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GS04 Open Incisional Hernia Repair

Expires end of February 2020

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What is an incisional hernia?

An incisional hernia is a weakness in your abdominal wall which happens at the site of a cut (incision) made during a previous operation.

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 to make an informed decision. If you have any questions that this document does not answer, ask your surgeon or the healthcare team.

How does a hernia happen?

Your abdominal cavity contains your intestines and other structures. These are protected by your 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.

Any operation on your abdomen needs a cut that is closed with stitches. Sometimes your wound does not heal properly and a weakness happens in the muscle layer. This results in the contents of your abdomen, along with the inner layer, pushing through your abdominal muscles. This produces a lump under your skin called a hernia (see figure 1).



Figure 1
An incisional hernia

What are the benefits of surgery?

You should no longer have the hernia. Surgery should prevent serious complications and allow you to return to normal activities.

If you are female, let your surgeon know if you are planning to become pregnant. Pregnancy increases the size of your abdomen and may undo the hernia repair.

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 supportive clothing or simply leave it alone. It will not get better without surgery.

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

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

If you are female and are planning to become pregnant, it is usually better to wait until after your pregnancy before having the operation. Pregnancy increases the size of your abdomen and may undo the hernia repair. Your surgeon will tell you the risks of delaying having the operation.

What does the operation involve?

Incisional hernias can be repaired using keyhole surgery or by an open cut at the site of your scar. Your surgeon has recommended open surgery for you.

The healthcare team will carry out a number of checks to make sure you have the operation you came in for and on the correct side. You can help by confirming to your surgeon and the healthcare team your name and the operation you are having.

Various anaesthetic techniques are possible. Your anaesthetist will discuss the options with you. You may also have injections of local anaesthetic to help with the pain after the operation.

You may be given antibiotics during the operation to reduce the risk of infection.

The operation usually takes about 90 minutes. Your surgeon will make a cut through your old scar. They will repair the weak tissue either with stitches only or using a synthetic mesh, which they will stitch to the muscles under your skin.

Your surgeon will close your skin over the repair. They may need to form a flap of skin over the repair so that your skin closes properly.

Your surgeon may insert a drain (tube) under your skin to drain away fluid that can sometimes collect. The drain will usually be removed after 1 to 2 days.

What should I do about my medication?

Let your doctor know about all the medication you take and follow their advice. This includes all blood-thinning medication as well as herbal and complementary remedies, dietary supplements, and medication you can buy over the counter.

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

If you smoke, stopping smoking several weeks or more before the operation may reduce your risk of developing complications and will improve your long-term health.

Try to maintain a healthy weight. You have a higher risk of developing complications if you are overweight.

Regular exercise should help to prepare you for the operation, help you to recover and improve your long-term health. Do not do exercises that involve heavy lifting or make your hernia painful.

Before you start exercising, ask the healthcare team or your GP for advice.

You can reduce your risk of infection in a surgical wound.

- In the week before the operation, do not shave or wax the area where a cut is likely to be made.
- Try to have a bath or shower either the day before or on the day of the operation.
- Keep warm around the time of the operation. Let the healthcare team know if you feel cold.

What complications can happen?

The healthcare team will try to make the operation as safe as possible but 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.

Complications of anaesthesia

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

General complications of any operation

- Pain. The healthcare team 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.
- Infection of the surgical site (wound) (risk: 1 in 10). It is usually safe to shower after 2 days but you should check with the healthcare team. Let the healthcare team know if you get a high temperature, notice pus in your wound, or if your wound becomes red, sore or painful. An infection usually settles with antibiotics but you may need another operation. If your surgeon inserted a mesh and it gets infected, your wound can take several months to heal. Sometimes your wound will need to be packed or the mesh will need to be removed.
- Bleeding during or after the operation. It is common for the area around your wound to be bruised. Rarely, you will need a blood transfusion or another operation.
- Unsightly scarring of your skin.
- Blood clot in your leg (deep-vein thrombosis – DVT). This can cause pain, swelling, heat or redness in your leg, or the veins near the surface of your leg to appear larger than normal. The healthcare team will assess your risk. They will encourage you to get out of bed soon after the operation and may give you injections, medication, or special stockings to wear. Let the healthcare team know straightaway if you think you might have a DVT.

- Blood clot in your lung (pulmonary embolus), if a blood clot moves through your bloodstream to your lungs. Let the healthcare team know straightaway if you become short of breath, feel pain in your chest or upper back, or if you cough up blood. If you are at home, call an ambulance or go immediately to your nearest Emergency department.

Specific complications of this operation

- Developing a collection of blood (haematoma) or fluid (seroma) under your wound (risk: 6 in 100). This usually settles within a few weeks.
- Difficulty passing urine. You may need a catheter (tube) in your bladder for 1 to 2 days.
- Skin necrosis, where some of the skin flap dies usually because the blood supply to the skin flap is not good enough. If your surgeon inserted a mesh, the mesh can sometimes get infected. You may need another operation to remove the dead skin and the mesh.
- Injury to structures that come from your abdomen and are within the hernia. This is rare but you may need another operation.
- Damage to nerves that supply your skin around the cut made by your surgeon, leading to a numb patch or continued discomfort.
- Removing your umbilicus (belly button). Sometimes your umbilicus needs to be removed, leaving a scar instead.

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 after 1 to 4 days. However, your doctor may recommend that you stay a little longer. This will depend on the size and position of the hernia.

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

Returning to normal activities

To reduce the risk of a blood clot, make sure you follow carefully the instructions of the healthcare team if you have been given medication or need to wear special stockings.

Increase how much you walk around over the first few days. You may need to take painkillers to help you.

Your doctor will tell you when you can return to work.

Your doctor may tell you not to do any manual work for a while. Do not lift anything heavy for at least 6 weeks.

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

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

The future

Most people make a full recovery and can return to normal activities. However, the hernia can come back (risk if a mesh is used: less than 1 in 20). This depends on the size of the hernia, the strength of your abdominal muscles, if you are overweight or if you have underlying medical problems. Your surgeon will be able to give you an idea of how likely it is that the hernia will come back.

Summary

An incisional hernia is a weakness in your abdominal wall which happens when previous wounds do not heal properly. If left untreated, an incisional hernia can cause serious complications.

Surgery is usually safe and effective but complications can happen. You need to know about them to help you to make an informed decision about surgery. Knowing about them will also help to detect and treat any problems early.

Keep this information document. Use it to help you if you need to talk to the healthcare team.

Acknowledgements

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