

Chronic groin pain after inguinal hernia repair

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What is chronic groin pain after inguinal hernia repair?

Chronic groin pain after inguinal hernia repair is defined as pain that is present for more than 3 months after the inguinal hernia surgery. Chronic groin pain can occur in more than 15% of patients who have this type of surgery.

What is an inguinal hernia?

A hernia is a condition in which part of an internal organ or tissue bulges through a muscle or fascia outside its natural compartment. In an inguinal hernia, the intestines or fat from the abdomen push through the lower abdominal wall into the inguinal canal or groin area.

An inguinal hernia is usually not dangerous. However, it can be painful, especially when lifting, bending, straining with a bowel movement or coughing. If a hernia bulges out and cannot be pushed back, it becomes acutely irreducible; this is an emergency and you should seek immediate medical attention.

What are the symptoms of an inguinal hernia?

Symptoms of an inguinal hernia can include:

- A bulge on one or both sides of the groin that disappears when lying down
- Pain in the groin, especially when lifting, coughing or exercising
- A feeling of weakness, heaviness or burning in the groin
- A swollen scrotum with tissues being pushed through inguinal canal toward testicle.

How is it treated?

An inguinal hernia is usually treated with surgery. There are two main types of inguinal hernia surgery:

- **Open hernia repair:** An incision, or cut, is made in the groin. The surgeon then pushes the hernia back into the abdomen and strengthens the abdominal wall with mesh and stitches.
- **Laparoscopic (keyhole) hernia repair:** The surgeon makes small cuts in the lower abdomen and inserts a laparoscope (a thin tube with a tiny video camera attached) and surgical instruments. The hernia is pushed back and the whole of the groin is reinforced with mesh.

What happens after inguinal hernia repair surgery?

Patients who have surgery usually need medication for few days to several weeks to treat pain. Patients are also advised not to lift anything heavy or engage in vigorous activity.

Minimally invasive hernia surgery usually has a shorter recovery time. However, it may not be an option for patients with large hernias or for those who have had previous abdominal surgery.

What are the risks of inguinal hernia repair surgery?

Inguinal hernia repair is a very common surgery. However, like all surgeries, it has some risks, including infection, bleeding and pain that is not relieved by medication. Long-term complications are rare, but can include severe discomfort and chronic pain caused by mesh and scar tissue as well as nerve damage. In addition, the hernia can recur (come back), which may require additional surgery.

What are the symptoms of chronic groin pain after surgery?

The symptoms of chronic groin pain after surgery include:

- Severe discomfort
- Sharp or radiating (spreading) pain
- A burning sensation in the area of the surgery
- Foreign body sensation (feeling like there is something compressing in the groin)
- Pain in the testicles
- Pain when walking and on physical activity
- Pain with sexual intercourse.

How is chronic groin pain after inguinal hernia repair treated?

Management of chronic groin pain can be challenging and requires a team of healthcare professionals working together.

There are several treatment options for chronic groin pain after inguinal hernia repair, including:

- Pain medications
- Nerve block (injection of a local anesthetic)
- Nerve ablation (an electric current heats a small area of nerve tissue to stop it from sending pain signals)
- Peripheral nerve field stimulation (electrodes are placed on the nerves to stop the pain)

Surgery is an option for patients who have had a thorough consultation and examination by a surgeon and multidisciplinary team. Surgery can be performed through an open incision (over the previous surgery) or laparoscopically. The type of surgery depends on the symptoms and is reserved for severe cases where other options of treatment failed and when the benefits of surgery are greater than risks.

During the surgery, the surgeon may partially or completely remove the hernia mesh that was placed in the earlier surgery as well as perform neurectomies. This is a procedure in which one or more of the peripheral nerves around the previous surgery are cut.

What to expect during the appointment

During the appointment, you will be seen by:

- Advanced clinical practitioner (ACP)
- Surgeon
- Physiotherapist
- Pain consultant

Once they have completed their assessment, they will discuss your case within the multidisciplinary team (MDT), developing your individual management plan. The appointment will last for around 45 minutes.

It is fundamental to have all the relevant clinical information (such as imaging and notes of previous surgery) prior the appointment. This allow the MDT to have a holistic approach when discussing your individual management plan. In order to collect the information before the appointment, you will be contacted by the ACP who will gather all the information required and if needed will contact the hospital which made the referral requesting the appropriate clinical documentation.

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

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