

The Hernia Operation

Hernia repair is a surgical procedure correcting an opening or weakness in a muscle wall where tissue has bulged through. In most cases this is now performed with the use of a mesh. The bulge is returned to where it belongs and the repair is achieved by placing a piece of fine (inert and sterile) mesh at the opening in the tissue. This is firmly held in place (in most cases with the use of stitches) and the outer incision closed.

Benefits Of Hernia Repair

There are two main benefits to having a hernia surgery. One, hernias are usually symptomatic, so by repairing them, you get rid of the pain or other symptoms. The other benefit is that by having hernia surgery, you're preventing future problems with strangulation or obstruction that would necessitate emergency surgery to repair.

Are There Any Alternatives?

One can wear a corset or belt (truss). This option is not ideal, fails to treat the hernia as such, can cause additional problems and it is difficult to find a good one. The hernia truss was a favored remedy in the last millennium, when surgical risks were significant; a truss is old-fashioned now. It is a belt with a pad that presses on the hernia defect to block the opening and stop the hernia popping out. They never work well and carry the risk of unpleasant side-effects.

What Would Happen If My Hernia Was Left Untreated?

Doing nothing leaves things as they are – and avoids any surgery (for the time being). This is obviously an attractive proposition on first sight, especially in cases where the hernia does not hurt. However:

- any symptoms, such as discomfort and pain will also worsen, affecting your quality of life and ability to work
- delaying surgical repair and allowing the hernia to enlarge significantly is likely to make later operations more complicated if you do eventually have surgery
- there is always the risk of strangulation (where the bowel becomes trapped in the hernia and loses its blood supply), which requires emergency surgery.

Will The Hernia Return After Surgery?

The routine use of mesh in hernia surgery has considerably reduced the risk of recurrence. However, up to 10% of hernias come back at some point after surgery. Around 2-4% of hernias return within three years.

How Long Will I Be In Hospital?

As this is generally a day case procedure you will be expected to go home on the day of your surgery. Some patients with significant co-existing medical conditions or whose surgery takes place late in the day might be kept in overnight.

Before The Operation

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Prior to admission you will need to have a pre-operative assessment. This is an assessment of your health to make sure you are fully prepared for your treatment and discharge. The pre-operative assessment nurses will help you with any worries or concerns that you have and will give you advice on any preparation needed for your surgery.

If you are undergoing a general anaesthetic you will be given specific instructions about when to stop eating and drinking, please follow these carefully, otherwise this may pose an anaesthetic risk and may mean we will have to cancel your surgery. You should bath or shower before coming to hospital.

On admission a member of the nursing staff will welcome you. The nurses will look after you and answer any questions you may have. You will be asked to change into a theatre gown. Prior to surgery you may need to have an enema (a liquid medication given into the back passage to empty the bowel).

The surgeon and anaesthetist will visit you and answer any questions that you have.

A nurse will go with you to the anaesthetic room and stay with you until you are asleep. A cuff will be put on your arm, some leads placed on your chest, and a clip attached to your finger. This will allow the anaesthetist to check your heart rate, blood pressure and oxygen levels during the operation. A needle will be put into the back of your hand to give you the drugs to send you to sleep.

After The Operation

Your blood pressure, pulse and wounds will be monitored closely over the first few hours. You will normally be able to start drinking shortly after the procedure, and can start eating as soon as you are hungry. You will normally be able to get out of bed a few hours after surgery, although the nurses will assist you the first time.

You will have some discomfort in your wound. This will be worse on coughing, sneezing or even on going to the toilet. This settles over three weeks.

Most patients experience tiredness for some weeks, especially after slight exertion—this is quite normal and will improve with time.

You may notice swelling and some bruising around the wound. This is also quite normal and settles with time. This occurs especially if you have had a femoral or inguinal hernia repair. Wearing firm underwear will help to reduce this.

If your operation is planned as a day case you can go home as soon as the effect of the anaesthetic has worn off. A general anaesthetic can temporarily affect your coordination and reasoning skills so you will need a responsible adult to take you home and stay with you for the first 24 hours. During this time it is also important that you do not operate machinery, drive or make important decisions. Before your discharge the nurse will advise you about your post-operative care and will give you a supply of painkillers. Your GP will be notified of your treatment.

If a hospital follow-up appointment is required you will be notified of this prior to discharge and an appointment card given to you.

How Much Pain Can I Expect?

At times the pain may be significant, so taking regular painkillers will help. Warm baths may also help reduce the discomfort. You may experience discomfort for up to four weeks after the operation.

What Activities Will I Be Able To Do After My Surgery?

You can return to normal physical and sexual activities when you feel comfortable; this normally takes 2-3 weeks but sometimes longer.

What you can do

- eat a normal diet
- walk as tolerated; gradually increase the frequency and duration
- light activities within pain boundaries
- shower with your wound uncovered and pat dry.

What to avoid

- strenuous exercise - gradually increase your activity
- lifting heavy objects - wait four to six weeks or longer
- driving - until advised by us (usually after 1-2 weeks)
- constipation - drink six to eight glasses of water per day and eat a high fibre diet.

Driving

You must not drive for at least 24 hours after surgery. Before driving you should ensure that you are able to perform an emergency stop, have the strength and capability to control the car, and be able to respond quickly to any situation that may occur.

Return To Work

You can return to work as soon as you feel well enough. This could depend on type of work that you do. Typically you will need two to three weeks off work.

Significant, Unavoidable And Frequently Occurring Risks After Hernia Surgery

Hernia surgery is generally safe, with less than 5% of cases requiring a return to the operating theatres due to a complication. However, the following complications might occur:

- blood (haematoma) or fluid (seroma) building up in the space left by the hernia; this usually gets better without treatment
- painful swelling and bruising of the scrotum or base of the penis (in men)

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- long-standing pain and numbness in the groin area caused by a nerve being damaged or trapped during surgery
- damage to the blood supply to the testicle
- damage to the vas deferens – the tube that carries sperm to the testicles
- hernia recurrence
- wound infection; this is usually successfully treated with antibiotics
- mesh infection; the likelihood for this is around 1% but if this happens the mesh will have to be removed to control the infectious process.

When To Contact Your Surgeon

In the period following your operation you should contact us on 07968228831 or your GP if you notice any of the following problems:

- increasing pain, redness, swelling or discharge from the wound
- bleeding from the wound
- significant abdominal distension and discomfort
- high temperature over 38°C or chills
- nausea or vomiting, which does not settle.