

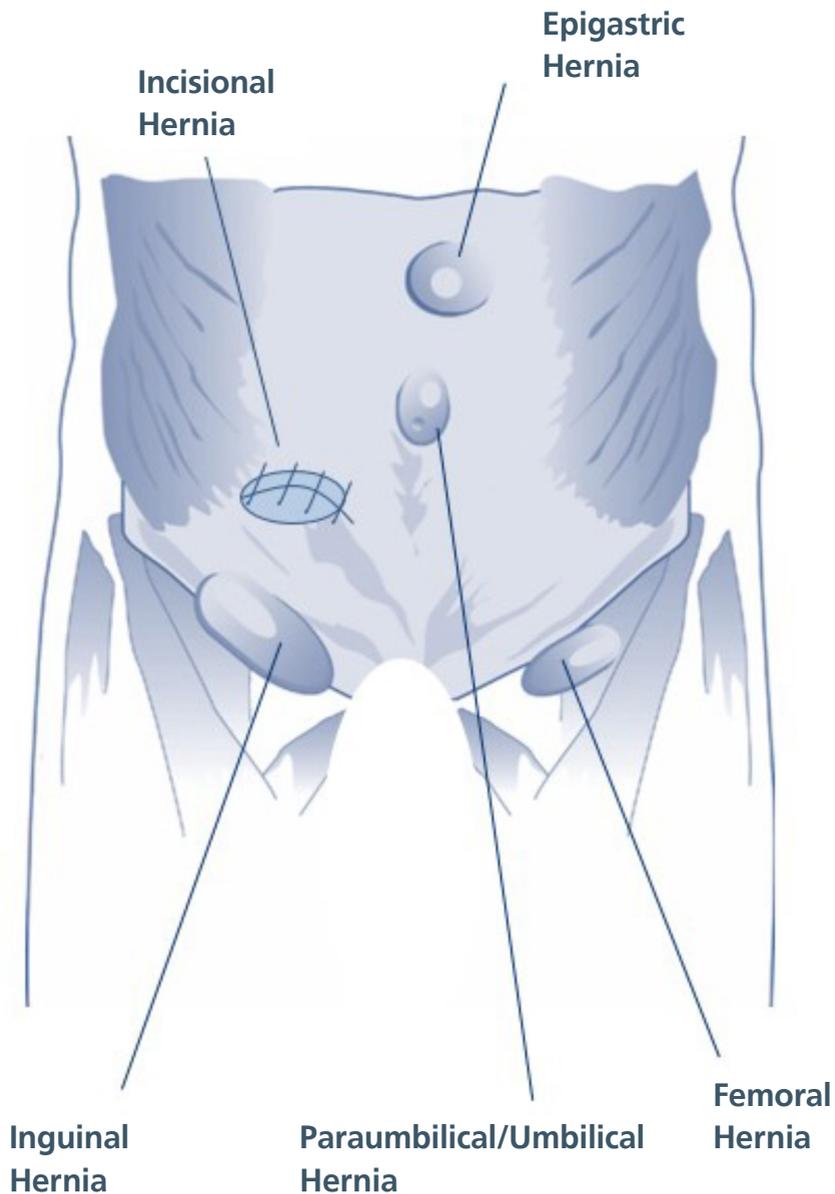
# Hernia Repair

## Patient Information

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### **Please read this information leaflet carefully**

The information within this leaflet is what we think might be important for you to know, however, what is important for one patient will be different to another and you will also probably want to know how the information provided here relates to you as an individual. Please ask as many questions as you need. We are here to help.



## What is a Hernia?

A hernia is caused when some of the contents of the abdominal cavity push through a gap in the abdominal wall causing a swelling. It is a common condition, more so in men. The gap in the abdominal wall occurs in an area of potential weakness. It may be first noticed after strenuous activity.

The different types of hernia are shown in the diagram opposite. Please note that inguinal and femoral hernias can occur in either groin and incisional hernias occur anywhere where there has previously been an incision.

## Do I need to have an operation?

Once a hernia has developed it will not disappear on its own. If your hernia is not causing any

significant pain or discomfort and is therefore not affecting your work or normal domestic activities, then it is not always necessary to have your hernia repaired.

A significant number but not all hernias will become more problematic overtime and need surgery.

## Do hernias cause any serious complications?

It is possible for a piece of intestine (bowel), which can be part of the hernia swelling, to get trapped in the gap in the abdominal wall. This can then cut off the blood supply to that piece of intestine. The medical term for this is strangulation and it causes marked increase in pain associated with a lump that won't disappear and in some cases vomiting and constipation. This would now require emergency surgery and can be



life threatening. The chance of this happening however is small.

## What are the treatment options?

Surgery is the only effective treatment but as mentioned above you don't have to have any treatment. You may be able to control the hernia to some degree with supportive clothing and some patients may try a 'truss'.

A hernia can be repaired using a local or general anaesthetic. The type of surgery and the associated risks depend on the type of hernia that you have.

Please read the appropriate section below depending on whether you have a hernia in the groin or one of the other types of hernia (paraumbilical/umbilical, epigastric or incisional).

## Groin hernia (inguinal or femoral)

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There are two main types of surgery to choose from, either 'open' or laparoscopic (keyhole) surgery.

### Open Surgery

This can be undertaken under local or general anaesthetic. The incision is approximately 5 - 10cm long in the lower abdomen/ groin.

The hernia is pushed back through the gap in the layers of the abdominal wall, and a small sheet of synthetic material (mesh) is then used to reinforce the weakened abdominal wall. Once this mesh is secured in place, the incision is closed using dissolvable stitches under the skin.

In certain circumstances an open repair, using local anaesthetic

may be the better option, for example patients who are older and have other significant medical problems, or patients who do not want a full general anaesthetic.

Using local anaesthetic avoids the very small risks associated with general anaesthesia, any associated nausea or vomiting and allows you to be treated and discharged home usually within two hours. Local anaesthetic works very well but you would probably feel some discomfort as the anaesthetic is injected and an occasional feeling of pressure during the operation. Although uncommon some patients may find the procedure uncomfortable under local anaesthetic.



## Laparoscopic (keyhole) surgery

Laparoscopic surgery requires a general anaesthetic.

One small cut (1-2cm long) is made near the bellybutton and two small cuts in the lower abdomen. Carbon dioxide gas is used to inflate your abdomen and a small telescopic camera is then inserted to view the hernia from within the abdomen. This means that the surgeon is looking at the hole from the inside of the abdomen. A mesh is then placed over the hole and secured in place.

The medical literature suggests that laparoscopic surgery has the advantages of causing less post-operative pain, less chronic groin pain and enabling a slightly quicker return to work. There is however a very small risk of serious 'internal' injury during the operation and possibly a

higher risk of the hernia coming back.

## Which operation should I have?

Generally speaking there is not very much difference between the operations in practice, as long as they are performed well. The surgeon's expertise in a particular technique is at least as important as the type of repair that is being performed. It is important that this decision is made after you have read this information and had as much time as you need to discuss this with your surgeon.

In certain circumstances laparoscopic surgery may be beneficial, these are; groin hernias affecting both sides (bilateral); groin hernias in women (there is some evidence that women have a higher chance of another undiagnosed hernia that is not easily seen

during open surgery); groin hernias in younger and active patients or whose predominant symptom is pain with a small hernia; recurrent hernias (that have come back after being repaired before using the open technique). Please ask as many questions as you feel necessary, so we can help you make the right decision for you.

## What are the risks of the operation?

Hernia repair is a commonly performed and generally safe operation. In most patients the benefits of surgery will outweigh the risks of the surgery. However, all surgery carries an element of risk.

There are risks with all types of anaesthesia. If you choose to have your operation under a general anaesthetic, you should speak directly to your anaesthetist regarding the risks.

Local anaesthesia is very safe, the risk of local anaesthetic toxicity and collapse is rare, please ask your surgeon if you have any questions regarding this.

## Side Effects

These are unwanted but mostly temporary effects of successful treatment. Everyone gets these to some extent.

It is usual to have some bruising and swelling around the incision site/s, this often spreads to the genital area and can be quite marked.

The healing process will cause a firm ridge to be felt under the scar. This slowly resolves over subsequent months.

Some degree of discomfort around the incision site/s is unavoidable, but usually well controlled with pain killers.



It is usual to have an area of loss of sensation below the incision/s. This generally becomes much less noticeable with time but in a number of patients (5 – 10%) it may be permanent but does not usually cause significant problems.

Occasionally patients will be a little constipated after surgery and can have some difficulty passing urine.

### **Significant or frequently occurring complications**

These may occur during or after surgery. Most people will not be affected.

Infection of the surgical wound affects a small number of patients and would usually be treated with antibiotics by mouth. If this occurs it is usually a problem 3 - 30 days after the operation. You should seek advice if the area becomes

red or hot, if you develop a temperature or 'flu-like' symptoms, or if the wound is discharging fluid. Sometimes hospital admission is necessary for antibiotic injections and further surgery can also be required. Rarely the mesh used in hernia surgery can become infected and need removal.

Chronic groin pain (that is pain lasting beyond three months) is reported to affect approximately 1 in 10 patients having groin hernia surgery but decreases over time. It can occur after both open and laparoscopic surgery. Debilitating (severe) chronic groin pain affecting normal daily activities, work and quality of life is reported to affect between 1 and 12 in 200 patients. In our clinic we have had a small number of patients with severe debilitating chronic groin pain after hernia surgery, the number of patients we know to be

affected is no more than 1 in 200 patients.

There is a small chance, about 1 in 200, that the hernia could come back (recur) after surgery.

Developing a collection of blood (haematoma) or fluid (seroma) under the wound. This would cause a larger swelling than usual under the scar and would take a few weeks to resolve. Sometimes hospital admission and further surgery can be required to remove the collection of blood/ fluid.

When repairing inguinal hernias in men the blood supply to the testicle on that side can be damaged and the testicle may shrink down in size. Rarely this can require the testicle to be removed.

Blood clot (thrombosis) in your leg and/ or lung. This is possible after any surgery and can be

very dangerous and even cause death. If you go on to have surgery more information will be given to you regarding how to help prevent this happening to you and what symptoms to watch out for and report to your doctor. It is more of a risk with surgery under general anaesthetic but is still rare.

Rarely the intestine (bowel), blood vessels or nerves can be seriously injured during surgery, this could require more extensive surgery either at the time of the original surgery or later, this is rare.

If you have any problems or concerns after the operation, please contact us directly. The majority of patients will not suffer any complications.



## Paraumbilical/ Umbilical, epigastric and incisional hernias

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These types of hernia are very usually repaired with open surgery. Occasionally incisional hernias might be suitable for laparoscopic surgery.

The operation can be undertaken under local or general anaesthetic. The size of the incision depends on the size of the hernia and usually varies between 1 and 10 cms.

The hernia is pushed back through the gap in the layers of the abdominal wall, and a small sheet of synthetic material (mesh) is then used to reinforce the weakened abdominal wall. Once this mesh is secured in place, the incision is closed using dissolvable stitches under the skin.

Using local anaesthetic avoids the very small risks associated with general anaesthesia, any associated nausea or vomiting and allows you to be treated and discharged home usually within two hours. Local anaesthetic works very well but you would probably feel some discomfort as the anaesthetic is injected and an occasional feeling of pressure during the operation. Although uncommon some patients may find the procedure uncomfortable under local anaesthetic.

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The healing process can cause a firm ridge to be felt under the

scar. This slowly resolves over subsequent months.

Some degree of discomfort around the incision site is unavoidable, but usually well controlled with pain killers.

It is not unusual to have an area of loss of sensation around the incision. This generally becomes much less noticeable with time but in a number of patients it may be permanent but does not usually cause significant problems.

Occasionally patients will be a little constipated after surgery and can have some difficulty passing urine.

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Chronic pain can potentially occur after any operation. It would be rare for patients to suffer with severe chronic pain affecting quality of life following surgery for a paraumbilical or epigastric hernia.

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