

PATIENT INFORMATION ON INCISIONAL HERNIA

What is an Incisional Hernia?

An incisional hernia is a defect in your abdominal (belly) wall at the site of a previous incision (cut) which permits the intra-abdominal contents to push out. This can lead to your bowel being trapped which may cause an obstruction (blockage) or a strangulation (the blood supply to the bowel is cut off) of the contents. You may notice a swelling at the site of the incision (scar) of your previous operation – this can be associated with discomfort or pain in the abdomen, nausea and vomiting, and an inability to open bowels or pass wind.

Diagnosis of Incisional Hernia

An incisional hernia can cause you difficulty in daily activities like getting up from bed, dressing, walking, carrying shopping etc. It can cause symptoms like discomfort, pain, increasing size etc. Sometimes a loop of bowel can get trapped in the hernia and cause colicky abdominal pain or you may develop complications like bowel obstruction or strangulation. The diagnosis will usually be made by your doctor following a clinical examination if you have appropriate history and symptoms. Your GP will usually refer you to the hospital where you will be seen by a surgeon - the surgeon may request investigations like an abdominal x-ray, a barium follow-through x-ray or a CT scan. Sometimes, you may not have time to see your GP because of the severity and acuteness of your symptoms, forcing you to attend the Accident and Emergency Department of your local hospital.

Management of Incisional Hernia

Incisional hernias come in different sizes. If you have a small incisional hernia and it is not causing any symptoms, then this can be initially kept under observation. However, if it is large or increasing in size or produces symptoms like discomfort, pain, nausea, vomiting or constipation etc. then a surgical repair is advisable, provided you are fit for surgery. If you live a sedentary life and the hernia is not causing any symptoms or increasing in size then then your doctor may advise continued observation only. The risk of this approach is that the hernia may increase in size in the future or develop an obstruction or strangulation which may require emergency surgery – the outcome under these circumstances may be worse than an elective operation. Please note that it is very likely that your hernia will enlarge over time, especially if you are physically active. Hence, it is advisable to have this repaired if you are generally fit to undergo surgery, especially if it is producing symptoms like discomfort, pain, nausea and constipation.

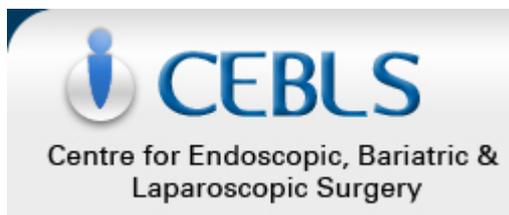
How is the Surgery Performed?

Open Incisional Hernia Repair

An incisional hernia can be repaired through the traditional open technique which requires a 6-10inch (15-25cms) cut in the abdomen – the contents are reduced and the defect is closed with a mesh and stitches.

Laparoscopic Incisional Hernia Repair

The hernia can in some cases also be repaired through a newer laparoscopic (keyhole surgery) technique which requires 4-5 small cuts in the abdomen (abdomen) – the trapped contents are released and the defect is closed with a mesh and staples.



Sometimes the repair will be performed with mesh made from pig skin (Permacol) or intestine (Biodesign). This technique may not be suitable for very small or very large hernias.

Risks of Incisional Hernia Surgery

All operations carry some risks which have to be weighed against the risks of complications if you do not undergo surgery. General risks of complications following an operation include risks of sore throat, pneumonia / atelectasis (collapsed lung), thrombo-embolism (clots in leg veins or in lungs), heart attack, stroke and death – these complications are rare. The specific risks are different with the 2 techniques.

Open Incisional Hernia Repair

The wound is usually painful and there will be some swelling and discolouration which will usually settle with time. You may suffer from chronic wound pain, suffer an injury to structures, develop a leakage of bowel contents, intra-abdominal adhesions, a poor scar, seroma (body fluid collection), haematoma (blood clot collection), persistent obstruction, infection, recurrence of the hernia etc. – the risks of these happening are less than 5%.. You should be able to return to work within 4-8 weeks in most cases.

Laparoscopic Incisional Hernia Repair

The wounds are usually painful and there will be some swelling and discolouration which will usually settle with time. There is a 20% risk that your surgeon is unable to complete the operation laparoscopically and has to convert the procedure to open surgery due to intra-operative difficulty which is a threat to your well-being. You may suffer from chronic wound pain, suffer an injury to structures, develop a leakage of bowel contents, intra-abdominal adhesions, a poor scar, seroma (body fluid collection), haematoma (blood clot collection), persistent obstruction, infection, recurrence of the hernia etc. – the risks of these happening are less than 5%. You should be able to return to work within 2-6 weeks in most cases.

Outcome of Incisional Hernia Surgery

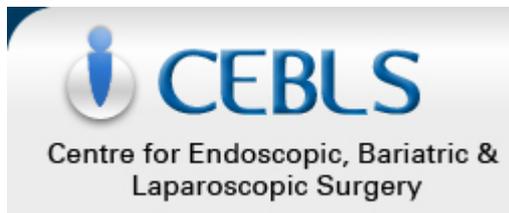
It is usual to experience some pain and discomfort for several weeks but this gradually subsides. Occasionally there may be a collection of clotted blood (haematoma) or body fluid (seroma) between the mesh and the skin - usually these are absorbed spontaneously though in a proportion of cases a further operation may be required. Following surgery there is resolution of symptoms in 95% of patients. You can sometimes experience significant pain after a repair – this is usually due to a nerve being trapped in the healing scar tissue. There is a 5% risk of you experiencing recurrent symptoms after some time following surgery requiring a further operation.

Returning to work:

You may return to light work as soon as you feel comfortable - this is usually possible within 2 weeks of the operation. You should avoid strenuous physical activity or heavy lifting for 4-6 weeks.

What happens if you decide not to undergo surgery for incisional hernia?

Some patients are content to continue observation until the hernia causes symptoms. Your surgeon will discharge you from the hospital back to your GP. However, if you do not undergo surgical repair of your hernia then you can experience progressive



symptoms requiring an operation at a later date. The hernia may develop a blockage (intestinal obstruction) or develop strangulation (the blood supply to the bowel is cut off) which may require emergency surgery – the outcome under these circumstances may be worse than an elective operation. It is likely that a hernia will enlarge over time, especially in physically active persons.

You can also find this information on my website <http://www.cebls.com/laparoscopic-incisional-hernia-surgery.html>.