Inguinal Hernia

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Inguinal Hernia Repair
This leaflet is for people who are having or thinking of having an Inguinal Hernia Repair. Your care may differ from what is described here because it is adapted to meet your individual needs, so it’s important to follow your surgeon’s advice.

What is an Inguinal Hernia?
An Inguinal Hernia is a lump in the groin that occurs when part of the intestine pushes through a weakness in the muscles of the abdominal wall.

Inguinal Hernias are most common in boys and men. They may be present at birth or can develop later in life, when straining, heavy lifting, coughing or obesity increases the pressure within the abdomen, applying strain on the muscles in the groin area.

A hernia is not dangerous in itself, but there is a risk that it will become irreversible. This can result in the blood supply becoming restricted to the hernia, causing life-threatening conditions such as gangrene and peritonitis. If it’s not treated, a hernia is likely to get larger and become more uncomfortable. It may result in the bowel becoming obstructed. In most cases, a hernia repair operation is recommended.
Hernia repair operation

A hernia repair is usually carried out as a day case, with no overnight stay in hospital. The aim of a hernia repair operation is to push the intestine back in place and strengthen the abdominal wall. There are two main types of inguinal hernia repair - open and keyhole (laparoscopic). In most cases, the operation is an open repair, which involves a small cut in the groin. Sometimes, when there are hernias on both sides of the groin, or the hernia is a recurrence keyhole surgery is recommended.

The open procedure can be done using an ‘inguinal block’, which involves an injection of local anaesthetic to completely block feeling from the groin area. You will stay awake during the operation. Alternatively a general anaesthetic may be used; this means you will be asleep during the operation. Your surgeon will discuss which technique and type of anaesthesia is appropriate for you.

Preparing for your operation

The hospital will send you to the pre-admission screening clinic. If you normally take medication (e.g. tablets for blood pressure), continue to take this as usual, unless your surgeon specifically tells you not to. If you are unsure about taking your medication, please contact the hospital.

Before you come into hospital, you will be asked to follow some instructions.

- Have a bath or shower at home on the day of your admission
- Remove any make-up, nail varnish and jewellery
- Follow the fasting instructions in your admission letter. Typically, you must not eat or drink for about six hours before general anaesthesia. However, some anaesthetists
allow occasional sips of water until two hours beforehand. Our hospitals operate a strict no smoking policy. If you are a smoker, you may wish to bring nicotine patches to use for the duration of your stay.

At the hospital, your nurse will explain how you will be cared for during your stay, and will do some simple tests such as checking your heart rate and blood pressure, and testing your urine. You may also have your groin area shaved.

Your surgeon and anaesthetist will usually visit you before your operation. This is a good time to ask any unanswered questions that you might have.

Consent
If you are happy to proceed with the hernia repair operation, you will be asked to sign a consent form. This confirms that you have given permission for the procedure to go ahead.

About the operation
Open surgery
Once the anaesthetic has taken effect, a single cut (about five to 10cm long) is made in your groin, and the bulge is pushed back into place. Your surgeon may stitch a synthetic mesh over the weak spot to strengthen the wall of the abdomen. The skin cut is then closed with dissolvable stitches.

Keyhole surgery
Three small cuts (1-2cm long) are made on your abdomen under general anaesthesia. Your surgeon will insert a tube-like telescope camera to view the hernia by looking at the pictures it sends to a video screen. The hernia is repaired using specially designed surgical instruments passed through the
other cuts. A synthetic mesh may be used to strengthen the wall of the abdomen. The skin cuts are closed with dissolvable stitches.

The operation takes 30 to 50 minutes depending on the technique used.

Deciding on having an inguinal hernia repair

Inguinal hernia repair is a commonly performed and generally safe operation. For most people, the benefits, in terms of reduced discomfort, are much greater than the disadvantages. However, all surgery carries an element of risk. In order to make an informed decision and give your consent, you need to be aware of the possible side-effects and the risk of complications.

Side-effects

These are the unwanted but mostly temporary effects of a successful treatment. An example of a side-effect is feeling sick as a result of the anaesthetic or painkillers.

These side-effects can be milder after key-hole surgery, and usually clear up during the first week, without further treatment.

Complications

This is when problems occur during or after the operation. Most people are not affected but the main possible complications of any surgery are an unexpected reaction to the anaesthetic, excessive bleeding, infection or developing a blood clot in a vein in the leg (deep vein thrombosis). To help prevent this, most people are given compression stockings to wear during the operation. Complications may require further treatment such as returning to theatre to stop bleeding, or antibiotics to deal with an infection.
What are the risks of the surgery?

Laparoscopic 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 effecting your health:

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

Risks of laparoscopic surgery:

- Damage to surrounding areas or tissues, such as the bowel
- Excessive bleeding
- Infection of wounds or deep seated infection

Risks of laparoscopic groin hernia repair

- 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 very small number of patients can develop persistent pain in the groin after surgery
• 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.

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

Are there any alternatives to surgery?
There is no acceptable non–surgical medical treatment for a hernia. A hernia does not get better over time, nor will it go away by itself. The use of a truss (a hernia belt) can keep the hernia from bulging, but is usually only recommended for patients who are not fit for surgery. The only permanent remedy for the condition is to repair the hernia surgically.

What would happen if the hernia was left untreated?
The long–term course is for a hernia to become steadily worse. There is also the risk of the hernia becoming strangulated.

What are the benefits of surgery?
The main benefits are the relief of pain and discomfort caused by the hernia and avoidance of future strangulation.
The Trust provides free monthly health talks on a variety of medical conditions and treatments. For more information visit www.uhb.nhs.uk or call 0121 627 7803

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