

HERNIA REPAIR

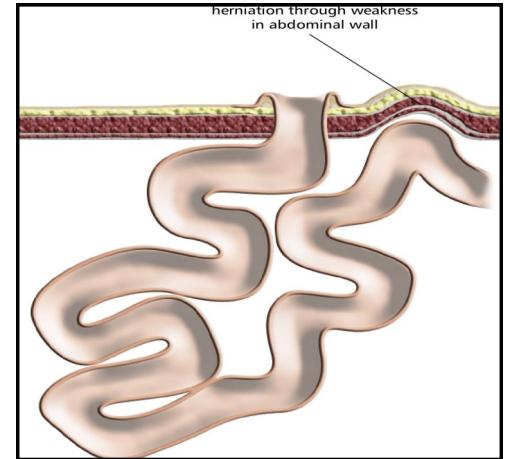
Patient information - Department of General Surgery

The following information is a guide to your care while in hospital. Your care may vary depending on your surgery and surgeon's instructions.

What is a Hernia?

A hernia is a protrusion of an organ or tissue through a break or gap of weakened area in the abdominal wall.

A hernia may be present at birth or can occur over time due to stress or strain on the abdominal wall. Hernias commonly appear in the groin e.g. inguinal or femoral, or in the umbilical region e.g. umbilical, incisional or epigastric. Sometimes, the lump is visible when one stands and disappears when lying down.



The Hernia Repair:

A hernia repair is performed by either an open incision or laparoscopy. A Laparoscopic Hernia Repair is performed through several small incisions in the abdomen. Surgical instruments including a telescope and light are inserted through these small incisions to locate and repair the hernia.

Sometimes during the operation the surgeon may need to change from a keyhole technique to an open technique. This means a larger wound and may require a longer stay in hospital.

The Hernia Repair Procedure:

The procedure will most likely be performed by pulling together muscles and ligaments to close the opening or placing a patch of mesh into the surrounding tissue. Your surgeon will discuss which option will be the best for you.

Surgical Mesh

The use of mesh in General Surgery to repair hernias of the groin or the abdominal wall is well established internationally and is considered the procedure of choice. Without mesh there is a high failure rate and laparoscopic hernia repairs cannot be done without mesh. Open repairs without mesh will fail in about

20% of cases. Large incisional hernias cannot be repaired without mesh.

For ventral hernia recurrence with fascial defects greater than 2cm in diameter, and all adult groin hernias, mesh must be used to reinforce the tissue repair. If not the hernia recurrence without mesh is unacceptably high. Mesh can significantly reduce hernia recurrence rates.

The use of mesh for abdominal and groin hernia repair is safe. Chronic pain may occur after hernia repair in less than 10% of patients. However, it is important to remember that chronic pain after groin hernia repair is higher for patients having non-mesh repair compared to mesh repair

How long will I be required to stay in hospital?

Your nurse will encourage you to get back to normal activity as soon as possible. Most patients are able to go home within 12-24 hours. Some are treated as a day case and are able to discharge after 3-4 hours. It is normal to feel tired afterwards and you should allow your body the time it needs to rest and recover

Most people can return to work and mild activity within 4-10 days. Avoid heavy lifting for 6 weeks after surgery to assist the abdominal muscles to heal. Laparoscopic **groin** hernia operations have no activity or lifting restrictions.

Pain Relief:

You will be offered regular oral pain relief but tell your nurse if you start to feel sore. Usually oral medication will provide effective relief. Please advise your nurse if you feel nauseated.

Bruising and swelling along the incisional line is normal. With a groin hernia repair in males, bruising tends to track down into the scrotum and penis. It can be quite dramatic and looks worse than it feels. It will fade in 10-14 days. Some swelling may also be noted and this will gradually resolve. Pain may also be experienced in the testicle on the affected side. This usually settles within 3 days.

Eating and Drinking:

You will be able to eat and drink as soon as you feel able.

Wounds:

After keyhole surgery you will have 3-4 small incision wounds around your abdomen, each covered with an adhesive tape dressing. After open surgery, you will have one longer incision. The tape usually stays in place for 7-10 days, but can be removed if it becomes dirty. Usually there are no stitches, however if there are, your surgeon or nurse will advise you regarding their removal. Small areas of bruising and swelling may be considered normal. The testicle may become swollen or bruised for a while.

You may shower as normal, as soon as you feel well enough, it does not matter if your wound gets wet.

Please contact your GP if you:

Develop a fever

Experience worsening abdominal pain or distension

Experience persistent nausea or vomiting

If your wound becomes inflamed or discharges

**If you have any concerns please contact your G.P. or,
outside business hours, contact the after-hours surgery**

In case of an emergency, call 111

Department of General Surgery

Christchurch Hospital

Phone (03) 364 0640

For more information about:

- your health and medication, go to www.healthinfo.org.nz
- hospital and specialist services, go to www.cdhb.health.nz

References

den Hartog D et al. Open surgical procedures for incisional hernias. *Cochrane Database Syst Rev.* 2008 Jul 16;(3):CD006438

Bittner R et al. Guidelines for laparoscopic treatment of ventral and incisional abdominal wall hernias. *International Endo Hernia Society IEHS—Part1. Surg Endosc* (2014) 28:2-29

Simons MP et al. European Hernia Society guidelines on the treatment of inguinal hernia in adult patients. *Hernia* (2009) 13:343-403