Open Inguinal Hernia Surgery

Brief description:

- Your surgeon has recommended that you undergo an operation to repair your groin hernia. This leaflet has been designed to provide you with information about the nature of the surgery, what to expect in the recovery period and the potential risks. It is produced in a question and answer format. If you are unsure about anything contained in it please ask one of the medical staff.

- Here, we explain some of the aims, benefits, risks and alternatives to this procedure (operation/treatment). We want you to be informed about your choices to help you to be fully involved in making any decisions.

- Please ask about anything you do not fully understand or wish to have explained in more detail.

What is an Inguinal Hernia?
An inguinal hernia is an abnormal protrusion through the abdominal wall into the groin. The protrusion contains a cavity (the hernial sac) which can be empty or it can fill with abdominal contents such as bowel. Typically hernias are more obvious when standing or straining (eg coughing, heavy lifting, digging) as this forces bowel into the sac. Hernias usually develop over time for no obvious reason, although in some people there may be an inborn weakness in the abdominal wall. Occasionally a strenuous activity will cause a lump to appear suddenly. They may occur at any age and are more common in men than women.
Hernias may simply present as a painless bulge that enlarges with standing or coughing. Commonly though they cause an aching discomfort or a dragging sensation. Occasionally a piece of bowel or fat can get stuck and twisted within the hernia. This is very painful and can lead to a strangulated hernia which is a life-threatening emergency. It is generally recommended, therefore, that hernias be repaired to prevent such complications arising.

Before the operation

- Details of your medical history will be obtained, a clinical examination will be performed and any investigations deemed necessary will be carried out.

- You can discuss any concerns about the operation with the staff present.

- If you are taking any tablets or other forms of medication, you should tell the doctor treating you. It is very important that you tell us if you are allergic to any medications or dressings.

- Hernia surgery is usually performed as an overnight procedure..

- The operation is most commonly performed under a general anaesthetic. It may also be performed under local anaesthetic. This will be discussed with you.

During the operation
The operation involves an incision in the groin over the hernia, freeing up of the hernia sac and replacing it inside the abdominal cavity. Next, the abdominal muscles in the groin are strengthened with the aid of an artificial mesh which is laid over the weakness and secured with stitches to prevent the hernia returning. The mesh is made of the same material as the stitches and does not cause any reaction from your body. You will not be aware that it is there. The wound is then closed with dissolving stitches under the skin. The dressing is shower-proof and we ask you to keep it on for five days after surgery.

After the operation

- After your operation, you will wake up in the recovery room. You might have an oxygen mask on your face to help you breathe. You might also wake up feeling sleepy.

- You will have a small, plastic tube in one of the veins in your arm attached to a bag of fluid called a drip.

- While you are in the recovery room, a nurse will check your pulse and blood pressure regularly. When you are well enough to be moved, you will be taken to a ward.

- **Wound:** There are no stitches to remove. Shower for the first five days and then you can soak in a bath and peel the plastic dressing off and leave the wound open to the air. If the wound becomes red, hot or mucky see you GP immediately in case you have a wound infection and need antibiotics. Alternatively, you can ring the surgeon's rooms for advice during office

hours. Expect some numbness beneath the scar - this may be temporary or permanent. Bruising around the wound or tracking down into the scrotum is sometimes seen - this looks dramatic but is harmless and will settle spontaneously.

- **Pain Relief:** Local anaesthetic is usually injected into the wound to minimise pain immediately after surgery and this lasts for four to six hours. You will be given pain killers to take home and should take these regularly for the first few days. As the discomfort subsides you will need less pain relief but you may not be fully comfortable for two to four weeks.

- **Driving:** You should not drive unless you are confident that you can brake in an emergency and turn to look backwards for reversing without fear of pain in the wound. This is usually about 10-14 days. If you have a car accident following surgery that can impairs your driving you may be liable.

- **Exercise:** It is safe to perform light duties immediately after the operation, but sensible to avoid heavy work for four to six weeks. However, the only thing to hold you back will be discomfort and, if the wound is not hurting, you can do whatever you like.

- You should be able to return to office work by two weeks and manual work by about four to six weeks.

- You should return to the surgeon's rooms four to six weeks after the surgery for review. This appointment is usually made before discharge. If this is not done you should call on the next business day.

Intended benefits of the procedure

- To repair your hernia.

Who will perform my procedure?

- Your surgeon or a trainee surgeon under direct supervision of your surgeon.

Risks involved in the procedure

Hernia repair is generally a very safe operation with few risks, but can be a complex surgical procedure and complications can occur. Therefore, in the period following your operation you should seek medical advice if you notice any of the following problems:

(1) Increasing pain, redness, swelling or discharge
(2) Severe bleeding
(3) Difficulty in passing urine
(4) High temperature over 38° or chills
(5) Nausea or vomiting

Recognised complications include:

- **Wound haematoma** - bleeding under the skin can produce a firm swelling of blood clot (haematoma). This may simply disappear gradually or leak out through the wound.

- **Infection -** minor wound infections do not need any specific treatment. Antibiotics are given during the operation to minimise the risk of deep seated infection.

- **Damage to testicular vessels** - in men inguinal hernias are very close to the spermatic cord which contains the blood supply to the testis. Damage to the blood supply can lead to swelling, pain and later shrinkage of the testis.

- **Nerve damage** - several nerves cross the operative field in hernia surgery. It is usually possible to preserve them but some minor nerve injury, rather like a bruise, is common and usually returns to normal in time. Permanent numbness may occur however. Some patients develop a chronic pain after hernia surgery.

- **Recurrence** – There is no method of hernia repair that can give a 100% guarantee that you will never develop another hernia in the same place after your operation. Fortunately, recurrence after hernia surgery should be rare. The lowest reported risk is with the mesh repair technique we use and is about one to three cases per hundred.

Your anaesthesia

General Anaesthesia

During general anaesthesia you are put into a state of unconsciousness and you will be unaware of anything during the time of your operation. Your anaesthetist achieves this by giving you a combination of drugs. Usually the first step is to inject medication intravenously (i.e. into a vein) through a small plastic tube, placed usually in your arm or hand. This is known as induction of anaesthesia. An example of a commonly used drug is Propofol. To maintain you in this state of unconsciousness, you will breathe a mixture of anaesthetic gases or vapours with oxygen. If the surgery or other factors require your muscles to be relaxed, e.g. in surgery on the abdomen, then a muscle relaxant drug is given and a tube is inserted into your throat and down your windpipe to help you to breathe.

While you are unconscious and unaware your anaesthetist remains with you at all times, monitoring your condition and controlling your anaesthetic, replacing fluid or blood. At the end of the operation, your anaesthetist will reverse the anaesthetic and you will regain awareness and consciousness in the recovery room, or as you leave the operating theatre.

Before your operation

Before your operation you might need to attend a preadmission clinic. This depends on your age and past medical problems. The anaesthetist who looks after you on the day of your operation is the one who is responsible for making the final decisions about your anaesthetic. He or she will need to understand about your general health, any medication that you are taking and any past health problems that you have had. Your anaesthetist will want to know whether or not you are a smoker whether you have had any abnormal reactions to any of the drugs or if you have any allergies. They will also ask you about any anaesthetics you have had in the past and if there is any family history of problems related to anaesthetics. They will also want to know about your teeth, whether you wear dentures, have caps or a plate. Your anaesthetist needs to know all these things so that he or she can assess how to look after you in this vital period.

Do not be worried about your anaesthetic. When your anaesthetist reviews you before your operation, this is the time to ask all the questions that you may have, so that you can forget your fears and worries.

Before your operation you will change into a gown and wheeled to the operating suite. The anaesthetist, his or her assistant and nurses are likely to be present. An intravenous line (drip) may be inserted. Monitoring devices will be attached to you, such as a blood pressure cuff or a pulse oximeter. A pulse oximeter is usually a little red light in a small box, which is taped to your finger. It shows how much oxygen you have in your blood and is one of the vital monitors that an anaesthetist uses during your operation to ensure that you remain in the best of health. You may be given some oxygen to breathe.

During your operation

While you are unconscious and unaware your anaesthetist remains with you at all times. He or she monitors your condition and administers the right amount of anaesthetic drugs to maintain you in the correct level of unconsciousness for the period of the surgery. Your anaesthetist is constantly aware of your condition and trained to respond. Your anaesthetist will be monitoring such factors as heart rate, blood pressure, heart rhythm, body temperature and breathing. He or she will also constantly watch your need for fluid or blood replacement. If you have any other medical conditions, your anaesthetist will know of these from your pre-operative assessment and be able to treat them during surgery.

After your operation

After your operation your anaesthetist continues to monitor your condition carefully. You will be transferred to a recovery ward where specially trained nurses, under the direction of anaesthetists, will look after you. Your anaesthetist and the recovery nurses will ensure that all the anaesthetic effects are reversed and that you are closely monitored as you return to full consciousness. You may be given some oxygen to breathe in the recovery area, and may find that intravenous drips have been inserted whilst you are unconscious in theatre and that these will be replacing fluids that you might require. You will be given medication for any pain that you might feel.

You are likely to feel drowsy and sleepy at this stage. Some patients feel sick, others may have a sore throat related to the insertion of the breathing tube during surgery. During this time it is important that you relax as much as you can, breathe deeply, do not be afraid to cough, and do not hesitate to ask the nursing staff for any pain relief, and about any queries you may have. You are likely to have hazy memories of this time and some patients experience vivid dreams. Once you are fully awake you will be returned to the ward, and if you are a day patient will be allowed to go to the waiting area to fully recover before you are accompanied home. Do not expect to feel completely normal immediately!

What are the risks of general anaesthesia?

In modern anaesthesia, serious problems are uncommon. Risks cannot be removed completely, but modern equipment, training and drugs have made it a much safer procedure in recent years. The risk to you as an individual will depend on; whether you have any other illness, personal factors (such as smoking or being overweight) or surgery which is complicated, long or done in an emergency. Please discuss any pre-existing medical condition with your anaesthetist.

Very common and common side effects (1 in 10 or 1 in 100 people)

Feeling sick and vomiting after surgery, sore throat, dizziness, blurred vision, headache, itching, aches, pains and backache, pain during injection of drugs, bruising and soreness, confusion or memory loss.

Uncommon side effects and complications (1 in 1000 people)

Chest infection, bladder problems, muscle pains, slow breathing (depressed respiration), damage to teeth, lips or tongue, an existing medical condition getting worse, awareness (becoming conscious during your operation).

Rare or very rare complications (1 in 10,000 or 1 in 100,000)

Damage to the eyes, serious allergy to drugs, nerve damage, death, equipment failure.

Let us know: Please let us know if we need to cancel any appointments for any reason (including illness) so your 'slot' can be used by others.