

Inguinal hernia

Inguinal hernia repair

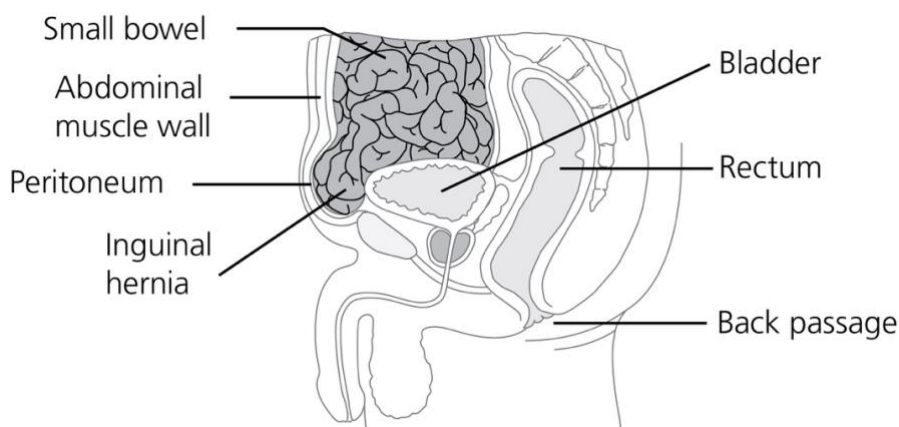
This leaflet is for people who are having or thinking of having an inguinal hernia repair. Your care may differ from what is described here because it is adapted to meet your individual needs, so it's important to follow your surgeon's advice.

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 irreducible. 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. When patients are symptomatic, a hernia repair operation is recommended in most cases.



Inguinal 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/robotic). In most cases, the operation is an open repair, which involves a small cut in the groin. When there are hernias on both sides of the groin, or the hernia is a recurrence, keyhole surgery is recommended.

Some patients may choose to have a laparoscopic/robotic operation after discussion with a surgeon. Most commonly a general anaesthetic is used; this means you will be asleep during the operation. The open procedure can sometimes be done with an injection of local anaesthetic to block feeling from the groin area while you remain awake or a spinal anaesthetic where you have injection of anaesthetic into the spine to numb the same area.

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 6 hours before general anaesthesia. However, some anaesthetists allow occasional sips of water until 2 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.

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 5–10cm long) is made in your groin, and the bulge is pushed back into place. Your surgeon will stitch a synthetic mesh over the weak spot to strengthen the wall of the abdomen. The skin cut is then closed, usually 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 will be used to strengthen the wall of the

abdomen. The skin cuts are closed with dissolvable stitches. Robotic surgery is still performed 'keyhole' but the instruments are controlled by a robot which is then controlled by the surgeon.

The operation takes 30–50 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 keyhole 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?

Inguinal 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 some patients will develop persistent pain and/ or numbness in the groin after surgery. Many of these will improve with time. 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 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 (EU). 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.

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