

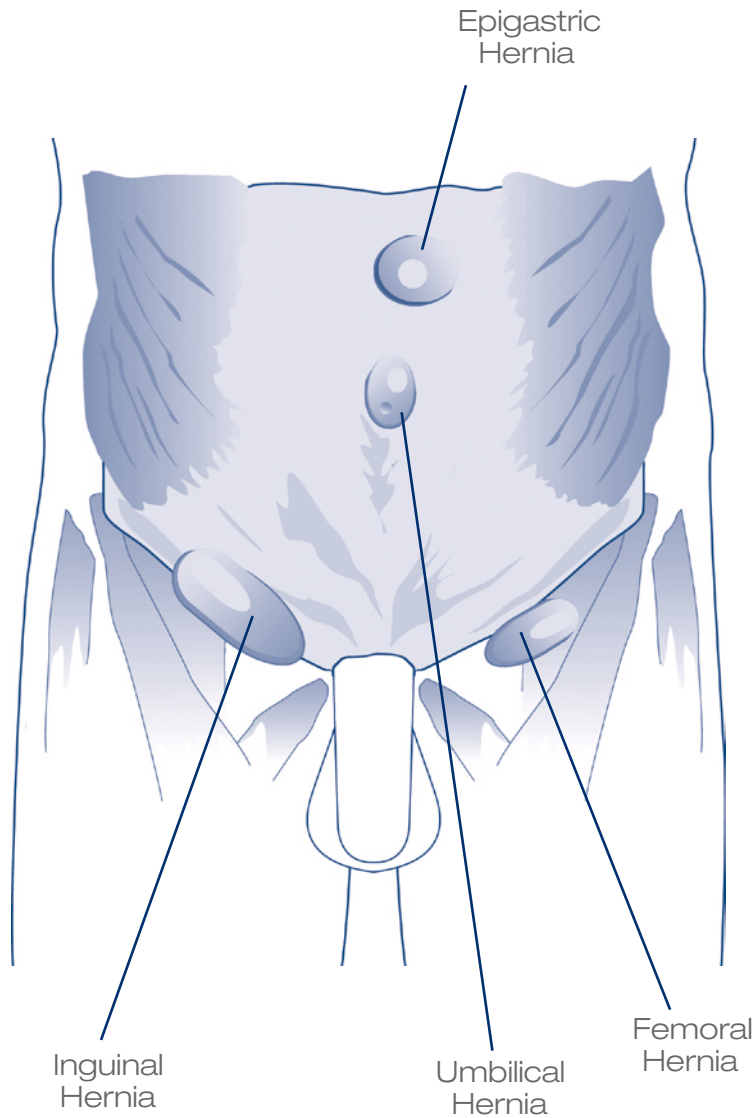


# Hernia Repair

*Patient Information*



# Hernia



## Hernia Repair



*Please read this information leaflet and consent form carefully.  
Please ask the doctor any questions you have regarding this information.*

### What is a hernia?

A hernia is caused when contents of the abdominal cavity push through a gap in the abdominal wall causing a swelling. It is a common condition, more so in men. The gap in the abdominal wall occurs in an area of potential weakness. It may be first noticed after strenuous activity.

The different types of hernia are shown in the diagram opposite. These are: inguinal, femoral, umbilical and epigastric.

### Do I need to have an operation?

The majority of patients will decide to have their hernia repaired. If the hernia is not causing any significant pain or discomfort and is therefore not affecting your work or normal domestic activities then this may not be necessary.

It is possible for a piece of intestine, which can be part of the hernia swelling, to get trapped in the gap in the abdominal wall. This can then cut off the blood supply to that piece of intestine.



The medical term for this is strangulation, and it causes marked increase in pain, vomiting and constipation. This would now require emergency surgery and can be life threatening. The chance of this happening is small; the risk to you is dependent on a number of factors but can be difficult to predict.

Please ask as many questions as you feel necessary so we can help you make the right decision for you.

### What are the treatment options?

A hernia can be repaired using a local or general anaesthetic. Using local anaesthetic avoids the small risks associated with general anaesthesia, any associated nausea or vomiting and allows you to be treated and discharged home within an hour. The local anaesthetic works very well but you will feel some stinging as it is injected and an occasional feeling of pressure during the operation, approximately 2% of patients will find the procedure uncomfortable.

Keyhole (laparoscopic) surgery is also an option. Keyhole surgery would usually be recommended if you had a hernia affecting both groins. Keyhole surgery has the advantages of causing less post-operative pain and enabling a slightly quicker returning to work. There is however a very small risk of serious 'internal' injury during the operation and possibly a higher risk of the hernia coming back. Keyhole surgery requires a general anaesthetic.

The majority of patients at our clinic have their hernia repaired using local anaesthetic.

### What does the surgery involve?

First of all the local anaesthetic is injected. This stings for a few seconds. For inguinal and femoral hernias, the incision is approximately 10cm long in the lower abdomen just above the groin. The incisions are smaller than this for umbilical and epigastric hernias.

The hernia is pushed back through the gap in the layers of the abdominal wall, and a small sheet of synthetic material (mesh) is then used to reinforce the weakened abdominal wall. Once this mesh is in place, the incision is closed using dissolvable stitches under the skin.

### On the day of your operation.

Have a bath or shower before you come. Please bring a dressing gown, slippers and a T-shirt or vest to wear during the operation. If you are having a local anaesthetic we like you to eat and drink normally on the day of your operation. Please continue to take all your usual medications, unless otherwise stated in specific cases.

Please remove all possible jewellery before you come in. Rings and earrings that you would prefer not to remove can usually be covered with adhesive tape.

In the operating theatre there will be a few of us to make sure you are well looked after and comfortable. Please bring your mobile device if you would like to listen to some music.



Your well-being and comfort are of paramount importance to us; one of our nurses will accompany you at all times during your brief stay. If at any time during the operation you feel discomfort let your surgeon or nurse know and more anaesthetic will be used.

You'll be with us for approximately one hour in total, the operation itself takes around forty five **minutes**.

After the operation is finished you are able to get straight up and walk. Obviously we'll be with you, and getting you a drink as refreshment while you sit for a short while before heading home.

## After the operation.

You need to be accompanied home and have someone with you over the first twenty-four hours.

We advise you to use the pain killers we give you regularly, so keeping any discomfort to a minimum. It is best to prevent pain with the use of these tablets rather than taking the tablets once the pain has built up. You will need regular pain killers for the first few days.

It is important you do not become constipated and avoid having to strain. A diet rich in fibre (plenty of fruit and vegetables) and an extra glass or two of water each day will help prevent constipation.

We will ring you at home the following morning to check all is well and answer any queries you may have. If you have problems after your operation and need medical advice please call our after-care line.

The incision site needs to be kept dry for at least three days. It will be covered with a waterproof dressing, so you can carefully shower the day after your operation. Avoid a bath over the first week.

It is not unusual for some blood to appear on the dressing. If this happens, do not be alarmed. If you think there is excessive blood or swelling under the dressing, press the area firmly and call us.

The dressing can be removed after five days.

You shouldn't do any heavy lifting for four weeks, but you can walk to the local shop the following day and get back to normal activities as soon as you feel able.

The amount of time you will need off work is variable. Generally we would advise you take at least one to two weeks off work. If you do office type work with no heavy lifting and all is well, that may be all you require.

If you have a heavy manual job, you will need four to six weeks off work.

Please discuss this with us at your initial appointment so you can plan ahead. We will provide you with a medical certificate before you leave.

You can only drive when you feel capable of making an emergency stop.



## What are the risks of the operation?

Hernia repair is a commonly performed and generally safe operation. In the majority of patients the benefits of surgery will outweigh the risks of the surgery.

However all surgery carries an element of risk.

There will be some stinging as the local anaesthetic is injected and an occasional feeling of pressure during the operation, approximately 2% of patients will find the procedure uncomfortable.

## Side Effects

These are unwanted but mostly temporary effects of successful treatment.

Everyone gets these to some extent.

It is usual to have some bruising and swelling around the incision site. This often spreads to the genital area when an inguinal or femoral hernia has been repaired.

The healing process often causes a firm ridge to be felt under the scar. This slowly resolves over subsequent months.

Some degree of discomfort around the incision site is unavoidable, but usually well controlled with pain killers.

It is usual to have an area of loss of sensation around the incision area. This generally becomes much less noticeable with time.

## Complications

This is when problems occur during or after surgery. Most people will not be affected.

Infection can affect a small number of patients and would be treated with antibiotics. If this did occur it is usually a problem approximately five to ten days after the operation. You should seek advice if the area becomes red or hot, if you develop a temperature or 'flu-like' symptoms, or if the wound is discharging fluid.

Chronic groin pain (that is pain lasting beyond six months) is reported to affect between 2% and 10% of patients having hernia surgery. As far as we can ascertain in our own practice, after completing over 1500 open hernia repairs, chronic groin pain has been a problem for less than 2% of patients.

The scar usually fades with time. There is a very small chance the scar may remain sensitive or the appearance may not be what a patient expected.

There is a small chance, around 1%, that the hernia could come back after surgery.

## Rare

Excessive bleeding can cause a larger swelling than usual under the scar, which will take a few weeks to resolve. On rare occasions, a further operation may be needed to stop the bleeding.

Severe infection requiring hospitalisation and further surgery is thankfully rare.

When repairing inguinal hernias in men the blood supply to the testicle on that side can be damaged and rarely this may require the testicle to be removed.

It is theoretically possible to cause serious injury to nerves, blood vessels and intestine during the operation. All of these problems have been reported but thankfully are extremely rare.

If you have any problems or concerns after the operation, please contact us directly.

The majority of patients will not suffer any complications.



# Consent Form

(for information only, no signatures required)

Name of procedure **Hernia repair.**

## Statement of health professional

I have explained the operation of hernia repair to the patient.

In particular I have explained the side effects of the operation; these being bruising and swelling, and loss of sensation around the incision.

There will be some stinging as the local anaesthetic is injected and an occasional feeling of pressure during the operation, approximately 2% of patients will find the procedure uncomfortable.

I have also explained the risks of the following complications.

Infection, chronic groin pain, an unsightly scar, and recurrence of the hernia.

**Rare:** excessive bleeding, severe infection, testicular damage, and injury to nerves and a segment of intestine.

I have also discussed what the procedure is likely to involve, and the benefits and risks of any available alternative treatments (including no treatment).

## Statement of patient:

**I agree** to the procedure described above. I have received and read to my satisfaction the patient information leaflet. I have been given time to ask questions regarding the said information and regarding the procedure.

**I understand** that the procedure will involve local anaesthetic.

## Complaints Procedure

At Independent Health Group we endeavour to provide a service that does everything to satisfy the expectations of all our patients. We acknowledge that on occasions it may be necessary for a patient to raise concerns with regard to the way in which they have been treated. In the first instance we would appreciate the opportunity to discuss and understand the concern. In the event of any complaint patients are asked to speak or write to the Registered Manager:  
Sarah Taylor T: 01225 945065 E: [ihg.registeredmanager@nhs.net](mailto:ihg.registeredmanager@nhs.net)  
Independent Health Group. Registered Manager 3-4 Widcombe Parade, Bath. BA2 4JT

Wherever applicable the Registered Manager will recommend the services of an independent advocate or if the complaint is not resolved patients can contact the following:

Your Local Clinical Commissioning Group (CCG)

NHS England at [englandcontactus@nhs.net](mailto:englandcontactus@nhs.net)

Parliamentary and Health Service Ombudsman T. 0345 015 4033 or visit [www.ombudsman.org.uk/make-a-complaint](http://www.ombudsman.org.uk/make-a-complaint)

The Care Quality Commission (CQC) T: 03000 616161 or E: [enquiries@cqc.org.uk](mailto:enquiries@cqc.org.uk)





# INDEPENDENT HEALTH GROUP

[www.ihg.org.uk](http://www.ihg.org.uk)

Independent Health Group  
Patient Referral Centre T: 0330 3801362 E: [ihg.referralsandenquiries@nhs.net](mailto:ihg.referralsandenquiries@nhs.net)  
Independent Health Group Limited is registered in England. No. 5307845.