

Patient information leaflet: **Hernia Surgery**

A hernia occurs when an internal part of the body pushes through a weakness in the muscle or surrounding tissue wall.

Your muscles are usually strong and tight enough to keep your intestines and organs in place, but a hernia can develop if there are any weak spots. There are several types of hernias that occur within the internal part of the body which pushes through a weakness in a tissue wall or muscle and swelling appears.

What is an inguinal hernia?

An inguinal (pronounced "ingwinal") hernia is the most common type of hernia.

It can appear as a swelling or lump in your groin, or as an enlarged scrotum (the pouch containing the testicles). The swelling may be painful.

The lump often appears when you're lifting something and disappears when you lie down.

Other types of hernia include:

- femoral hernia
- hiatus hernia
- umbilical hernia

What causes an inguinal hernia?

An inguinal hernia usually occurs when fatty tissue or a part of your bowel, such as the intestine, pokes through into your groin at the top of your inner thigh.

It pushes through a weak spot in the surrounding muscle wall (the abdominal wall) into an area called the inguinal canal.

Inguinal hernias occur mainly in men. Most are thought to result from ageing, although they can occur at any age.

This is because as you get older, the muscles surrounding your abdomen (tummy) can become weaker.

Inguinal hernias can sometimes appear suddenly after putting pressure on the abdomen, such as straining on the toilet if you have constipation or carrying and pushing heavy loads.

They have also been linked to having a persistent, heavy cough.

When is surgery needed?

Inguinal hernias can be repaired using surgery to push the bulge back into place and strengthen the weakness in the abdominal wall.

The operation is usually recommended if you have a hernia that causes pain, severe or persistent symptoms, or if any serious complications develop.

Complications that can develop as a result of an inguinal hernia include:

- obstruction – where a section of the bowel becomes stuck in the inguinal canal, causing nausea, vomiting and stomach pain, as well as a painful lump in the groin
- strangulation – where a section of bowel becomes trapped and its blood supply is cut off; this requires emergency surgery within hours to release the trapped tissue and restore its blood supply so it doesn't die

Surgery gets rid of the hernia to prevent any serious complications, but there's a chance it could return after the operation.

What happens during surgery?

There are 2 ways an inguinal hernia repair can be performed:

- open surgery – where a cut is made to allow the surgeon to push the lump back into the abdomen
- laparoscopic (keyhole) surgery – a less invasive, but more difficult, technique where several smaller cuts are made, allowing the surgeon to use various special instruments to repair the hernia

There are advantages and disadvantages to both methods. The type of surgery you have depends on which method suits you and your surgeon's experience.

You should be able to go home the same day or the day after surgery. It's important to follow the hospital's instructions on how to look after yourself.

This includes eating a good diet to avoid constipation, caring for the wound, and not straining yourself too soon.

Most people make a full recovery from inguinal hernia repair within 6 weeks, although many people can return to driving, work and light activities within 2 weeks.

How it's performed - Inguinal hernia repair

An inguinal hernia repair can be carried out as either open surgery or laparoscopic (or keyhole) surgery.

BMI The Alexandra Hospital will send you instructions about when you need to stop eating and drinking before the operation.

The operation usually takes no longer than one hour to complete and you will usually be able to go home on the same day.

Some people stay in hospital overnight if they have other medical problems or live on their own.

Laparoscopic (keyhole) surgery for hernia repair

General anaesthetic is used for keyhole inguinal hernia repair, so you'll be asleep during the operation.

During keyhole surgery, the surgeon usually makes 3 small incisions in your abdomen instead of a single larger incision.

A thin tube containing a light source and a camera (laparoscope) is inserted through one of these incisions so the surgeon can see inside your abdomen.

Special surgical instruments are inserted through the other incisions so the surgeon can pull the hernia back into place.

There are 2 types of keyhole surgery.

- Transabdominal preperitoneal (TAPP)

Instruments are inserted through the muscle wall of your abdomen and through the lining covering your organs (the peritoneum). A flap of the peritoneum is then peeled back over the hernia and a piece of mesh is stapled or glued to the weakened area in your abdomen wall to strengthen it.

- Totally extraperitoneal (TEP)

This is the newest keyhole technique and involves repairing the hernia without entering the peritoneal cavity. Once the repair is complete, the incisions in your skin are sealed with stitches or surgical glue.

Recovery

You should be able to go home on the day of, or the day after, your operation. Get an adult to take you home in a car or taxi and follow any instructions you're given by the hospital.

After the operation, your groin will feel sore and uncomfortable. You'll be given painkillers to help relieve this discomfort.

Looking after yourself

An adult must stay with you for the first 24 hours after your operation in case you experience any problems. If you are still in pain after going home, continue taking painkillers as advised by the hospital.

Applying gentle pressure to your wound using your hand or a small pillow can make coughing, sneezing and moving between sitting and standing more comfortable.

Make sure you follow the instructions your nurse gave you about caring for your wound, hygiene and bathing.

Straining on the toilet because of constipation can cause pain around your wound.

You can reduce your risk of constipation by drinking lots of fluids and eating plenty of vegetables, fruit and high-fibre foods, such as brown rice, wholemeal bread and pasta.

A mild over-the-counter laxative may also help.

Activities

If the operation was carried out under a general anaesthetic (which puts you to sleep during your operation), your co-ordination and reasoning may be affected for a short time.

Avoid drinking alcohol, operating machinery or signing legal documents for at least 48 hours after any operation involving general anaesthetic.

Over time, you can gradually return to your normal activities as soon as you're able to do them without feeling any pain.

Most people are able to do light activities, such as shopping, after one or two weeks.

You should also be able to return to work after one or two weeks, although you may need more time off if your job involves manual labour.

Gentle exercise, such as walking, can help the healing process, but you should avoid heavy lifting and strenuous activities for about four to six weeks.

Driving

Speak to the medical professional in charge of your care for advice about when you can drive.

It is usually advisable to avoid driving until you're able to perform an emergency stop without feeling any pain or discomfort (you can practise this without starting your car).

It will usually be up to two weeks before you reach this point after having laparoscopy (keyhole surgery), although it may take longer after open surgery.

It's usually recommended that you contact your car insurance company before starting driving again.

When to call a doctor

Call your surgeon if you develop any of the following symptoms:

- a persistent high temperature over 38C
- bleeding

- increased swelling or pain in your abdomen
- pain that isn't relieved by painkillers
- persistent nausea or vomiting
- chills
- persistent coughing or shortness of breath
- increasing redness surrounding your incisions (cuts)
- difficulty passing urine

Are there any risks from the operation?

An inguinal hernia repair is a routine operation with very few risks. But a small number of hernias can come back at some point after surgery.

Other potential complications of an inguinal hernia repair include:

- blood or fluid building up in the space left by the hernia (this usually gets better without treatment)
- painful swelling and bruising of the testicles or the base of the penis (in men)
- pain and numbness in the groin area caused by a nerve being damaged or trapped during surgery
- damage to the blood supply to the testicle
- damage to the vas deferens (the tube that carries sperm to the testicles)
- Complications are more likely if you're aged over 50, smoke or have another illness, such as heart disease or breathing problems.

Who are we?

The Manchester General Surgeon provides a comprehensive, expert diagnostic and treatment service for a wide aspect of surgical procedures. From minor surgery to fibre-optic endoscopy, bowel cancer surgery, advanced keyhole 'laparoscopic' surgery and ground-breaking treatment for haemorrhoids and colorectal disorders, our team are highly experienced and leaders in their field.

Find Out More

Based at The Alexandra Hospital in Cheadle, Greater Manchester, The Manchester General Surgeon provides a comprehensive diagnostic and treatment service for haemorrhoids and other colorectal disorders. To find out more about your treatment options or to make a self-referral, please telephone us on **0161 495 7046** or email **hello@manchestergeneralsurgeon.co.uk** to speak to a member of our team.