

PATIENT INFORMATION: HERNIA REPAIR

About Hernia Repair

A *hernia* (her'-ne-ah) occurs when a small sac containing tissue protrudes through an opening in the muscles of the abdominal wall. The technical name for the operation that repairs a hernia is called a *herniorrhaphy* (her" ne-or'ah-fe). This paper will explain:

- Why you may need to have a hernia repaired
- The ways in which a hernia can be corrected surgically
- What to expect before and after the operation

Remember, as routine as a hernia repairs is (over half a million operations were done in the US last year), no two people undergoing a herniorrhaphy are alike. The reasons for and the outcome of any operation depends on your overall health, your age, the severity and size of your hernia, and the strength of your abdominal tissues.

This paper is not intended to take the place of your doctor's professional opinion. Rather, it can help you begin to understand the basics of these surgical procedures. Read this material

carefully. If you have questions, you should discuss them openly with your surgeon.

About Hernias

A hernia develops when the outer layers of the abdominal wall weaken, bulge, or actually rip. The hole in this outer layer allows the inner lining of the abdominal cavity to protrude and to form a sac. Any part of the abdominal wall can develop a hernia. However, the most common site is the groin. A hernia in the groin area is called an *inguinal* (ing'gwi-nal) hernia (inguinal is another word for groin). Inguinal hernias account for 80 percent of all hernias. In an inguinal hernia, the sac protrudes into the groin toward, and sometimes into, the scrotum; although most common in men, groin hernias can occur in women as well.

Another type of hernia develops through the naval, and it is called an *umbilical* hernia. A hernia that pushes through past a surgical incision or operation site is called an *incisional* hernia. A *femoral* hernia is a rare type of groin hernia. A *hiatus* hernia is a different type.

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Who Gets a Hernia?

Most inguinal hernias in adults result from strain on the abdominal muscles, which have been weakened by age or by congenital factors. The types of activity associated with the appearance of an inguinal hernia include:

- Lifting heavy objects
- Sudden twists, pulls, or muscle strains
- Marked gains in weight, causing an increase in pressure on the abdominal wall
- Chronic constipation, which may place a strain on the abdomen
- Repeated attacks of coughing

A hernia is called *reducible* if the protruding sac of tissue can be pushed back into place inside the abdomen. If the hernia cannot be pushed back, it is called *irreducible* or *incarcerated*.

The symptoms of inguinal hernias vary. Sometimes the onset is gradual, with no symptoms other than the development of a bulge. Other times, the hernia will occur suddenly with a feeling that something has "given way". This feeling can be accompanied by pain or discomfort. Signs and symptoms of inguinal hernias can include:

- Visible bulges in the scrotum, groin, or abdominal wall
- A feeling of weakness or pressure in the groin
- A burning feeling at the bulge
- A gurgling feeling

In some cases, an incarcerated hernia gets so pinched that the blood supply is cut off and the tissue swells. Rapidly worsening pain or a tender lump is a signal that the hernia has strangulated. When strangulation occurs, the tissue can die quickly and become infected. Within hours, this condition can lead to a life-threatening medical emergency that requires immediate medical attention.

Preparing for the Operation

Unless the hernia is strangulated, hernia repair typically is an elective operation. You must realize that (1) the hernia is not going to heal by itself and (2) risk of strangulation will remain, with serious consequences if it is not repaired.

Prior to surgery you will be asked to attend our Pre-Operative Assessment Clinic (PAC). At this clinic, a nurse will explain the events that will take place on the day of surgery. Routine tests may be done at this time. You will be assessed by an anaesthetist and with his

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assistance (and your surgeon) you will decide upon the type of anaesthetic you will require for surgery.

Unless there is cause for concern, hernia repair can be done on an outpatient basis. In some cases, your surgeon may require you to stay overnight.

Stop eating solid food at midnight the night before your surgery. You may have clear fluids (black tea, apple juice or water) only up until three hours before your scheduled arrival time. Do not smoke or chew gum or tobacco.

You should shower or bathe before coming to the hospital. **Please do not shave your abdomen.** You are **not helping the surgeon by doing this - it only increases your risk for post-op infection.** Leave all jewellery and valuables at home. Wear loose fitting clothing on the day of surgery. Please arrange for someone to drive you home after surgery and we do recommend that someone be with you the first night after surgery.

The Procedures

An incision is made over the site of the hernia. The protruding tissue is returned to the abdominal cavity, and the sac that

has formed is removed. The surgeon repairs the hole or weakness in the abdominal wall by sewing in a piece of mesh to provide support. We have found that “the mesh plug” gives excellent post-operative results. One of the benefits is that patients experience less discomfort which lessens recovery time. This procedure can be done under general anaesthetic, spinal, or local anaesthetic.

The procedure can take less than an hour and usually requires no overnight stay.

The pain from the incision is usually gone in a day or two, and at that point, it is possible to resume normal activities such as driving a car or returning to light work. Full activity is frequently permitted within about two weeks, but a check-up in the surgeon's office is recommended before resuming strenuous activities such as heavy lifting or participating in sports. You should refrain from solid foods until passing gas or your bowels move.

Complications Are Few

As with any operation, infection and bleeding can occur. Most of the time, however, these problems are easily

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handled without the need for a hospital stay. A slight chance also exists that the intestine, bladder, nerve or blood vessel can be injured during the operation. Any infection associated with the operation will be treated with antibiotics, but otherwise, such drugs are not typically used or required.

Recovery

While the techniques here are not considered "major" surgery as such, the amount of pain varies from patient to patient. It also depends on the location and type of hernia that was repaired, as well as the technique that was used for the repair. Generally, you will have some difficulty walking the first few hours after the operation and when climbing the stairs the first couple of days. You may shower 48 hours after surgery. Sexual activity is usually too uncomfortable to enjoy the first week or two. Your surgeon will advise you regarding heavy lifting, jogging, or doing strenuous exercise depending on the

type and degree of difficulty it took to do the repair. You should be able to drive your car within a few days. Depending upon your occupation, you can expect a recovery period lasting from one to six weeks.

Proper recovery is as important as the hernia repair procedure itself. During the recovery phase, the repair takes hold. The smoother your recovery, the better the chances that your hernia will not recur. While every attempt is made to minimize any recurrence, the "perfect" repair does not exist. However, the recurrence rate over many years is small, and is estimated to be about 1-5 percent.

Post-Op

You should apply ice to the area 20min at a time for first 24 hours. Some bruising is to be expected and in men some scrotal swelling. You will receive discharge instructions and follow-up appointment on discharge.

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