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Outstanding
Care Quality Commission

Hernia Repair
Patient Information

Please read this information leaflet carefully

INDEPENDENT HEALTH GROUP

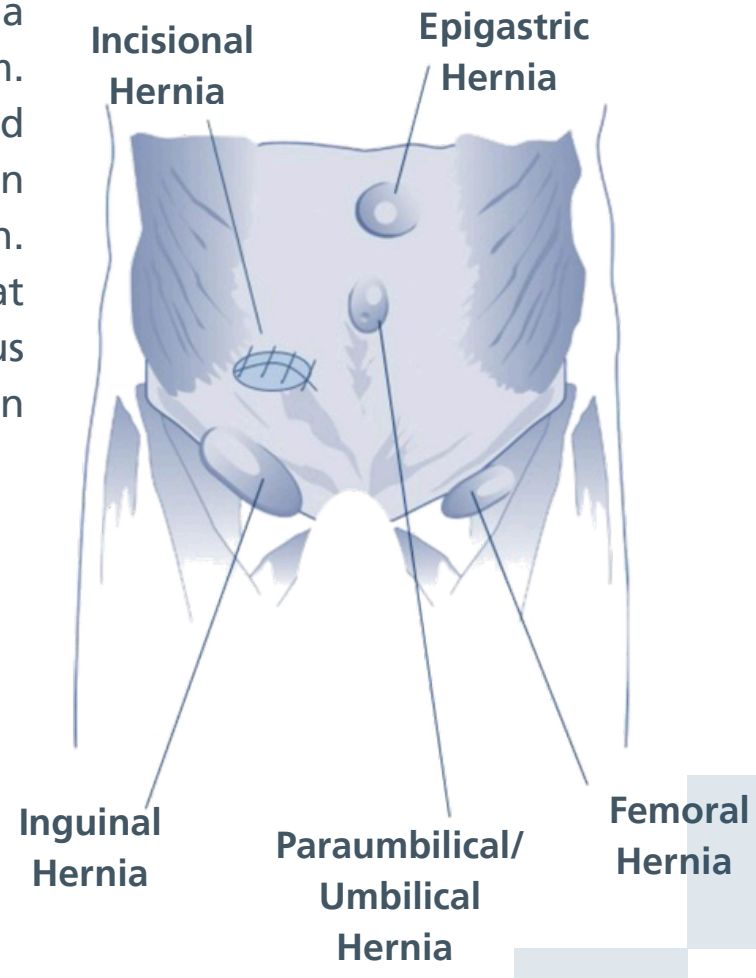
ihg.org.uk

This leaflet contains information that we believe may be helpful for you. However, what is important to one person may be different for another, and you may have questions about how the information applies to you. Please ask us as many questions as you need – we are here to help.

What is a Hernia?

A hernia occurs when part of the contents of the abdomen pushes through a weakness or gap in the abdominal wall, causing a swelling or lump. Hernias are common and occur more frequently in men. The gap in the abdominal wall develops in an area of natural or acquired weakness and may first be noticed after strenuous activity.

The different types of hernia are shown in the diagram. Please note that inguinal and femoral hernias can occur in either the left or right groin. Incisional hernias can occur at any site where a previous surgical incision has been made.



Do I need to have an operation?

Once a hernia has developed, it will not disappear on its own. If your hernia is not causing significant pain or discomfort and is therefore not affecting your work or normal daily activities, then it is not always necessary to have your hernia repaired.

A significant number, but not all hernias, will become more problematic over time and may eventually require surgery.

Do hernias cause any serious complications?

It is possible for a piece of intestine (bowel), which may form part of the hernia, to become trapped in the gap in the abdominal wall. This can cut off the blood supply to that section of intestine. The medical term for this is strangulation.

Strangulation usually causes a significant increase in pain and is often associated with a lump that cannot be pushed back in or does not disappear. It may also cause vomiting and constipation. This requires emergency surgery and can be life-threatening.

However, the risk of this happening is small.

What are the treatment options?

Surgery is the only effective treatment for a hernia, although some patients choose not to have surgery. The symptoms of a hernia may be controlled to some extent by wearing supportive clothing, and some patients may choose to use a truss or hernia belt.

A hernia can be repaired under either a local or general anaesthetic. The type of operation and the associated risks depend on the type of hernia you have.

Please read the appropriate section below, depending on whether you have a groin hernia (inguinal or femoral) or another type of hernia, such as a paraumbilical, umbilical, epigastric, or incisional hernia.

Groin hernia (inguinal or femoral)

There are two main approaches to repairing a groin hernia: open surgery and laparoscopic (keyhole) surgery.

Open Surgery

This operation can be performed under either a local or general anaesthetic. The incision is approximately 8 to 10 cm long and is made in the lower abdomen or groin.

The hernia is pushed back through the gap in the abdominal wall, and a small sheet of synthetic material (mesh) is used to reinforce the weakened area. Once the mesh has been secured in place, the incision is closed using dissolvable stitches placed beneath the skin.

In certain circumstances, an open repair performed under local anaesthetic may be the preferred option. For example, this may be suitable for patients who are older and have other significant medical conditions, or for those who do not wish to have a general anaesthetic.

Using a local anaesthetic avoids the very small risks associated with general anaesthesia, including nausea and vomiting. It also allows most patients to be treated and discharged home within approximately two hours.

Local anaesthetic is generally very effective. However, you may experience some discomfort when the anaesthetic is injected and occasionally a sensation of pressure during the operation. Although uncommon, some patients may find the procedure uncomfortable despite the use of local anaesthetic.

Laparoscopic (keyhole) surgery

Laparoscopic surgery requires a general anaesthetic.

One small incision (approximately 1 to 2 cm long) is made near the belly button, together with two smaller incisions in the lower abdomen. Carbon dioxide gas is used to inflate the abdomen, and a small telescopic camera is inserted to allow the

surgeon to view the hernia from inside the abdomen.
This enables the surgeon to see the defect in the abdominal wall from the inside. A mesh is then placed over the defect and secured in position.
Medical studies suggest that laparoscopic surgery may have several advantages, including less pain after surgery, a lower risk of chronic groin pain, and a slightly quicker return to normal activities and work.
However, there is a very small risk of serious internal injury during the operation and there may be a slightly higher risk of the hernia recurring.

Which operation should I have?
In general, there is little difference between the outcomes of open and laparoscopic (keyhole) surgery when they are performed well. The surgeon's experience and expertise in a particular technique are at least as important as the type of repair being performed.
It is important that this decision is made after you have read this information and had sufficient opportunity to discuss the options with your surgeon.
In certain circumstances, laparoscopic surgery may offer particular advantages. These include:

- Hernias affecting both groins (bilateral hernias).
- Groin hernias in women. There is some evidence that women may have an additional undiagnosed hernia that is not easily identified during open surgery.
- Groin hernias in younger or more active patients, particularly where pain is the main symptom and the hernia is relatively small.
- Recurrent hernias (hernias that have returned after a previous open repair).

Please ask as many questions as you wish. We will be happy to

discuss the options with you and help you make the decision that is right for you.

What are the risks of the operation?

Hernia repair is a commonly performed and generally safe operation. For most patients, the benefits of surgery outweigh the risks. However, all surgery carries some degree of risk.

There are risks associated with all types of anaesthesia. If you choose to have your operation under a general anaesthetic, you should discuss these risks directly with your anaesthetist.

Local anaesthesia is generally very safe. Serious complications, including local anaesthetic toxicity and collapse, are rare. Please ask your surgeon if you have any questions or concerns about these risks.

Side Effects

These are unwanted but usually temporary effects of a successful treatment. Most patients experience some of these to varying degrees.

It is normal to have some bruising and swelling around the incision site(s). This may spread to the genital area and can occasionally be quite marked.

As part of the healing process, a firm ridge or lump may be felt beneath the scar. This usually settles gradually over the following months.

Some degree of discomfort around the incision site(s) is unavoidable but is usually well controlled with pain relief medication.

It is common to experience an area of reduced sensation below the incision(s). This generally becomes much less noticeable over time. However, in a small number of patients (5-10%), the change in sensation may be permanent, although it does not usually cause significant problems.

Occasionally, patients may experience constipation after

surgery or have some difficulty passing urine.

Significant or frequently occurring complications

These complications may occur during or after surgery. Most people will not experience any of them.

Wound infection

A small number of patients develop an infection in the surgical wound. This can usually be treated with antibiotic tablets. If an infection occurs, it is most likely to develop between 3 and 30 days after the operation. You should seek medical advice if the wound becomes red, hot, swollen, or increasingly painful, or if you develop a temperature, flu-like symptoms, or discharge from the wound. Occasionally, hospital admission for intravenous antibiotics may be required, and further surgery may sometimes be necessary. Rarely, the mesh used in hernia surgery can become infected and require removal.

Chronic groin pain

Chronic groin pain (pain lasting longer than three months) is reported in approximately 1 in 10 patients following groin hernia surgery, although it often improves over time. It can occur after both open and laparoscopic surgery. Severe chronic groin pain that significantly affects daily activities, work, or quality of life is less common and is reported to affect between 1 and 12 in every 200 patients. In our practice, the number of patients known to have developed severe chronic groin pain following hernia surgery is no more than 1 in 200.

Recurrence of the hernia

There is a small risk (approximately 1 in 100) that the hernia may return after surgery.

Haematoma or seroma

A collection of blood (haematoma) or fluid (seroma) may develop beneath the wound. This can cause more swelling than would normally be expected and may take several weeks to resolve. Occasionally, further treatment or surgery may be

required to drain the collection.

Testicular complications

During repair of an inguinal hernia in men, the blood supply to the testicle on the affected side can occasionally be damaged. This may cause the testicle to shrink in size. Rarely, removal of the testicle may be necessary.

Blood clots (thrombosis)

A blood clot can develop in a vein in the leg (deep vein thrombosis) or, more rarely, travel to the lungs (pulmonary embolism). This is an uncommon but potentially serious complication of any surgery and can occasionally be life-threatening. If you proceed with surgery, you will be given information about how to reduce this risk and the symptoms that should be reported urgently. The risk is higher following surgery under general anaesthetic but remains low overall.

Injury to surrounding structures

Rarely, the bowel, blood vessels, or nerves may be injured during surgery. This may require additional treatment or more extensive surgery either during the operation or at a later date.

If you have any problems or concerns after your operation, please contact us. Most patients recover without experiencing any complications.

Paraumbilical/ Umbilical, epigastric and incisional hernias

These types of hernia are usually repaired using open surgery. Occasionally, incisional hernias may be suitable for laparoscopic (keyhole) surgery.

The operation can be performed under either a local or general anaesthetic. The size of the incision depends on the size of the hernia and is usually between 1 and 10 cm in length.

The hernia is pushed back through the gap in the abdominal

wall, and a small sheet of synthetic material (mesh) may be used to reinforce the weakened area. Once the mesh has been secured in place, the incision is closed using dissolvable stitches placed beneath the skin.

Using a local anaesthetic avoids the very small risks associated with general anaesthesia, including nausea and vomiting. It also allows most patients to be treated and discharged home within approximately two hours.

Local anaesthetic is generally very effective. However, you may experience some discomfort when the anaesthetic is injected and occasionally a sensation of pressure during the operation. Although uncommon, some patients may find the procedure uncomfortable despite the use of local anaesthetic.

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Hernia repair is a commonly performed and generally safe operation. For most patients, the benefits of surgery outweigh the risks. However, all surgery carries some degree of risk.

There are risks associated with all types of anaesthesia. If you choose to have your operation under a general anaesthetic, you should discuss these risks directly with your anaesthetist.

Local anaesthesia is generally very safe. Serious complications, including local anaesthetic toxicity and collapse, are rare. Please ask your surgeon if you have any questions or concerns about these risks.

Side Effects

These are unwanted but usually temporary effects of successful treatment. Most patients experience some of these to varying degrees.

It is normal to have some bruising and swelling around the incision site.

As part of the healing process, a firm ridge or lump may be felt beneath the scar. This usually settles gradually over the

following months.
Some degree of discomfort around the incision site is unavoidable but is usually well controlled with pain relief medication.
It is not unusual to experience an area of reduced sensation around the incision. This generally becomes much less noticeable over time. However, in some patients, the change in sensation may be permanent, although it does not usually cause significant problems.
Occasionally, patients may experience constipation after surgery or have some difficulty passing urine.

Significant or frequently occurring complications
These complications may occur during or after surgery. Most people will not experience any of them.
Wound infection
A small number of patients develop an infection in the surgical wound. This can usually be treated with antibiotic tablets. If an infection occurs, it is most likely to develop between 3 and 30 days after the operation. You should seek medical advice if the wound becomes red, hot, swollen, or increasingly painful, or if you develop a temperature, flu-like symptoms, or discharge from the wound. Occasionally, hospital admission for intravenous antibiotics may be required, and further surgery may sometimes be necessary. Rarely, the mesh used in hernia surgery can become infected and require removal.
Chronic pain
Chronic pain can occur after any operation. Severe chronic pain affecting quality of life is uncommon following surgery for a paraumbilical, umbilical, or epigastric hernia.
Recurrence of the hernia
There is a small risk that the hernia may return (recur) after surgery.

Haematoma or seroma

A collection of blood (haematoma) or fluid (seroma) may develop beneath the wound. This can cause more swelling than would normally be expected and may take several weeks to resolve. Occasionally, further treatment or surgery may be required to drain the collection.

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Injury to surrounding structures

Rarely, the bowel, blood vessels, or nerves may be injured during surgery. This may require additional treatment or more extensive surgery either during the operation or at a later date.

Some hernia repairs involve the use of surgical mesh. Further information about the benefits, risks, and alternatives can be found in the leaflet **"Mesh and Your Hernia Repair"**, which should be read alongside this information.

Feedback or Complaints

At Independent Health Group, we strive to provide a service that meets the expectations of all our patients. We recognise that, on occasion, patients may wish to raise concerns about the care or service they have received.

If you would like to make a complaint or raise a concern in person, please speak to any member of staff.

If your concern cannot be resolved immediately, we will follow our formal complaints procedure and provide you with a written response.

Please make your complaint to:

Head of Quality and Governance
Independent Health Group
8 The Office Village
Bath Business Park
Peasedown St. John
BA2 8SG

Email: inhg.qandg@nhs.net
Tel: 03330 100 362

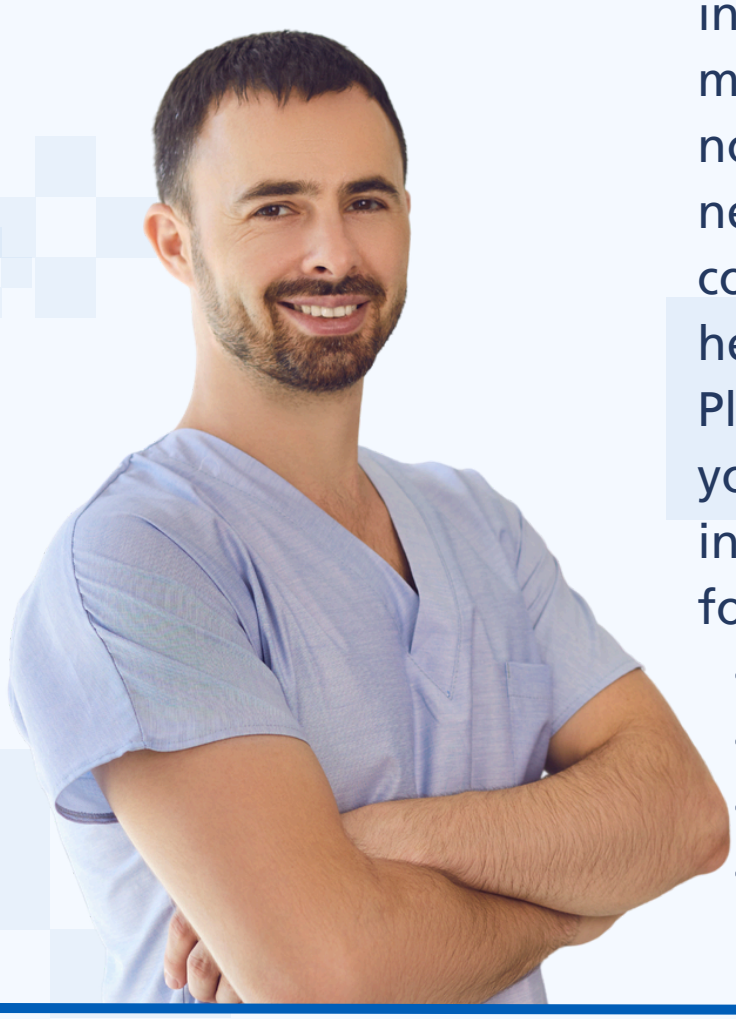
A full copy of the Independent Health Group Management of Complaints and Concerns Policy is available on request from the Head of Quality and Governance.

Contact Details

For general enquiries you can call us on 03330 100362
Monday to Friday, 8am–5pm.
Alternatively, you can complete our online enquiries form and a member of our team will be in touch.

Further Information

NHS Website
This website has lots of useful information about hernias.
Website: https://www.nhs.uk/conditions/hernia/



We have tried to make the information in this leaflet meet your needs. If it does not meet your individual needs or situation, please contact us, we are happy to help.
Please also let us know if you would like this information in another format. Such as:

- Easy Read
- Large Print
- Audio
- Another Language