

Hernia Operations

What is a hernia?

The abdomen (the medical word for the tummy) contains many organs such as the liver spleen and intestines (the medical word for “insides”) and these are usually free to move around inside. There is a layer of muscle that covers the whole abdomen and this is what usually holds the organs safely in place. You can feel these muscles tense up, for example when you cough. Sometimes a gap can form in the muscle layer and because they are free to move, the intestines inside can bulge through the gap to form a lump, which is then outside the muscle but under the skin. This is called a hernia. This happens most commonly in the groin (the point where the abdomen is joined to the top of the thigh) but it can also happen in other places too, such as the umbilicus (the medical word for the belly button).

What does the operation involve?

The skin is opened and the organs that have pushed through the muscle are placed back into the abdomen through the gap in the muscle. The muscle is then repaired to prevent the intestines coming out again. This is done with stitches and usually a special piece of fabric or material known as a mesh is also stitched in to add strength. This mesh looks similar to a piece of net curtain and is made of a special, very strong material (usually polypropylene). The mesh remains inside the body permanently to reinforce the weakened area.

What are the benefits of an operation?

Hernias tend to continue to increase in size if they are not treated and the main benefit of repair is to prevent this happening. The larger a hernia gets, the more difficult it is to repair later and the more likely it is to cause symptoms, such as discomfort and pain. Repair usually improves the discomfort caused by a hernia but this cannot always be guaranteed.

There is a small risk that a hernia may obstruct or strangulate, so repairing a hernia prevents obstruction or strangulation.

Strangulation happens if the organs in the hernia suddenly become wedged very tightly through the gap in the muscle layer. This causes the hernia to suddenly become painful and hard, and it requires an emergency operation to repair the hernia.

Strangulation can damage the organs in the hernia and sometimes parts of the damaged organs need to be removed.

What would happen if I did not have an operation?

In most cases the only thing that would happen is that the hernia would continue to increase in size. The rate at which this happens is variable. In people who are very old, and not very active, a small hernia does not cause much of a problem and can be left alone. This is because it will probably not become very large during the remaining part of that person’s natural life. In those who are younger, it is usually wiser to repair a hernia because hernias tend to become larger and

more troublesome with time. Larger hernias tend to cause pain and a “dragging” sensation and can be uncomfortable because they do not fit well under normal clothes. They are also more difficult to repair when they become large. There is also a small risk that the hernia might strangulate.

What are the risks?

Your surgeon will discuss the important risks with you before you decide to have an operation. The decision to have an operation is made by you, following the advice of the surgeon. The surgeon can usually advise you about whether he thinks the possible advantages of having an operation are more than the possible disadvantages. He will only recommend an operation if he thinks it is best. Many precautions are taken to prevent complications before, during, and after the operation but they can still sometimes happen. Most patients do not have any complications, but the list below describes the complications that can happen after repair of a hernia.

- Most patients who have a hernia operation have no symptoms after a couple of months. Some patients, up to about a third, may have discomfort when they do certain things but that discomfort does not usually cause any disability. A very small number, one or two in every hundred, have severe pain that requires further treatment and may never go away completely.
- After the operation, bleeding may occur and this may require a further operation.
- An infection may develop which may need treatment with antibiotics. If the mesh becomes infected it can cause serious problems and it may need to be removed, but this complication is actually very rare.
- If you have prostate problems these can sometimes be worsened by a hernia operation and occasionally there can be a blockage to the flow of urine, which requires further treatment.
- The blood supply to the testicle may be reduced if the hernia is in the groin and this can cause shrinkage of the testicle. The risk of this is very small but is higher if a hernia has been repaired before in the same place. It is sometimes necessary to remove the testicle during a hernia operation if a hernia has been repaired in the same place before and if it has caused severe scarring.
- There are some rare but serious complications that can happen after any operation requiring an anaesthetic, and these occasionally happen after hernia repair. These include deep vein thrombosis (a blood clot in the leg) or pulmonary embolism (blood clot in the lung).
- There is an increased risk of post-operative complications if you are overweight or if you smoke.

The risks of surgery are assessed on an individual basis, as they can vary depending if you have any underlying health issues. Please discuss this with your Consultant.

Are there any alternatives?

The only way of curing a hernia is to have an operation, but some patients can keep the hernia under control using a Truss. This is a special device that a patient straps on and wears

permanently. It pushes the hernia back through the gap in the muscles and keeps it there. This is usually recommended only for patients who are not well enough to have an operation.

How long will I be in hospital?

As this is a day case procedure you will be expected to go home on the day of your surgery.

What happens before the operation?

Before you come to hospital a member of staff will assess your health to make sure you are fully prepared for your operation. You may need to come to the hospital before your operation to what is known as a “pre assessment” clinic. One of the other ways we may check your health is to ask you to fill in a sheet of questions about it. Sometimes a telephone call to ask you questions about your health may be enough. The nurses who make these checks are there to help you with any worries you have, and can give you advice on how to prepare for your operation. Before the day you come in to hospital, please read the instructions given to you very closely. If you are undergoing a general anaesthetic you will be given specific instructions about when to stop eating and drinking, please follow these carefully as otherwise this may pose an anaesthetic risk and we may have to cancel your surgery. You should bath or shower before coming to hospital.

When you arrive a member of the nursing staff will meet you, look after you and answer any questions you may have. You will be asked to change into a gown that fastens down the back.

A surgeon and an anaesthetist will visit to make a few final checks and put a mark on the skin where the operation is to be carried out. They will answer any final questions that you have and you will be asked to sign a form called a consent form. This is to say that you have thought about the advantages and disadvantages of the operation and have decided to have it done.

When it is time to go to the operating theatre a nurse will go with you to a room called the anaesthetic room, which is just outside the operating theatre. The nurse will stay with you until you are asleep. Before you go to sleep a pressure-measuring cuff will be put around your arm, some sticky pads will be placed on your chest, and a clip like a clothes peg will be attached to your finger. The anaesthetist will connect these to machines to check your blood pressure, heart function and oxygen levels during the operation.

A small plastic tube will be put in the back of your hand using a needle and held in place with a sticky dressing. The anaesthetist will then use this to give you the medication to send you off to sleep.

What happens after the operation?

A nurse will check your blood pressure, pulse and the area where the operation has been done. You will normally be able to have a drink shortly after the procedure and eat as soon as you feel hungry.

You can usually get out of bed an hour or so after you wake up and you should wait for the nurses to help you as you may feel a little dizzy at first. It is likely to be a bit painful where the operation has been carried out, but if you move carefully, the pain is not usually severe. The nurses will

monitor your pain and give you painkillers, if necessary. It is quite normal for a small amount of blood to soak through the dressing and this can easily be changed. Sometimes the staff will need to press gently on the dressing for a while to prevent this happening again. You can usually go home when you are comfortable and the anaesthetic has worn off. The effects may take some time to wear off fully even though you may feel fine, so you will need a responsible adult to take you home and stay with you for the first 24 hours. During this time you should not operate machinery, drive or make important decisions.

Before you go home the nurse will give you any further advice that you need and will give you a supply of painkillers. We will send a letter to your GP to explain what you have had done. Once you have gone home you should contact your own doctor about any problems that may develop. Your doctor will then contact us about you, if necessary. If the surgeon wishes to see you in the clinic to carry out a final check up after your operation, we will let you know before you go home and an appointment card will be posted to you.

What activities will I be able to do after my surgery?

The rate at which people return to their usual activities varies from one person to another. It is safe to return to gentle activities immediately after the operation if it feels comfortable to do so. You can return to your other normal physical and sexual activities when you feel comfortable. You should usually avoid heavy or strenuous activity for four to six weeks.

How much pain can I expect?

It is normal to experience pain and soreness around the incision site, particularly over the first week or so. It is therefore important for you to take painkillers regularly over the first two to three days (but remember that you should not exceed the stated maximum daily dose). If the level of pain is still not acceptable to you, your local pharmacist should be able to offer you advice. If your pain gets worse, rather than better, you should consult your GP. You may notice some discomfort for several weeks after the operation. Rarely, the pain may last longer, although the reasons for this are not known. It may be caused, in some cases, by nerves becoming trapped in the scars that always form after an operation. This sometimes needs further investigation or treatment.

How do I care for my wound?

If there are any dressings in place, you can remove them 24–48 hours after your operation. You may then have a shower or a quick bath. You should not soak the area for a long time underwater, until the skin has fully healed and this usually takes about ten days. You may notice a few small white tapes (steri-strips) over the wound. These will usually start to curl up and fall off by themselves. If there are still any left after about a week they can be gently removed. If the wound becomes increasingly swollen, painful, or if a discharge develops, arrange to see your Practice Nurse or GP. It is quite common, after hernia repair, for men to notice quite a lot of swelling and bruising of the scrotum and penis. This will subside over a couple of weeks. If this occurs, it is advisable to wear supportive underwear. As the wound heals, you may notice a numb area below

the wound. This may be due to disturbance to the nerves during surgery. Whilst in most cases sensation will gradually return, the numbness may be permanent.

Can I eat and drink normally after the operation?

Yes, you can eat normally as soon as you feel ready. You may experience occasional feelings of nausea (sickness) and loss of appetite over the first week or so. You may feel bloated or constipated to start with as many painkillers can cause constipation. Eating a high fibre diet and drinking more water will help to soften your stools. If you do feel you are becoming constipated, mild laxatives should help. If you do not have laxatives at home, your local pharmacist should be able to give you advice.

When will I be able to drive?

You should usually avoid driving for at least seven to ten days. Some people may find it takes several weeks before they feel ready to drive. Before driving you must be sure you will be able to control the car and respond quickly to any situation that may occur. In particular, you must be able to perform an emergency stop, safely. Please be aware that driving whilst unfit may invalidate your insurance.

When can I return to work?

You can return to work as soon as you feel well enough. The length of time off work can be dependent on the type of work that you do. Most people need two to three weeks off work. If you have a job that involves heavy lifting or strenuous activity, you are likely to need at least four to six weeks off work.

When should I seek help?

- If you develop a fever above 101° F (38.5° C) or chills.
- Persistent vomiting or nausea.
- Increasing abdominal pain or distension.
- Increasing pain, redness, swelling or discharge of the wound site.
- Severe bleeding.
- If you have difficulty passing urine.

Where should I seek advice or help?

During the hours of **8am -8pm** contact the Day Surgery Unit, Peter Smith Surgery Centre, Queen Elizabeth Hospital 0191 4453009

During the hours of **8pm -8am** contact Level 2, Peter Smith Surgery Centre, Queen Elizabeth Hospital 0191 4453005

Data Protection

Any personal information is kept confidential. There may be occasions where your information needs to be shared with other care professionals to ensure you receive the best care possible.

In order to assist us to improve the services available, your information may be used for clinical audit, research, teaching and anonymised for National NHS Reviews and Statistics.

Further information is available via Gateshead Health NHS Foundation Trust website or by contacting the Data Protection Officer by telephone on 0191 445 8418 or by email ghnt.ig.team@nhs.net.

This leaflet can be made available in other languages and formats upon request

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