



University Hospitals Birmingham
NHS Foundation Trust



Femoral Hernia

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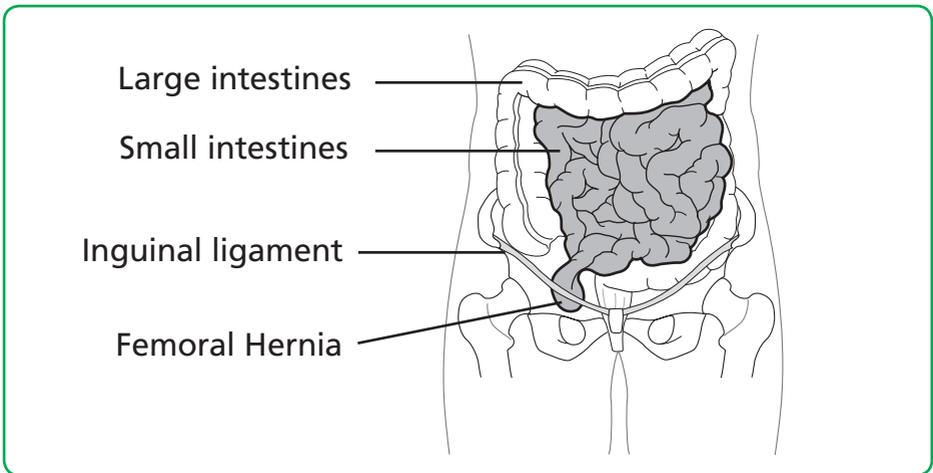
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Femoral hernia

A femoral hernia is a loop of intestine, or another part of the abdominal contents, that has been forced out of the abdomen through a channel called the 'femoral canal' – a tube-shaped passage at the top of the front of the thigh. The loop is usually only the size of a grape.

A femoral hernia can cause serious medical problems if left untreated, even if there are no troublesome symptoms to begin with. Treatment is by an operation to return the herniated intestine to its proper place and close the weakness in the abdominal wall.



About femoral hernias

The femoral canal, through which a femoral hernia is squeezed, is next to the point where the blood vessels and nerves pass from the abdomen into the leg. It is a potential weak spot in the abdominal wall.

Intestine (bowel), or the tissue that covers it, is more likely to be forced out through the femoral canal if a weakness already exists. Increasing the pressure inside the abdomen, by activities such as standing up, coughing or straining can then trigger a hernia. Other factors that make a femoral hernia more likely to develop include:

- Being very overweight (obese)
- Having a smoker's cough
- Constipation
- Carrying or pushing heavy loads

Femoral hernias tend to occur in older people. It also appears that pregnancy may weaken the abdominal tissues, making femoral hernias more common in women who have had one or more pregnancies.

Symptoms

A femoral hernia causes a grape-sized lump in the groin, although this is not always easily noticeable.

If the hernia can be manually pushed back into the abdomen it is referred to as 'reducible'. However, usually this is not possible and the hernia is effectively stuck in the canal. This is an 'irreducible' hernia and is a potentially dangerous condition. The blood supply to the herniated tissue can become crushed within the canal, cutting off its source of oxygen and nutrients. This is known as a strangulated hernia and emergency surgery must be performed to release the trapped tissue and restore its blood supply. A strangulated hernia is very painful and tender to the touch.

Once a hernia has formed it is important to seek a doctor's advice. A truss (a type of corset designed to hold in a hernia) should not be used for a femoral hernia as it can encourage the hernia to become strangulated.

Treatment

All femoral hernias need to be treated surgically as they have a high risk of becoming strangulated.

A femoral hernia repair is routinely performed as a day case, without the need for an overnight stay in hospital. The type

of anaesthesia will depend on the exact operation and the preferences of the surgeon and patient. Femoral hernia repairs are routinely carried out under general or regional anaesthesia (where just the area being treated is anaesthetised).

The operation

The surgery is generally performed through an incision about 10cm long either over the hernia itself or on the lower abdomen. The procedure involves opening up the femoral canal, returning the loop of intestine or intestinal covering back to the abdomen, and then patching up the canal to repair the defect that let the hernia through in the first place. The top of the femoral canal may be reinforced by a mesh made of a synthetic material that does not irritate the body. Laparoscopic surgery, also known as 'keyhole' or 'minimally invasive' surgery, may be used but is less common in femoral hernias than inguinal hernias. If the hernia has become strangulated, and part of the intestine damaged, the affected segment of intestine may need to be removed and the two ends of healthy intestine connected. This is more complex surgery and requires a longer stay in hospital.

What are the risks of the surgery?

Femoral hernia repair is a very safe operation for most patients. However, a small number of patients develop complications. Most of these are minor complications, but very rarely they can be serious. It is important that you are aware of these potential complications, so that you can make an informed decision about treatment. You can discuss any concerns you may have with your surgeon. Any operation carries a risk of the complications which include the following: Risks related to having a general anaesthetic are usually only a problem if you have a pre-existing medical condition affecting your health, such as:

- Heart problems
- Breathing difficulties
- An allergic reaction to medication or anaesthetic
- A blood clot forming in a vein or the lungs

Risks of groin hernia surgery

- It is not unusual to have some bruising in the groin and/or scrotum or, for laparoscopic surgery, around the incision sites
- Many patients develop a fluid swelling in the area of the hernia after surgery, called a seroma. This tends to resolve itself with time, but can occasionally need drainage
- A very small number of patients may develop infection.
- Some discomfort after surgery should be expected, but a small number of patients can develop persistent pain and or numbness in the groin after surgery. In an even smaller number of patients this pain can be severe and require further intervention
- As with any form of hernia repair, there is a small risk that the hernia may recur in the future
- Bruising in the groin or around the scrotum is fairly common, but should not be unduly painful
- Occasionally some patients may be unable to pass urine after a hernia repair
- Damage to surrounding areas or tissues, such as the bowel, or excessive bleeding are rare complications
- The risk of complications may be increased in:
 - Older patients
 - People who are overweight, smoke or consume excessive amounts of alcohol
 - People taking certain types of medication e.g. warfarin

Mesh

Surgical mesh, regulations and safety

The use of mesh to repair the majority of hernias has been the preferred method in the UK and worldwide for over 25 years. There is a large volume of data on the outcome of various hernia operations and different meshes. Indeed when surgeons themselves have hernias they opt for mesh repairs. Meshes used in surgery are tightly regulated and require a CE-mark to be used in patients in the European Union. Patient safety is a critical component of this regulation and regulatory compliance is subject to periodic reviews by authorities in the EU.

Is a repair with mesh a 'gold standard'?

Many patients who develop a hernia, have a 'tissue weakness' which doesn't hold stitches well. This explains why repairs with stitches have a higher failure rate than those with additional mesh. For the vast majority of patients, mesh poses little if any additional risk, and coupled with a lower recurrence rate, has resulted in the use of mesh becoming the gold standard in hernia repairs.

Are there disadvantages to a mesh repair?

Mesh is foreign material, like any synthetic implant (dentures, crowns, heart valves etc). It can become infected but this is a rare event. Some patients can develop chronic pain after surgery. There is no firm relationship with the use of mesh and chronic pain, and non-mesh repairs can equally result in this problem.

Summary

For most patients mesh is a safe and reliable way to repair a hernia. Millions of hernia repairs have been successfully performed with mesh. Alternatives are available and will be discussed to help you make an informed decision.

After the procedure

If the operation is a day case, most people go home once they have recovered from the anaesthetic. Anyone who has a general anaesthetic will need to arrange for a friend or relative to drive them home and stay with them for the next 24-hours.

A general anaesthetic can temporarily affect co-ordination and reasoning skills, so people are advised to avoid driving, drinking alcohol or signing legal documents for 24-hours afterwards. Before discharge, a nurse will advise about caring for stitches and bathing, and arrange a date for a follow-up appointment (about six weeks later).

Once home, painkillers should be taken as advised by the doctor or nurses. Whether recovering from open or keyhole surgery, it will be necessary to take it easy for the first two or three days. The surgeon will give specific advice about resuming normal activities. In general people will be able to move around freely but should avoid strenuous exercise and lifting for at least the first few weeks.

Most people continue to experience some discomfort for a few weeks after the operation, but this will gradually settle.

Deciding to have hernia repair

A femoral hernia needs to be treated to prevent strangulation, and it will not get better by itself. Surgery is the only cure for a hernia.

A femoral hernia repair is generally a safe surgical procedure. However, in order to give informed consent, anyone deciding to have this operation needs to be aware of the possible side effects and the risk of complications.

Side-effects

Side-effects are the unwanted but usually temporary effects of a successful procedure. Examples include feeling sick as a result of the general anaesthetic or painkillers.

Complications

Complications are unexpected problems that can occur during or after the operation. Most people are not affected. The main possible complications are an unexpected reaction to the anaesthetic, excessive bleeding, infection or developing a blood clot, usually in a vein in the leg (deep vein thrombosis). To help prevent this, most people are given compression stockings to wear during the operation.

Specific complications of a femoral hernia repair are uncommon but can include accidental damage to internal organs, which could require a larger incision to repair. There is also a risk of abdominal bruising, although this usually settles without treatment. The chance of complications depends on the exact type of operation you are having and other factors such as your general health. Ask your surgeon to explain how these risks apply to you.

What to expect afterwards

If you have general anaesthesia, you will be taken from the operating theatre to a recovery room, where you will come round from the anaesthesia under close supervision. After this (or immediately after an operation under local anaesthesia) you will be taken back to your ward.

You will need to rest until the effects of the anaesthesia have passed. Your nurse will check the operation site and monitor your heart rate and blood pressure. Your groin area may feel sore and you may need painkillers. Please discuss any discomfort with your nurse. When you feel ready, you can begin to drink and eat, starting with clear fluids.

Going home

You will usually be able to go home once you have made a full recovery from the anaesthesia. However, you will need to arrange for someone to drive you home and then stay with you for the first 24-hours.

Before you go home, your nurse may give you antibiotics to take home. You will be given instructions on how to use these and advice about caring for your healing wound(s), hygiene and bathing. You will be given a contact telephone number for the hospital, in case you need to ask for further advice.

After you return home

If you need them, continue taking painkillers as advised by the hospital. General anaesthesia can temporarily affect your co-ordination and reasoning skills, so you should not drink alcohol, operate machinery or sign legal documents for 48 hours afterwards.

Your surgeon will give you specific advice about when you can resume your normal lifestyle. In general, you will need to take it easy for the first two to three days. You should not lift heavy items or do strenuous exercise for at least a fortnight. Follow your surgeon's advice about driving. You shouldn't drive until you are confident that you could perform an emergency stop without discomfort. If you are in any doubt about driving, please contact your motor insurer so that you are aware of their recommendations, and always follow your surgeon's advice.

You may experience some discomfort in the groin area for a few weeks after the operation, but this will gradually settle and can be helped by wearing close-fitting underwear. Eat plenty of vegetables, fruit and high fibre foods such as brown rice and wholemeal bread and pasta. This helps to avoid constipation, which can cause straining of the wound and discomfort. Dissolvable stitches will disappear in about seven to ten days.

