

# HERNIA REPAIR



This leaflet is produced by the Department of Colorectal Surgery at Beaumont Hospital supported by an unrestricted grant to *better Beaumont* from the Beaumont Hospital Cancer Research and Development Trust.

This information leaflet has been designed to give you general guidelines and advice regarding your surgery. Not all of this information may be relevant to your circumstances. Please discuss any queries with your doctor or nurse.

## YOUR OPERATION EXPLAINED



## **Introduction**

This leaflet has been designed to help you understand what to expect when you are having a hernia repair.

### **What is a Hernia?**

A hernia is a “bulge”, which develops because of a weakness in the abdominal wall. They can occur at any age and in different parts of the abdomen.

The most common type of hernia can be found in the groin and is known as an “inguinal hernia”. Symptoms include discomfort and a noticeable bulge, which gets bigger when standing, or coughing and often disappear when lying down.

### **What are the causes of the hernia?**

The wall of the abdomen has natural areas of potential weakness. Hernias can develop at these or other areas due to heavy strain on the abdominal wall, aging, injury, an old incision or a weakness present from birth. Anyone can develop a hernia at any age. Most hernias in children are congenital. In adults, a natural weakness or strain from heavy lifting, persistent coughing, and difficulty with bowel movements or urination can cause the abdominal wall to weaken or separate.

### **What are the types of the hernia?**

An inguinal (Groin Hernia): This is the most common type of hernia. It is more common in men than in women. It is seen as a lump in the groin. It can cause discomfort and tends to increase in size with time. It can also get ‘stuck’ and become very painful. This is called strangulated hernia.

A femoral hernia: this is more common in women than in men. It is usually seen as a lump in the groin, near the skin crease towards the top of the thigh. It is more likely to become stuck than an inguinal hernia and should be repaired promptly by surgery.

An epigastric hernia: This is caused by weakening of the muscles of the upper part of the abdomen and can occur anywhere between the breastbone and the navel.

An umbilical hernia: This occurs at or near the navel. It is very common in children and women.

An incisional hernia: This can occur at any site where an operation has been done before. The scar represents a weakened area.

### **Why is it necessary to do an operation to repair a hernia?**

Having the hernia repaired can stop it from becoming any bigger. The bigger it becomes the more likely you are to develop complications. The most serious complication is known as strangulation, where part of the intestine becomes trapped within the hernia. This can cause severe pain and vomiting.

### **How are hernias repaired?**

There are two methods for hernia repair:

Open Repair: A cut will be made over the hernia site and the hernia will be pushed back into its proper place. The weakness is usually covered with a piece of sterile mesh, over which the body will build up fibrous tissue over an average period of 6-8 weeks.

Keyhole Repair: Or Laparoscopic Hernia Repair, which is a technique to fix tears in the abdominal wall (muscle) using small incisions, telescopes and a patch (mesh). It may offer a quicker return to work and normal activities with a decreased pain for some patients.

In a small number of patients the laparoscopic method cannot be performed. Factors that may increase the possibility of choosing or converting to the “open” procedure may include obesity, a history of prior abdominal surgery causing dense scar tissue, inability to visualize organs or bleeding problems during the operation.

The decision to perform the open procedure is a judgment decision made by your surgeon either before or during the actual operation. When the surgeon feels that it is safest to convert the laparoscopic procedure to an open one, this is not a complication, but rather a sound surgical judgment. The decision to convert to an open procedure is strictly based on patient safety.

### **What complications can occur?**

Any operation may be associated with complications. The primary complications of any operation are bleeding and infection, which are uncommon with laparoscopic hernia repair.

There is a slight risk of injury to the urinary bladder, the intestines, blood vessels, nerves or the sperm tube going to the testicle.

Difficulty passing urine after surgery is not unusual and may require a temporary tube into the urinary bladder.

Any time a hernia is repaired it can come back. This long-term recurrence rate is not yet known. Your surgeon will help you decide if the risks of laparoscopic hernia repair are less than the risks of leaving the condition untreated.

### **How do you prepare for surgery?**

You will have a discussion with your doctor regarding your surgery. The operation will be fully explained to you. You may attend the day ward for pre-assessment prior to coming into hospital for your operation. A number of tests may be performed to ensure you are medically fit for an operation eg. Blood tests, chest x-ray, ECG (tracing of your heart). You will be admitted to the hospital on the day of your operation, where you will meet a doctor and a nurse who will prepare you for theatre. From there you will be brought to theatre, where you will meet the theatre staff and your anaesthetist. Please leave all valuables at home and arrange to have anything you need brought to you later in the day. Once you have recovered from the anaesthetic and have tolerated diet you should be able to leave the hospital on the same day or the following day.

### **What happens after surgery?**

Immediately after your operation you will be brought into a recovery room attached to the theatre. You will be monitored closely by the nursing staff until you are ready to be brought to the ward. On return to the ward you may feel quite sleepy following the anaesthetic. The nurses on the ward will help you feel comfortable and regularly check on you.

You will have a small plastic tube (cannula) in one of the veins of your arm to give you fluids. This will be removed once you are drinking enough oral fluids. You may experience some nausea (sickness) or potentially vomit. This can be caused by the anaesthetic agents or drugs used in the operation. You will be given some anti-sickness medicine if needed.

You may experience some pain or discomfort from the small cuts in the skin following this operation. This is usually well controlled with painkillers. You will be advised to take regular painkillers for the first few days following your operation to aid your recovery. You will be given a prescription for painkillers on discharge from hospital.

You may eat and drink as soon as you like after your operation. Once you are tolerating oral fluids and diet and you have passed urine you may be fit for discharge home, usually on the evening of surgery or the following morning. You will need to be accompanied home and be in the care of a responsible adult for 24 hours following your anaesthetic. You may feel tired following keyhole surgery for a day or two, full recovery takes approximately 2 weeks. Following open surgery recovery can be up to 4 weeks.

**What should I expect after the procedure?**

Once diet is tolerated, you will be able to leave the hospital. This is usually after 24 hours of the surgery.

You will be able to have a shower on the following day, as water proof dressings are usually used to cover the wounds

You will probably be able to return to normal activities within about 2 weeks, including driving, walking up stairs, light lifting and working. You should not lift for 6 weeks.

Most patients can return to work within 1-2 weeks following the laparoscopic procedure depending on the nature of your job. If you are doing an administrative or desk job, a few days are enough, while if you are involved in manual labor or heavy lifting, you may require a bit more time. Patients undergoing the open procedure usually resume normal activities in four to six weeks.

**What about follow up?**

The team will give you instruction about the follow up arrangements.

**What if I have a problem at home?**

Contact your GP

or

Contact the Dayward ph. 8092826/ 8092984 (Mon/Fri 8am-6pm)

After hours, ring 8093000

Ask for a member of your team or the General Surgical SHO on call.

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