Royal Devon University Healthcare NHS Foundation Trust

About your hernia repair

Other formats

If you need this information in another format such as audio CD, Braille, large print, high contrast, British Sign Language or translated into another language, please contact the PALS desk on 01271 314090 or at rduh.pals-northern@nhs.net.

What is a hernia?

A hernia is a swelling or lump seen or felt in the abdominal wall caused by a specific area weakness in the abdominal wall itself. It may allow for internal contents of the abdomen such as bowel or fatty tissue to protrude out through the weakness.

Anyone can get a hernia, whether they're male or female, old or young, fit or unfit. Hernias often occur at sites of natural weakness such as the following:

- the groin (inguinal or femoral hernia)
- the navel (umbilical hernia)
- midline between the breast bone (sternum) and navel (epigastric hernia)
- scar from previous operation (incisional hernia).

What causes a hernia?

Hernias occur at sites of natural weakness. However, anything that causes a repeated/sustained rise in the pressure within the abdomen or weakness of the abdominal wall tissues can contribute to their development.

Causes of raised pressure within the abdomen include coughing, constipation, heavy lifting, obesity or certain sports activities; however, there is no good evidence that either occasional heavy lifting or regular sporting activity are risk factors.

Are they serious?

Hernias are not usually serious or damaging to the health. There is a small chance that hernias might strangulate. This can happen when the hernia becomes irreducible (stuck out). When this happens, the blood supply to the contents of the hernia can be cut-off. This can lead to pain and sepsis (a complication of an infection). If the hernia contains part of the bowel, there could also be obstruction and/or perforation. These strangulated hernias are uncommon and are usually dealt with by emergency surgery. However, it is preferable to have the hernia fixed by routine rather than emergency surgery. It is difficult to predict how likely a hernia is to strangulate. Therefore, this is just one of the factors used to guide the surgeon and patient in making the decision whether or not to undergo surgical repair.

How are hernias diagnosed?

Most hernias are diagnosed by the clinical history and examination findings alone. Investigations are sometimes used to help make the diagnosis and include ultrasound, CT and MRI scans. Hernias not causing any symptoms may occasionally be diagnosed on scans performed for other reasons. These are known as incidental hernias, for which you may or may not be referred to a surgeon depending on a number of factors.

What does a hernia repair involve?

Hernias can be fixed by a small operation. It is one of the most common operations performed by surgeons. There are two options of surgery to repair the hernia: traditional 'open' surgery or laparoscopic (keyhole) surgery. Open surgery can occasionally be performed under a local anaesthetic, but all laparoscopic surgery requires a general anaesthetic.

Both forms of surgery involve placing a thin patch of synthetic mesh across the hernia to repair the defect in the abdomen wall. Mesh is used to make the hernia repair stronger and last longer. The patch cannot be felt inside the body. It is rarely rejected by the body, and tissue grows through the mesh as the area heals. The mesh becomes part of the body, giving strength and support to the abdominal muscles.

Studies show that the use of the synthetic mesh patch reduces the risk of another hernia occurring to less than 5 in every 100 cases.

If surgery is recommended, your surgeon will discuss which type of surgery (open surgery or laparoscopic surgery) is suitable with you.

Laparoscopic hernia repair may not be suitable in some people for a number of reasons, including:

- inability to have a general anaesthetic
- major scarring from previous surgery
- bleeding disorders (such as haemophilia)
- pregnancy (especially during the final three months of pregnancy)
- any condition that will make it difficult for your surgeon to see with the laparoscope

Most people stay in hospital only for a very short period of time, usually having their operation and going home again the same day. Newer techniques mean that people tend to be off work for much shorter periods than in the past and even those in heavy work can often be back in two weeks.

Open surgery

Open surgery can sometimes be done under local anaesthetic where the area is ‘frozen’ with injections and you stay awake during the operation. Usually, you will be given a general anaesthetic, which applies to over 90% patients.

The surgeon then makes an incision at the site of the hernia. The protruding tissue and organs are placed back into their correct position in the abdominal cavity.

A thin, synthetic mesh patch is then secured in place to add support and prevent a recurrence of the hernia.

The skin is closed (usually with an absorbable suture) and protected with a dressing.

Laparoscopic surgery

Laparoscopic repair can be used to treat many hernias. Laparoscopic surgery always requires a general anaesthetic so that you will be asleep. This is given by injection into your arm or vein in your hand.

The surgery is performed through several small incisions in the abdomen. A laparoscope (a thin telescope-like tube) is inserted through a small incision in the skin. A small video camera attached to the laparoscope allows your surgeon to view the hernia on a video monitor.

Carbon dioxide gas is blown into the abdominal cavity, or between the layers of the abdominal wall, to create a space within which the surgeon can access the hernia and repair it.

The surgeon clears away tissue around the hernia and withdraws the protruding tissue back through the hole in the muscle wall, into its correct position. The hole is then covered with a synthetic mesh. The patch may be anchored to the muscles with special absorbable tacks or glue. When the repair is done, all the instruments are removed from the abdomen, and the carbon dioxide gas is allowed to escape.

The small incisions are closed with sutures or skin glue and protected with small dressings.

What are the alternatives and do I need an operation?

National and European guidelines suggest that hernias causing no symptoms or minimal symptoms (awareness but no pain) can be monitored rather than repaired. However, your surgeon may still offer surgical repair on the basis that the hernia defect will not go away; there is a likelihood of the hernia enlarging or needing repair in the future and there is a small chance of the hernia becoming irreducible (stuck out) which often requires urgent surgical repair.

Preparing for your operation

You will not usually need to come into hospital until the day of your operation. You should not have eaten for six hours before nor drunk anything for two hours before the operation.

After the operation

Going home

When you go home will depend on how fit you are, whether you have someone at home with you and how comfortable you are after the operation. We aim to get most patients home the same day of operation, but you may need to stay in overnight so that we can monitor your recovery.

Pain and painkillers

The level of pain experienced after a hernia operation can vary. Some get very little discomfort, but it is common to have pain during the first three or four days, particularly when getting up from lying or sitting, and when returning to a chair or bed. It is usually necessary to take regular pain killers for the first 2-3 days after surgery and when required thereafter for up to a week or two.

Activity and lifting

Discomfort on moving is to be expected, but should not prevent you from walking. You are likely to get aching and pulling as you become more active during the first month, as the tissues are stretched and become supple again.

Mesh hernia repairs are very strong and whilst it might not always be comfortable to move around, it is entirely safe to do so. Strenuous exercise, contact sports and heavy lifting should be avoided for two to three weeks gradually increasing activity such that by 4 weeks you should be fully active. Patients who keep active are seen to recover much quicker than those who take the opportunity for a prolonged rest.

Washing

You can wash, bathe, or shower with soap and water as soon as you like. Try to keep the wound(s) dry for 3 days. They may be covered by showerproof dressings and showers rather than soaking in the bath are probably best for the first 3 days. After this time the wounds can be left open to the air or covered with a simple dressing for comfort if required. It is advisable to avoid swimming for about 10 days after the operation.

Constipation

It is quite normal for the bowels not to open for a day or so after operation. If you have not opened your bowels after two days and you feel uncomfortable, you may find a laxative will help.

Stitch removal

Most surgeons use absorbable sutures (sticthes) which don’t need removal. Occasionally, non-absorbable sutures are used, in which case, these will need removing after six to eight days. You will be advised to make an appointment with the practice nurse at your local surgery to have this done.

Driving

You must not drive within 24 hours of a general anaesthetic. You can drive as soon as you feel safe to do so which includes but is not limited to being able to make an emergency stop without discomfort in the wound and being fully in control of the vehicle. This usually takes about seven days.

Sex

You can resume sexual relations within a week or two, when the wound is comfortable enough.

Work

You should be able to return to a light job after about a week and any heavy job within two to three weeks.

What problems can occur after a hernia operation?

Bruising, swelling and hardness in the wound area are common, particularly if the hernia was large. Sometimes after a groin hernia repair, the bruising may go down into the scrotum. The swelling and bruising will improve in two to three days and will all settle down in time.

Very occasionally, bleeding from a small blood vessel near the repair can produce a large collection of blood or tissue fluid, which looks like a bulge under the wound. This may settle slowly on its own, but sometimes needs to be let out by a needle or a further operation. However, this is rare.

A small area of numbness in the skin is common around the wound. This is caused by the division of a nerve, which crosses the area of the hernia. The nerve is often divided during the repair. The area of numbness will get smaller over time (months) but may never return to normal.

Infection of the wound is a rare problem and is usually resolved by a course of antibiotics. The symptoms of this are increasing pain, redness and swelling at the wound site or the discharge of pus from the wound.

The chance of the hernia coming back after a hernia repair is small (less than 5%).

With a groin hernia repair in men, there is a small risk that the tube which carries sperms, or the artery that goes to the testicle, could be damaged during the operation. If the tube carrying sperms is damaged, then fertility will rely on the sperms from the other testicle (which are usually quite enough). If the artery is damaged, then the testicle may shrivel up or may need to be removed. These risks are higher during surgery for a recurrent hernia, but are still very unusual (less than 1 in 100).

Occasionally, a painful area may persist after a hernia repair. Significant pain which is severe is rare and occurs in less than 5% patients. Persistent pain is sometimes due to one of the nerves being scarred. This can be investigated and treated if necessary. Treatments include special medications, injections and only very occasionally is further surgery may be recommended.

Deep vein thromboses/pulmonary embolism (blood clots) are rare but possible after hernia repair. If you are at particular risk, we can take precautions to reduce the risk. This may be the case if you or a close relative has previously suffered a blood clot. Moving your legs and feet as soon as you can after the operation and walking about early, all help to prevent thrombosis.

Specific risks of laparoscopic hernia repair

Serious problems due to laparoscopic surgery are very uncommon, but include:

- injury to organs near the hernia site, such as intestine and bladder
- injury to major blood vessels
- gas embolism (a bubble of carbon dioxide gets into a blood vessel); this can be life-threatening
- injury to nerves
- swelling of the male scrotum due to gas, or a fluid collection, a new hernia at one of the surgical puncture sites
- bowel obstruction due to adherence to the internally placed mesh.

What should I do if there is a problem?

Because complications are extremely rare, you will not normally be given a follow-up appointment in the outpatient clinic. However, please contact your GP if you experience any of the following:

- persistent severe pain
- persistent bleeding
- fever or
- an inflamed or discharging wound

If your GP cannot help, please feel free to call the ward or your consultant's secretary at the North Devon District Hospital (01271 322577) who will be happy to advise you.

Further information

If you are worried or unclear about any aspect of your hernia repair, please ask the doctors or nurses for more details when you come into hospital. They are never too busy to answer your queries or listen to your concerns.

PALS

The Patient Advice and Liaison Service (PALS) ensures that the NHS listens to patients, relatives, carers and friends, answers questions and resolves concerns as quickly as possible. If you have a query or concern call 01271 314090 or email rduh.pals-northern@nhs.net. You can also visit the PALS and Information Centre in person at North Devon District Hospital, Barnstaple.

Have your say

Royal Devon University Healthcare NHS Foundation Trust aims to provide high quality services. However, please tell us when something could be improved. If you have a comment or compliment about a service or treatment, please raise your comments with a member of staff or the PALS team in the first instance.

Tell us about your experience of our services. Share your feedback on the Care Opinion website www.careopinion.org.uk.

Royal Devon University Healthcare NHS Foundation Trust
Raleigh Park, Barnstaple
Devon EX31 4JB
Tel. 01271 322577
www.royaldevon.nhs.uk