled with pain relievers such as Naproxen and Paracetamol.
It is not unusual for some patients to experience substantial levels of pain during the first couple of days, once the anesthetic has worn off. Up to 1-2 weeks after surgery wound pain is present that is often different from the pain that was previously experienced. This pain also worsens during movement and exertion. Pain following a posterior neurectomy is often

more intense compared to an anterior neurectomy, since there is more damage to the muscle of the abdominal wall.

Urinating
Sometimes you are not able to urinate immediately after surgery. This usually resolves spontaneously. If necessary, an ultrasound of the bladder can be done. If too full, the bladder is relieved by a nurse who inserts a temporary catheter.

Swelling
There is often some swelling around the wound. This may be accumulation of old blood and wound discharge. This usually disappears spontaneously after a few weeks. Only in rare cases it is necessary to remove this fluid via a puncture.

Bruise of the skin
Bruise of the skin is often observed several days after surgery as a blue discoloration in the wound area. This is not alarming and also disappears after a few weeks.
If larger amounts of blood accumulate in the surgical area and you feel a painful, hard swelling, this is called a hematoma. This is, fortunately, rare, and affecting less than 1% of people. Usually a conservative treatment is continued. In very rare cases, surgery is necessary in order to remove the blood clot.

Wound infection
As can happen with any surgery, it is possible that a wound infection can occur. Percentages are less than 1%. If there is a wound infection, antibiotics are prescribed. Surgery including opening of the wound is rarely needed.

Numbness
Cutting small abdominal wall nerves usually results in skin numbness. Interestingly, the intensity of sensory disturbances of the skin is often limited. In fact, many patients who initially had an altered skin sensation (with their pain) will now notice that the skin sensation has returned to (almost) normal. Sensory input of the skin area is taken over by surrounding, normally functioning nerve branches.
If there is numbness or, sporadically, skin hypersensitivity around the wound, these sensations often disappear spontaneously in due time. Sometimes it helps to administer local injections or an ointment with an anaesthetizing substance.

General complications
Surgery and anaesthesia are never without a potential risk.
Complications such as thrombosis, myocardial infarction, lung infections, urinary tract infections may possibly occur. Fortunately, these complications are very rare and thus far, we have not yet seen any of these severe complications in over 3000 of these operations.

Effect on pain
After several (4-8) weeks, patients are well able to tell if the surgery has abolished the original ACNES pain. Most patients with successful surgery experience that their original pain

disappeared almost immediately after the operation. For some, the pain does not immediately disappear and it takes longer for the pain to go away; the pain gradually extinguishes as it were. This is, perhaps, understandable if we consider that the pain system has long been overstimulated. It needs time to calm down, to normalize.
In approximately one of three patients, an anterior neurectomy is not successful. This can only be assessed after 6-8 weeks, when the wound has healed properly. The patient can then choose to undergo secondary surgery including resection of deeper portions of the nerve. A posterior neurectomy is successful in an additional 50-60% of those initially unsuccessful patients. This type of surgery is performed after a minimum of 3 months after the anterior neurectomy, as the tissue needs to recover for a couple of months before a new operation is performed.

Recurrence of pain
In the long term, some people do experience recurrent pain in the exact same area. If so, such a patient may also choose to undergo a posterior neurectomy. If it appears that a posterior neurectomy is also unsuccessful, there are no further surgical options at this time. We (the SolviMáx team) then no longer have any options and additional treatments will have to take place via other specialists (pain team, psychologist, etc.).

Advice for at home
Some hours later on the day of surgery you will be discharged from the hospital. If you live far away from the hospital, most patients decide to leave the hospital after an overnight stay. The day after surgery, you may shower and, if necessary, put a new bandage on the wound. You are discharged on the first postoperative day once you can take care of yourself. That is, you can walk, eat, dress and wash yourself. Your partner or family is often in the vicinity. The pain is under control with paracetamol or possibly your own pain medication. Once at home, all activities you can do without too much difficulty or pain are allowed including walking and cycling. If that goes well, you can quickly increase your activities. This also applies to resuming your work.

Reducing your pain medication
The "standard" pain medication that you obtain in the hospital after the surgery consists of 4x daily paracetamol (1000mg) and, if necessary, an NSAID such as diclofenac or ibuprofen (subject to contraindication). If necessary, this regimen is combined with a gastric acid-suppressing drug and a weak morphine-like agent (an opioid) such as zaldiar or tramadol.
If patients are accustomed to other pain medications at home such as opioids, zaldiar or tramadol, these medications will generally not be prescribed. However, you may want to continue these medications if required. It is standard policy for us not to interfere with each individual patient's different types of chronic pain medication. We advise you to reduce it at home, in consultation with the person who prescribed the medication (GP/ pain specialist, etc.).

Contact
If you have any problems or questions immediately after the procedure, you can always contact the outpatient surgery clinic, phone: 0031(40) 888 85 51.

Be sure to contact us in the following situations:

- severe, increasing pain at the wound area that does not go away after taking analgesic medication.
- increased swelling
- increasing pain and redness of the wound area
- body temperature above 38.5 degrees Celsius
- nausea with vomiting
- sudden shortness of breath
- difficulty urinating
- a heavily bleeding wound

During business hours (Monday / Friday from 8:30 am to 4:30 pm) please call SolviMáx, Expertise Centre for abdominal wall and groin pain: (040) 888 85 51. Outside of office hours, call the emergency department (Urgent Care), Veldhoven location: (040) 888 88 11.

We hope that the above information has given insight into an optimal postoperative course following ACNES surgery at Máxima MC.