

Review Only

GS01 Open Inguinal Hernia Repair (male)

What is an inguinal hernia?

An inguinal hernia is a common type of hernia, causing a lump and sometimes pain in the groin.

Your surgeon has recommended a hernia operation. However, it is your decision to go ahead with the operation or not. This document will give you information about the benefits and risks to help you make an informed decision.

If you have any questions that this document does not answer, you should ask your surgeon or any member of the healthcare team.

How does a hernia happen?

The abdominal cavity contains the intestines and other structures. These are protected by the abdominal wall, which is made up of four layers. The inner layer is a membrane. The second layer is a wall made of muscle. A layer of fat separates the muscle from the outer layer of skin.

Weak spots can develop in the layer of muscle, resulting in the contents of the abdomen, along with the inner layer, pushing through the abdominal wall. This produces a lump called a hernia (see figure 1).

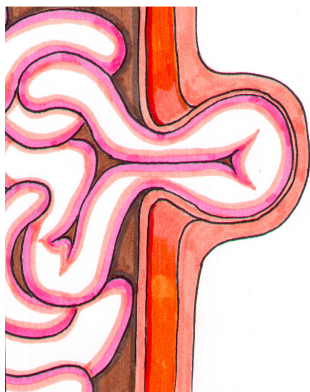


Figure 1

Hernia – bowel pushing through a weakness in the muscle wall of the abdomen

An inguinal hernia happens at the inguinal canal. This is a narrow passage in which blood vessels supplying the testicle pass through the abdominal wall (see figure 2).

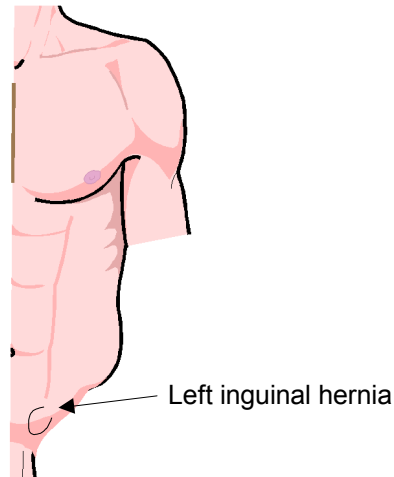


Figure 2

Position of a left inguinal hernia

The inguinal canal is prone to hernias, which can be due to a defect from birth or from gradual weakening of the muscles. The hernia can extend down into the scrotum.

What are the benefits of surgery?

You should no longer have the hernia. Surgery should prevent you from having any serious complications that a hernia can cause and allow you to return to normal activities.

Are there any alternatives to surgery?

Surgery is recommended as it is the only dependable way to cure the condition. You can sometimes control the hernia with a truss (padded support belt) or simply leave it alone. It will not go away without an operation.

What will happen if I decide not to have the operation?

Hernias will get bigger with time. They can be dangerous because the intestines or other structures within the abdomen can get trapped and have their blood supply cut off (strangulated hernia). This is serious and needs an urgent and bigger operation, with a higher risk of serious complications. If left untreated, a strangulated hernia can cause death.

What does the operation involve?

Inguinal hernias can be repaired using the laparoscopic ('keyhole') technique or by an open cut in the groin. Your surgeon has recommended an open operation for you.

A variety of anaesthetic techniques are possible. Your anaesthetist will discuss the options with you and recommend the best form of anaesthesia for you. You may also have local anaesthetic injected around the cut or into your back. This helps to reduce pain after surgery and your anaesthetist can discuss this with you. The operation usually takes about three-quarters of an hour.

In the open operation, your surgeon will make a cut in your groin and remove the 'hernial sac'.

They will strengthen the muscle layer with stitches and will usually insert a synthetic mesh to cover the weak spot. They will then close the skin.

What should I do about my medication?

You should continue your normal medication unless you are told otherwise. Let your surgeon know if you are on **warfarin** or **clopidogrel**. Follow your surgeon's advice about stopping this medication before the operation.

What can I do to help make the operation a success?

• Lifestyle changes

If you smoke, try to stop smoking now. Stopping smoking several weeks or more before an operation may reduce your chances of getting complications and will improve your long-term health.

For help and advice on stopping smoking, go to www.gosmokefree.co.uk.

You have a higher chance of developing complications if you are overweight.

For advice on maintaining a healthy weight, go to www.eatwell.gov.uk.

• Exercise

Regular exercise can reduce the risk of heart disease and other medical conditions, improve how your lungs work, boost your immune system, help you to control your weight and improve your mood. Exercise should help to prepare you for the operation, help with your recovery and improve your long-term health.

For information on how exercise can help you, go to www.eidoactive.co.uk.

You should avoid exercises that involve heavy lifting or make your hernia painful.

Before you start exercising, you should ask a member of the healthcare team or your GP for advice.

What complications can happen?

The healthcare team will try to make your operation as safe as possible. However, complications can happen. Some of these can be serious and can even cause death. You should ask your doctor if there is anything you do not understand. Any numbers which relate to risk are from studies of people who have had this operation. Your doctor may be able to tell you if the risk of a complication is higher or lower for you.

The complications fall into three categories.

- 1 Complications of anaesthesia
- 2 General complications of any operation
- 3 Specific complications of this operation

1 Complications of anaesthesia

Your anaesthetist will be able to discuss with you the possible complications of having an anaesthetic.

2 General complications of any operation

- **Pain**, which happens with every operation. The healthcare team will try to reduce your pain. They will give you medication to control the pain and it is important that you take it as you are told so you can move about and cough freely.
- **Bleeding** during or after surgery. This rarely needs a blood transfusion or another operation but it is common to get bruising of the groin, penis or scrotum.
- **Infection in the surgical wound** (risk: 3 in 100). This may need treatment with antibiotics or further surgery.
- **Unsightly scarring** of the skin.
- **Blood clots** in the legs (deep-vein thrombosis), which can occasionally move through the bloodstream to the lungs (pulmonary embolus), making it difficult for you to breathe. Nurses will encourage you to get out of bed soon after surgery and may give you injections to reduce the risk of blood clots.

3 Specific complications of this operation

- **Developing a lump** under the wound (risk: 1 in 10). This is caused by a collection of blood or fluid and normally settles over a few weeks.
- **Difficulty passing urine**. You may need a catheter (tube) in your bladder for a day or two (risk: 1 in 10). The risk may be higher if you have a 'regional anaesthetic' such as a spinal.
- **Injury to structures within the hernia** which come from the abdomen. This is rare but may need further surgery.
- **Temporary weakness of the leg**, due to the local anaesthetic affecting the nerves that supply the thigh (risk: less than 1 in 20). This usually settles within 24 hours.

- **Persistent discomfort or pain in the groin**. This is usually mild (risk: 1 in 4) but can be severe (risk: less than 3 in 100). You may need further treatment.
- **Injury to nerves** that supply the skin around the groin which leads to a numb patch (risk: less than 1 in 10).
- **Damage to the blood supply of the testicle**. This may result in a small non-functioning testicle on the side of the operation.

How soon will I recover?

• In hospital

After the operation you will be transferred to the recovery area and then to the ward. You should be able to go home the same day or the day after. However, your doctor may recommend that you stay a little longer. If you do go home the same day, **a responsible adult should take you home in a car or taxi, and stay with you for at least 24 hours**.

If you are worried about anything, in hospital or at home, ask a member of the healthcare team. They should be able to reassure you or identify and treat any complications.

• Returning to normal activities

A member of the healthcare team will tell you if you need to have any stitches or clips removed. You should increase how much you walk around over the first few days after your operation. You may need to take painkillers to help you.

You should be able to return to work after two to four weeks depending on the extent of surgery and your type of work.

Your doctor may tell you not to do any manual work at first and you should avoid heavy lifting for six weeks.

Regular exercise should help you to return to normal activities as soon as possible. Before you start exercising, you should ask a member of the healthcare team or your GP for advice.

Do not drive until you are confident about controlling your vehicle and always check with your doctor and insurance company first.

• The future

Most men make a full recovery and can return to normal activities.

Occasionally the hernia comes back (risk: less than 2 in 100 if a mesh is used). This can happen many years later and may need another operation.

Summary

An inguinal hernia is a common condition caused by a weakness in the abdominal wall, near the inguinal canal. If left untreated, an inguinal hernia can occasionally cause serious complications. Surgery is usually safe and effective. However, complications can happen. You need to know about them to help you make an informed decision about surgery. Knowing about them will also help to detect and treat any problems early.

Further information

- NHS smoking helpline on 0800 169 0 169 and at www.gosmokefree.co.uk
- www.eatwell.gov.uk – for advice on maintaining a healthy weight
- www.eidoactive.co.uk – for information on how exercise can help you
- www.aboutmyhealth.org - for support and information you can trust
- NHS Direct on 0845 46 47 (0845 606 46 47 - textphone)

Acknowledgements

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