



# Inguinal hernia repair surgery

Information and advice for  
patient

CSTH professorial surgical unit

---

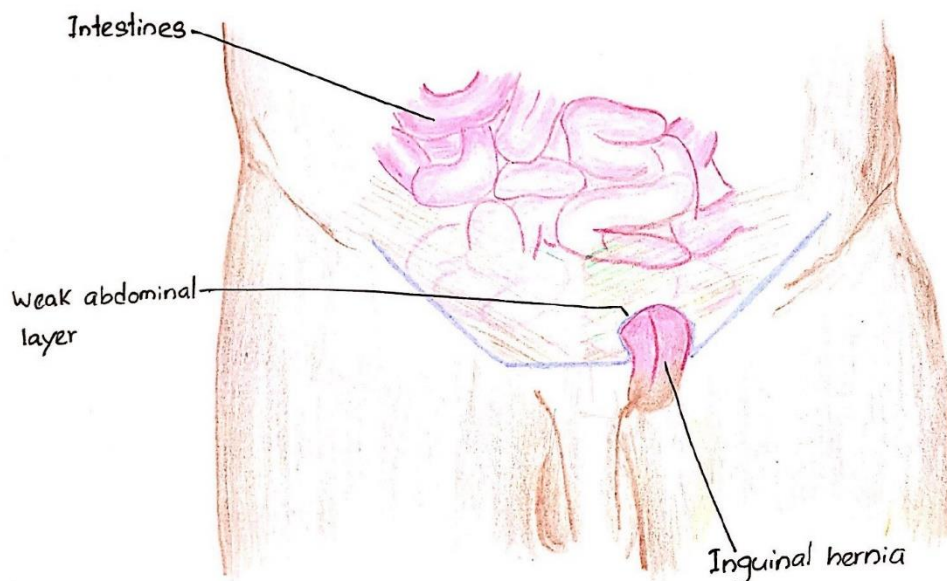
## What is an inguinal hernia?

An inguinal hernia occurs when the tissue bulges through a weakness in the abdominal wall of the groin. The bulged out sac may contain abdominal structures such as the bowel.

It is more common in men compared to women and may occur in one or both groins.

There will be a visible bulge in the groin, especially when standing, coughing or straining. A discomfort may be felt at the groin.

Occasionally a part of bowel can get stuck and twisted within the hernia causing severe pain, bowel obstruction and bowel damage leading to a life-threatening emergency.



### **What causes inguinal hernia?**

Inguinal hernia may be present at birth or develops over time. In some people there may be an inborn weakness in the abdominal wall.

Other contributing factors include smoking and factors that increases the pressure within the abdomen such as persistent coughing, difficulty with bowel movements or urination.

### **How is inguinal hernia treated?**

Non surgical management is acceptable for early, asymptomatic, direct inguinal herniae particularly in old and frail patients who do not wish for surgical interventions. These patients should be advised to seek medical attention if hernia increases in size or becomes symptomatic.

Hernia trusses have not been shown effective but may be useful occasionally for patients who refuse surgical interventions.

Risk factor modifications are important to prevent the hernia getting symptomatic with conservative management and prevent recurrence in surgically managed patients. These include cessation of smoking and treatment of causes that increases abdominal pressure e.g. persistent cough, difficulty with bowel movement or urination.

Surgery is generally the treatment of choice as inguinal hernia does not get better over time by itself and there are no medical or exercise therapy that can make it better.

## Inguinal hernia repair surgery

Information and advice for patient

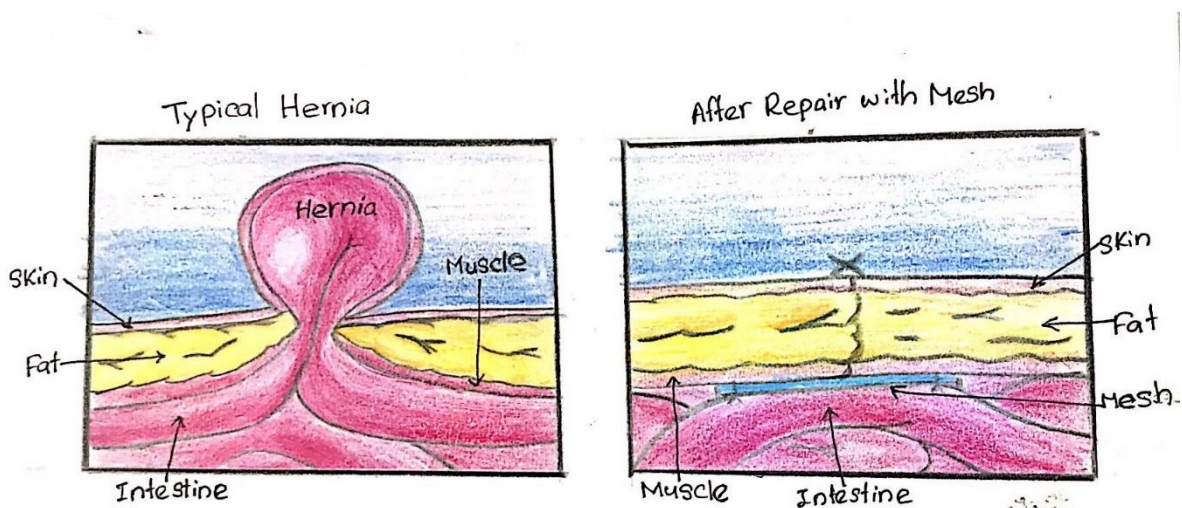
CSTH professorial surgical unit

The aims of the surgical repair are to push back the abdominal contents and strengthen the abdominal wall.

There are two main types of inguinal hernia repair, open and laparoscopic (keyhole).

### ➤ Open surgery

This procedure is performed under spinal anaesthesia (medication is injected to the back to numb the area below that without losing consciousness). A small cut is made at the groin. Hernia sac is freed up and content is replaced in the abdominal cavity. Next, the abdominal wall is strengthened with the aid of an artificial mesh to prevent the hernia recurring. Mesh does not cause any reaction in your body and you will not be aware of the presence of it. The wound is then closed generally with dissolving stitches which does not require removal later.



### ➤ **Laparoscopic (keyhole) surgery**

Keyhole surgery is generally recommended when there are herniae on both sides or if the hernia is a recurrence. This procedure is performed under general anaesthesia (Medications are given to put you in to a deep sleep). Carbon dioxide gas will be used to distend the abdomen to have a proper view. Three small cuts are made on abdominal wall through which the surgical instruments and camera are inserted to perform the surgery.

Once the hernia contents are reduced back to the abdomen, an artificial mesh will be placed inside the abdomen covering the hernia defect to prevent the hernia from recurring.

### **What are the benefits of surgery?**

The benefits will be in terms of reducing discomfort and preventing the risk of above mentioned complications of hernia due to getting stuck and twisting of its content.

### **What are the complications of surgery?**

Inguinal hernia repair is a commonly performed and generally safe operation. However, all surgeries carry an element of risk.

In order to make an informed decision, you need to be aware of the possible complications which are either related to surgery or to anaesthesia.

### ➤ **Specific complications**

- Retention of urine: this may require catheterization.
- Formation of a fluid filled collection at the site of the wound (Seroma): this tends to resolve itself with time, but occasionally needs drainage.
- Recurrence of hernia: <1% risk with the mesh repair.
- Persistent groin pain: Many will improve with time. However, few will require further intervention.
- Damage to surrounding structures such as spermatic cord, bowel and bladder.

### ➤ **General complications**

- Bleeding during or after operation
- Surgical site infection: Prophylactic antibiotics are given at the time of surgery to reduce the risk.
- Cardiac and respiratory complications are rare and generally occur in patients with pre-existing medical problems.

## **Preparing for your surgery**

You will be asked for details of your medical history, allergies and will be carried out relevant examination and investigations at the clinic prior to surgery. Make sure that you bring the records of your other clinic follow ups, medications and previous surgical notes, if any.

This procedure involves the use of anaesthesia. You will see an anaesthetist before your procedure.

Some of your routine medications may affect the surgical procedure and anaesthesia. Therefore, you will be advised about the alteration of your routine medications.

If you smoke, quitting prior to surgery will decrease post-operative lung complications, improve wound healing and reduce the risk of recurrence.

Once the preoperative assessment is satisfactory, a routine date for surgery will be reserved and you will be asked to provide an informed written consent.

You will be admitted one day prior to hospital for further preparation. You are supposed to bring white colour, loose-fitting and comfortable clothes for the surgery. Leave your valuables with your guardian.

You will be asked to stay fasting for solids for 6 hours and clear fluid for 2 hours prior to surgery.

### **The day of your surgery**

You need to be dressed up with white color clothes and will be taken to the theatre. After completing your planned surgery, you will be taken to the recovery room. Then you will be transferred back to the ward after confirming your vital parameters are satisfactory and you are

adequately conscious if surgery is performed under general anaesthesia.

### **Your recovery**

You will be monitored closely for post-operative complications. Later the same day you may drink and eat as required unless specific instructions are given not to.

You will be provided pain medications accordingly to keep you comfortable and pain free.

### **Your discharge and follow up**

You will be discharged on the next day unless there is any deviation from your recovery. Advices on surgical site care, pain medication and follow up plan will be given prior to discharge.

You may take a shower after the second post-operative day. Do not soak the wound dressing for first 5 days. Then remove the wound dressing and you may keep the surgical site open. If dissolving stitches are applied, there is no need to remove the stitches. However, if non-dissolving stitches or clips are applied, they will need to be removed 10 days following surgery.



You should seek medical advice if you develop redness, swelling, discharge, increasing pain of the wound; fever or repeated vomiting.

You will be assessed after one week for recovery and only if required after that.

### **Resuming normal activity and returning to work**

You should refrain from performing heavy work for further six weeks. It is safe to attend to light activities of daily living depending on your comfort. You should be able to return to office work by two weeks.

### **Contacts**

Female ward – 24, Male ward – 25

**Preparation date** – 29/06/2020

**Prepared by** – Dr H N T Piyumika

Dr Buddhima Dasanayaka

**Supervised by**- Professor Aloka Pathirana (Professor of Surgery)

Dr Upul de Silva (Senior Registrar in Surgery)