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GS11 Open Inguinal Hernia Repair (female)

Expires end of February 2020

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What is an inguinal hernia?

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

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

An inguinal hernia happens at the inguinal canal. This is a narrow passage in which nerves and a ligament pass through your abdominal wall.

The inguinal canal is prone to hernias, which can be caused by a defect from birth or from gradual weakening of the muscles.

What are the benefits of surgery?

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

Are there any alternatives to an open inguinal hernia repair?

Inguinal hernias can be repaired using keyhole surgery and this may be appropriate for you. You will be able to discuss this with your surgeon if you would prefer this method.

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 get better without surgery.



Figure 1
An inguinal hernia

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.

What does the operation involve?

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 45 minutes. Your surgeon will make a cut on your groin and remove the 'hernial sac'. They will strengthen the muscle layer with stitches, usually inserting a synthetic mesh to cover the weak spot, and close your skin.

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.
 - Bleeding during or after the operation. Rarely, you will need a blood transfusion or another operation but it is common for your groin to be bruised.
 - 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.
 - Infection of the surgical site (wound) (risk: 3 in 100). 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.
- ## Specific complications of this operation
- Developing a collection of blood (haematoma) or fluid (seroma) under your wound (risk: 1 in 10). This usually settles within a few weeks.
 - Injury to structures that come from your abdomen and are within the hernia. This is rare but you may need another operation.

- Temporary weakness of your leg caused by the local anaesthetic affecting the nerves that supply your thigh (risk: less than 1 in 20). This usually gets better within 1 to 2 days.
- Damage to nerves that supply the skin around your groin, leading to a numb patch (risk: less than 1 in 10).
- Continued discomfort or pain in your groin. This is usually mild (risk: 1 in 4) but can be severe (risk: less than 3 in 100). You may need further treatment.

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. 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. Be near a telephone in case of an emergency.

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

Do not drive, operate machinery or do any potentially dangerous activities (this includes cooking) for at least 24 hours and not until you have fully recovered feeling, movement and co-ordination.

If you had a general anaesthetic or sedation, you should also not sign legal documents or drink alcohol for at least 24 hours.

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.

You should be able to return to work after 2 to 4 weeks, depending on how much surgery you need and your type of 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 women make a full recovery and can return to normal activities.

However, the hernia can come back (risk if a mesh is used: less than 2 in 100). 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. The hernia can come back many years later and you may need another operation.

Summary

An inguinal hernia is a common condition caused by a weakness in your abdominal wall, near the inguinal canal. If left untreated, an inguinal 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

Author: Mr Simon Parsons DM FRCS (Gen. Surg.)
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