

PATIENT INFORMATION ON INGUINAL HERNIA

What is an inguinal hernia?

Inguinal hernia is a defect in the groin wall which permits the intra-abdominal contents to push out. You may notice a swelling, discomfort or pain in your groin.

How is the diagnosis of inguinal hernia made?

The diagnosis is usually made by your doctor following a clinical examination when you present with symptoms. Occasionally he may make the diagnosis when performing a general check-up. Your doctor will then refer you to a specialist surgeon. Rarely, in difficult cases, your surgeon may request investigations like a herniogram x-ray, ultrasound scan or a CT scan.

How is an inguinal hernia managed?

Inguinal hernias come in different sizes. If you have a small inguinal 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 symptoms or increasing in size then your doctor may advise continued observation only. However, the risk of this approach is that the hernia may increase in size in the future or develop a blockage (intestinal obstruction) or develop 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 done?

Open Inguinal Hernia Repair

An inguinal hernia can be repaired through the traditional open technique which requires a 4-6inch (10-15cms) cut in the groin – your surgeon will usually use a prolene (medical grade plastic) mesh and stitch it into place to strengthen your defect.

Laparoscopic Inguinal Hernia Repair

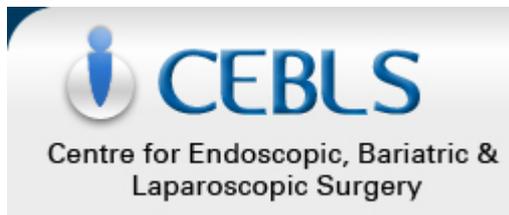
The hernia can also be repaired through a newer laparoscopic (keyhole surgery) technique which requires 3 small cuts in the abdomen (abdomen) – your surgeon will usually use a prolene (medical grade plastic) mesh and staple it into place to strengthen the defect.

What are the risks of inguinal hernia operation?

General risks of complications following an operation include risks of you developing a sore throat, pneumonia / atelectasis (collapsed lung), thrombo-embolism (clots in leg veins or in lungs), heart attack, stroke and death – however, these complications are rare. The specific risks are different with the 2 techniques.

Open Inguinal Hernia Repair

The wound is usually painful and there will be some swelling and discolouration which will usually settle with time. Your surgeon may injure structures though this is



not common, except if you had the hernia repaired previously (recurrent hernia repair). There is a 5% risk that you may suffer from chronic groin pain, develop a persistent swelling due to seroma (fluid collection) or haematoma (blood clot collection), suffer from infection of the mesh, develop a poor scar or your hernia recurs. You should be able to return to work within 2-4 weeks in most cases.

Laparoscopic Inguinal Hernia Repair

The wounds are usually painful and there will be some swelling and discolouration which will usually settle with time. There is a 1% risk that your surgeon is unable to complete the surgery using this technique and may have to convert to open surgery, usually due to intra-operative events. Your surgeon may injure structures though this is not common except in recurrent hernia repair. There is a 5% risk that you may suffer from chronic groin pain, develop a persistent swelling due to seroma (fluid collection) or haematoma (blood clot collection), suffer from infection of the mesh, develop a poor scar or your hernia recurs. You should be able to return to work within 1-2 weeks in most cases.

What is the outcome of inguinal hernia operation?

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, but can be less with laparoscopic hernia repair. You should avoid strenuous physical activity or heavy lifting for 4-6 weeks.

What happens if you decide not to undergo inguinal hernia operation?

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 find more information on my website <http://www.cebls.com/laparoscopic-inguinal-hernia-surgery.html>.