

Inguinal Hernia Repair Information Sheet



Inguinal Hernia Repair

This sheet provides information on the condition, treatment, and what to expect following a Hernia operation.

What is a Hernia?

A hernia is an abnormal protrusion through a weakness in the abdominal wall in the groin region. The protrusion consists of a sac, which can be empty or contain loops of bowel. At the start of the trouble you may have noticed a sudden pain in the groin; followed by the development of swelling in that area, either immediately or over the next few weeks. An inguinal hernia is the most common type of groin hernia and can affect men and women. The lump may disappear on lying flat or may be pushed back only to reappear on standing, coughing or straining. It can cause discomfort and tends to increase in size with time.

What causes it?

These hernias are caused by a weakness in the muscles of the abdominal wall. Often there is no specific cause though factors that contribute to the development of inguinal hernias are obesity, coughing, heavy work, sports etc.

What does treatment/management involve?

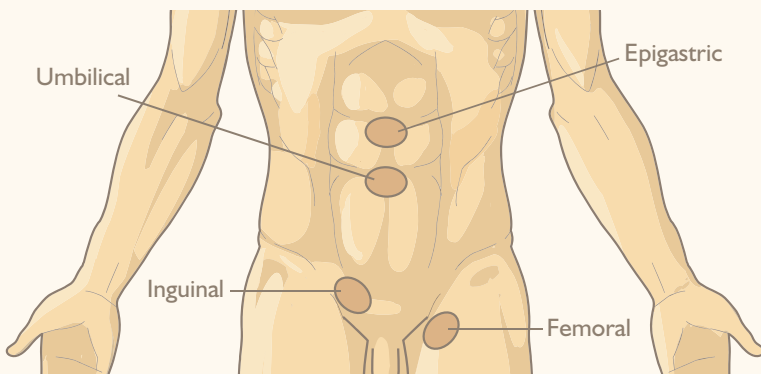
The ideal treatment for inguinal hernias is surgical repair. Occasionally, because of medical reasons, it may be decided that a hernia repair is not advisable. Provided the contents of the hernia can be reduced (pushed back into place) a truss may be worn. This is a pad placed over the site of the weakness in the muscle wall and should be worn when you are walking around.

This then prevents the pouch from protruding through the weakness. If a truss is not holding back the swelling, you should either not wear it or else have it changed for a more effective one.

What would happen if the hernia was not treated?

If the hernia gives you no symptoms then usually it can be safely left alone.

The weakness in the muscle wall can enlarge and very rarely may contain loops of bowel. In these circumstances if you are unable to push the hernia back, a blockage of the bowel may occur, which causes vomiting and abdominal pain. If you experience this you should contact your doctor immediately as you may require an emergency operation.



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You will be asked to attend the pre-admission assessment clinic 1-2 weeks prior to admission to ensure you are fit for surgery, allowing time for the necessary pre-operative tests, which may include blood tests, cardiogram (ECG) and a chest x-ray. Some risk factors outlined above could be eliminated or at least lessened. This may involve some effort on your part; for example losing weight or stopping smoking.

You will be admitted on the day of surgery unless there are any medical or technical reasons, which may require you to be admitted the day before. Most patients go home on the operation day (day case) though some will be required to spend a in hospital.

Surgical repair is normally carried out under local anaesthetic, but can, in certain circumstances, be carried out under a general anaesthetic. The choice depends partly on which you prefer and partly on what your anaesthetist and surgeon think is best.

When giving local anaesthetic it is usual to also give an intravenous sedative beforehand. This will wear off quite quickly but may mean you will not remember much about the operation.

The local anaesthetic is then given into the area of the hernia and acts within a few minutes. You may feel some pulling but you shouldn't feel any pain during the procedure. The incision is usually made in the groin overlying the site of the hernia.

The pouch (hernia sac) is first dealt with and the weakness in the abdominal wall is strengthened. This is done using a patch of inert nylon mesh that is stitched in place over the defect in the muscle layer; the wound is then closed using a dissolvable stitch and covered with a waterproof dressing.

What are the risks/complications of surgery?

- Wound haematoma - bleeding under the skin can produce a firm swelling of a blood clot (haematoma). This may simply dissipate gradually or leak out through the wound. Rarely this may result in a second operation in order for it to be dealt with. Some bruising in the scrotum and around the base of the penis is normal in men.
- Wound infection - minor wound infections do not need any specific treatment. Occasion-ally deep mesh infections can require antibiotic treatment.
- Damage to testicular vessels: in men in-guinal hernias are very close to the spermatic cord, which contains the blood supply to the testis. In operations for recurrent hernia, there is a minor risk of injuring the testicular vessels. Damage to the blood supply can rarely lead to swelling, pain and later shrinkage of the testis.
- Nerve damage: several nerves cross the operative field in hernia surgery. It is usually possible to preserve them but some minor nerve injury, rather like a bruise, is common and returns to normal in time. Some patients develop chronic pain after hernia surgery, probably due to pressure from the mesh on the nerves (occurs in about 3% of hernia re-pairs).
- Recurrence - fortunately recurrence after hernia surgery should be rare (1-5%).

These risks/complications will be explained and discussed with you when the surgeon asks you to sign the consent form.

What should you expect after surgery?

You will commence fluids as soon as you are able, if tolerating fluids you will progress to a light diet. Abdominal pain/discomfort is to be expected after the operation. Therefore pain relief consisting of injections or tablets may be required in the first 24-48 hours.

If you feel sick after the operation, please tell the nurse looking after you, as she/he will give you an injection to help with this. The wound will be sealed within 24 hours after which time the dressing may be removed and you may take a bath or a shower.

It is important to avoid constipation and straining when you go to the toilet. Take plenty of fibre in your diet and drink plenty of fluids. If you find you continue having difficulty with your bowels on your return seek advice from your GP.

You may resume sexual relations as soon as this feels comfortable to do so.

After the operation activity is encouraged. You should try and walk every day for at least 30 minutes and do some light stretching exercises. You should avoid suddenly putting extra strain on the wound for at least 4 weeks.

However, it is essential you progressively increase your activity day by day.

It is wise not to drive for at least 5 days; some people feel they need a little longer. Usually if you can get in and out of the bath without any discomfort and/or assistance you can consider driving and, over time, increase the distance of your trips. However, please check with your insurance company, as some policies carry restrictions that vary with individual companies.

If you require a certificate for work please ask a member of staff before discharge. If your work does not involve heavy lifting or vigorous exercise, then return to work could be as soon as two weeks. If it does, then it is safer to wait for a further 2-4 weeks. If this advice is not heeded, the repair could give way and the hernia will recur.

Some swelling or bruising around the wound site is not unusual and there will be some discomfort and tenderness where the incision has been made. Bruising will often extend down to the scrotum and around the base of the penis in men or the labia in women.

There is often a feeling of a thick rope under-neath the wound for the first eight weeks- this disappears fairly soon afterwards.

As the superficial nerves grow back you may experience some prickling sensations underneath the scar at about the 8-12 week period.

In the period following your operation you should seek medical advice if you notice any of the following problems:

- Increased pain, redness, swelling or discharge of the wound
- Persistent bleeding
- Difficulty in passing urine
- High temperature
- Nausea or vomiting

Please retain this information leaflet throughout your admission, making notes of specific questions you may wish to ask the Doctor and/or Nurses before discharge.

Useful contacts for further information

NHS DIRECT Tel: 08454647

Web address: www.nhsdirect.nhs.uk

British Association of Day Surgery

35-43 Lincolns Inn Fields, London, WC2A 3PE

Tel: 0207 9730308

Web address: www.daysurgeryuk.org

Mr. M P N Lewis, Upper GI Consultant Surgeon

Secretary: Karen Turner 07745 480677