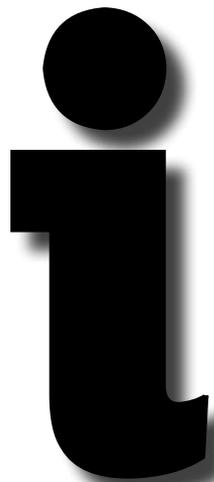


Groin Hernia Repair (page 1 of 5)



What is a hernia?

A hernia forms when there is a weakness in the muscle of the abdominal wall; it shows itself as a lump. With activity during the day, this lump usually becomes more noticeable. The lump generally goes over night and does not cause pain. As the lump becomes more noticeable it will cause some discomfort. Hernias can occur around the umbilicus (tummy button), at the site of a previous operation (incisional hernia) or in the groin (also known as inguinal and femoral hernias).

How will I know if I need to have a hernia repair?

If you have definite lump in the groin and this is associated with enough discomfort to affect your lifestyle, you will probably decide that you would like to have your hernia treated. If you have discomfort, but not a definite lump, we may need to arrange for you to have an X-ray – you may not have a hernia.

Is there an alternative to surgical repair?

Left untreated a hernia will get larger and cause more symptoms; the majority of people have their hernia repaired within five years of noticing it.

A truss may be worn which applies support to the weak area and may reduce discomfort. The truss does not cure the hernia and can be uncomfortable. It is not always effective.

You can decide not to have surgery at this stage. We will give you more information if this is the case. You can always ask your GP to refer you back to the clinic if your hernia gets worse. Please ask for a copy of the leaflet ‘should I have my hernia repair now or wait’ if you have not been given one.

Why should I have my hernia repaired?

A hernia can cause you discomfort, particularly when you are lifting things. Most people decide to have an operation because of the pain and discomfort the hernia causes.

Rarely a hernia that has been bothering you will become ‘stuck out’ and can no longer be pushed back (strangulated hernia). A hernia strangulates when too much intestine (bowel) has come through the weak area and then it becomes trapped. This can cut off the blood supply to the portion of intestine in the hernia. This can lead to severe pain and some damage to the part of the intestines in the hernia. This is a serious problem and needs an urgent operation. If an emergency repair is needed it is much more

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You are entitled to a copy of any letter we write about you. Please ask if you want one when you come to the hospital.

If you are unhappy with the advice you have been given by your GP, consultant, or another healthcare professional, you may ask for a second (or further) opinion.

The evidence used in the preparation of this leaflet is available on request. Please email: patient.information@salisbury.nhs.uk if you would like a reference list.

dangerous than a planned operation .

It is important to compare the symptoms that you have from your hernia with any problems you may get from the operation and after. We will help you to balance these risks. Particularly in elderly people, hernias causing no symptoms do not necessarily need to be repaired.

How is hernia repaired?

In the past, repair was done by pulling the tissues on either side of the weakness together; the modern method is to patch the weak area with a mesh. The mesh used is a plastic net-like material. This sits in position forever supporting the weak area. The mesh does not react with normal tissues and causes no damage. You are likely to get aching and pulling during the first month after the operation as you become more active, as the tissues are stretched and become supple again. Mild twinges in the groin can continue for some months after operation but no damage is being done.

The skin cuts are generally closed with absorbable stitches that do not need to be removed. These wounds should heal simply and you do not normally need to see your Practice Nurse after surgery. Your wounds will be uncomfortable, red with some bruising, but this should be improving by the third day after your operation, if not, there may be a problem . You should go to your GP surgery.

The hernia repair is usually performed as a day case. You will be able to go home on the day of operation. Occasionally, patients who expect to go home on the day of surgery will need to stay in overnight. Less often, for medical reasons or because of home circumstances, the operation will be done as an in-patient. In this case you can usually go home on the day after the operation.

Open hernia repair

The hernia is repaired by strengthening the weakness in the muscle with mesh in front of the muscle. The mesh is put in through a large (3 to 4 inch) cut in the groin. Occasionally, after open repair, you may be aware of the mesh as a slightly more rigid area in your groin.

Key-hole hernia repair

Increasingly, because our experience with the key-hole approach has been very favourable, we are offering this operation to the majority of patients (see choice of operation below). The hernia is repaired in much the same way as with an open operation, but through three small (one quarter to a half inch) cuts rather than through one large cut. The mesh is put into the abdomen behind the muscle. In this position as you strain you push the mesh more firmly against the weak area: this is more reliable than open operation (mesh in front of muscle).

Choice of operation

Many hospitals only provide open repair. Here in Salisbury we are also able to offer key-hole techniques which, in our experience, patients prefer.

Some patients may not be suitable for key-hole surgery. For example, if a patient has had previous abdominal surgery, if they have other medical problems, or they are taking certain

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medicines. Your surgeon will discuss these factors with you.

Advantages of key-hole operation

- The recovery is quicker, usually you can return to normal activity within 2 weeks. Recovery is up to six weeks after an open repair
- There is a much lower risk of long-term pain after key-hole repair
- There is less chance of the hernia coming back after key-hole repair

But

- The operation is technically far more difficult than an open operation and you need to make sure that your surgeon has experience in doing the operation. The consultant Surgeons in Salisbury train doctors from other hospitals to do this operation.

It is important to note that many hospitals and treatment centres do not offer the full range of surgical options.

What happens next?

You will be sent a leaflet with your admission date which tells you what to expect on the day of your operation

After your operation the nurses will give you a leaflet which tells you what to expect after the operation and how to make sure that your recovery is as smooth as possible. As general guidance, you should expect to take about 2 weeks to recover from a key-hole operation (longer if your operation is by the open technique).

What is the risk of a problem after hernia operations?

The risk	What happens?	What can be done about it?
Infection	A wound may become infected causing pain, redness and possibly discharge. Infections occur in less than 1 in 10 patients.	Infections are usually minor and are treated with antibiotics. A further operation is rarely necessary.
	Infection is much less common and troublesome after a key-hole operation	
Bruising	Often there is some bruising around the wound or wounds. In men this may spread into the scrotum and around the penis	This may look quite alarming, but usually settles within a few weeks. Very rarely is a further operation needed. Wearing tight underwear for a week after the operation may reduce the bruising.

The hernia recurs	The hernia comes back in about 1 to 3 in a 100 people	Further surgery is needed. If the initial operation was key-hole this would need to be an open repair.
	Recurrence is less likely after key-hole surgery	
On-going pain, numbness or discomfort in the groin	One of the small nerves in the groin can be cut or damaged causing pain, burning, numbness or aching in the groin. Mild symptoms lasting months are common after open repair. Severe pain is less common.	This is a difficult problem to treat and may require referral to the pain clinic
	Severe pain is far more likely after open repair and can be long-lasting	
Testicular problems	The testicle on the side of the hernia may be painful and occasionally shrink after an operation. The risk is about 1 in 200	The discomfort settles within 6 weeks, but there is no way to reverse any shrinkage of the testicle that may occur.
	Major testicular problems are almost always after open repair	
Unable to pass urine after operation	Difficulty urinating after surgery is not unusual but the problem does not last long.	May require a temporary tube into the bladder.

Additional problems particular to key-hole surgery.

Please note these risks are very low in our experience

Risk	What happens	What can be done about it
Bowel obstruction	Scarring to the back of the mesh may very rarely cause bowel blockage – the risk is about 1 in 1000	Further surgery may be required
Need for open surgery	Key-hole surgery may prove impossible, in which case an immediate open repair will be performed. This happens in less than 1 in 20 patients.	There is a larger skin wound and it may be necessary to stay in hospital longer
Swelling in the groin	There is often a swelling in the groin in the area where the hernia had been, this is a localised bruise and not the hernia returned	This swelling settles over time

Damage to internal structures	There is a theoretical risk of damage to bowel or a major vessel – this has not occurred in our experience of over 5000 patients	Further surgery would be necessary
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