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Inguinal hernia repair

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 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 get trapped (strangulated). This can cut off the blood supply 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

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 a pre-admission questionnaire. Your answers help hospital staff to plan your care by taking into account your medical history and any previous experience of hospital treatment. You will be asked to fill in this questionnaire and return it to the hospital.

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.*

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.

You may be asked to wear compression stockings to help prevent blood clots forming in the veins of your legs (deep vein thrombosis, DVT). For more information, please see the separate BUPA health fact sheets, Compression stockings and Deep vein thrombosis.

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

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

Inguinal hernia (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

Inguinal hernia (Laparoscopic surgery) animation

About two or three small cuts (one to two centimetres long) are made on your lower abdomen and groin under general anaesthesia. Your surgeon will insert a tube-like telescopic camera to view the hernia either by looking directly through this, or at 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.

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 room.

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, and your nurse will arrange a date for a follow-up appointment.

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 10 days.

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.

- *Immediately after surgery, you may experience some difficulty in passing urine.*
- *You are likely to have some pain, swelling and bruising in the abdomen and groin area.*
- *Men may have some scrotal swelling for a few days.*

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, DVT). 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.

Other complications specific to inguinal hernia repair are listed here.

- *Rarely, blood or fluid will build up in the space left by the hernia. This will usually resolve itself but you may need to have further treatment to drain the fluid.*
- *In men, painful swelling of the scrotum or testicles occasionally occurs. This may require further surgery.*
- *Very rarely, during surgery other tissues in the abdomen are damaged. Studies suggest that this is more likely if the operation is done using keyhole surgery.*
- *There's a small chance of continuing pain or numbness in the groin area, caused by the handling of a nerve during surgery, or by the pressure on the nerves by scar tissue that forms during healing.*
- *There's a chance the inguinal hernia may re-occur.*

Ask your surgeon to explain how these risks apply to you. The exact risks will differ for every person. This is one of the reasons why we have not included statistics here.

Kindly make arrangements with the office of Dr WP de Beer to obtain a medical certificate (sick note), if required.

NB!!! IF THE WARD DID NOT BOOK A FOLLOW-UP APPOINTMENT, PLEASE CALL THE ROOMS TO DO SO.