

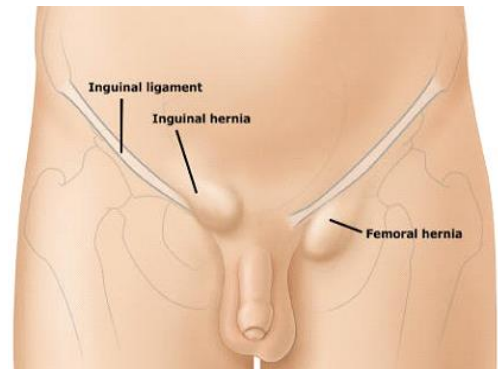
Patient Information

General Surgery

Groin Hernias: Inguinal & Femoral

What is an inguinal hernia?

- It is a swelling or lump that appears in your groin, or scrotum (in men- the pouch containing the testicles).
- It is fatty tissue or bowel that pokes through a weakness in the abdominal wall, in the groin.
- The lump often appears when you're lifting something / straining; and disappears when you lie down.
- Groin hernias include - Inguinal (most common) & Femoral



What causes an inguinal hernia?

Hernias occur mainly in men. Most result from ageing, although they can occur at any age. Hernias are caused by

- Weak muscles (Age related)
- Increased pressure in the abdomen (cough, constipation, straining for urination, carrying and pushing heavy loads, obesity, pregnancy)
- Persistent, heavy cough.

When is surgery needed?

Surgery is recommended when the hernia is

- 'Symptomatic' – when there is pain or discomfort, the hernia is getting bigger



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- ‘Obstructed’ – where a section of bowel gets stuck in the inguinal canal, causing nausea, vomiting and stomach pain, as well as a painful groin lump (this is an emergency, needing immediate treatment)
- ‘Strangulated’ – where a section of bowel becomes trapped and its blood supply is cut off (this is an emergency, needing treatment)

What happens before surgery?

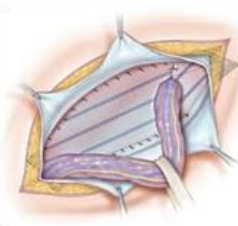


What happens during the surgery?

You will be given general anaesthesia (put to sleep), unless decided otherwise.

The operation can be performed in two ways

1. Open surgery
2. Laparoscopic surgery (Keyhole)

| Groin hernia surgery | Open | Keyhole |
|----------------------|--|--|
| Anaesthetic | General / Regional (Spinal) / Local | General only |
| Incision | Single 6-8cm cut in the groin | Three small incisions |
| Approach | <p>The abdominal muscle wall is repaired / strengthened with a mesh that is sandwiched in-between its layers.</p>  | <p>The abdominal wall is repaired / strengthened with a mesh that is put in behind the abdominal wall.</p> |

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Once the repair is completed commonly with a soft mesh patch or stitches, the skin is closed with dissolvable stitches. The operation usually takes 45 minutes to 1 hour. A mesh is avoided if there is a risk of infection.

Femoral hernia repairs can also be done with stitches alone.

Which technique to choose?

- The choice depends on:
 1. The size of your hernia – Large hernias are always done open.
 2. Your general health – Elderly, people with poorer health who cannot have a general anaesthetic, may be advised to have open surgery.
 3. Previous surgeries – Scarring inside your tummy (abdomen) makes keyhole surgery difficult.
 4. Surgeons experience – Open procedures are more commonly done.
 5. Patient safety – Potential need during surgery.
- The national guidelines (NICE) says that both open and keyhole approaches are safe and work well.
- The British Hernia Society (BHS) advises repairing first-time hernias using the open technique unless they are on both sides (bilateral).
- Keyhole techniques are recommended for recurrent hernias, bilateral hernias and in cases of uncertainty of hernia type.
- In repair of recurrent and bilateral hernias, keyhole surgery tends to have less pain and quicker recovery time compared to the open technique. However, with higher risks of serious complications, such as bowel injury.
- The risk of your hernia returning (recurrence) is similar for both approaches.
- Discuss the advantages and disadvantages of both approaches with your surgeon, before deciding on the appropriate treatment, which could also be no operation.

Summary of your consent

Your consent for the Groin Hernia operation states that you have been informed about the hernia, and the options of surgery and non-surgical interventions.

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You choose to have the operation, having being informed about the benefits and risks involved. The benefit of doing the operation is to treat the hernia and the associated discomfort and prevent future complications. The risks of the operation, could be as follows

- Wound infections / collections (Seroma) / blood clots (hematoma)
- Recurrence (hernia comes back) / Port-site hernia (keyhole surgery)
- Bowel injury
- Chronic pain / numbness (due to nerve trapping / injury)
- In males – injury to spermatic cord, injury to testicular blood supply causing the testicle to get smaller (atrophy), scrotal swelling and extreme cases- removal of the testis.
- Bruising/bleeding

The choice of the anaesthetic and its implications will be discussed by the anaesthetist. On the day of the procedure, we will reconfirm you still wish to proceed with surgery.

What happens after the surgery?

- Normally you go home the same day or the day after surgery, after you have passed urine.
- An adult must stay with you for the first 24 hours after your operation in case you experience any problems.
- Continue taking painkillers as well as your regular medicines as advised.
- Applying gentle pressure to your wound using your hand / a small pillow can make coughing, sneezing and moving between sitting and standing more comfortable and reduces the risk of recurrence.
- Please follow the instructions your nurse gives you about wound care, hygiene and bathing.
- Avoid constipation, as it can cause pain and strain your wound.

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Activities

- If the operation was carried out under a general anaesthetic, your co-ordination and reasoning may be affected for a short time.
- Avoid drinking alcohol, operating machinery or signing legal documents for at least 48 hours after any operation involving general anaesthetic.
- Over time, you can gradually return to your normal activities as soon as you're able to do them without feeling any pain, which is usually about 2 weeks. This could be longer if your job involves manual labour.
- Gentle exercise, such as walking, can help the healing process.
- Please avoid heavy lifting and strenuous activities for about 6 weeks.
- You may find sex painful or uncomfortable at first until your muscles have healed.
- Driving –avoid driving until you're able to perform an emergency stop without feeling any pain or discomfort (you can practice this without starting your car). It'll usually be about 2 weeks before you reach this point after having keyhole surgery, although it may take longer after open surgery. It's usually recommended that you contact your car insurance company before starting driving again.

When to get medical advice?

Contact your GP, the hospital or NHS 111 for advice if you experience:

- temperature over 38c ± chills
- bleeding
- increased swelling or pain in your abdomen
- pain that isn't relieved by painkillers
- persistent nausea or vomiting
- persistent coughing or shortness of breath
- increasing redness surrounding your incisions (cuts)
- difficulty passing urine

The Trust has access to interpreting and translation services. If you need this Information in another language or format please contact the information centre 024 7696 6051 and we will do our best to meet your needs.

Patient Information

The Trust operates a smoke free policy

To give feedback on this leaflet please email feedback@uhcw.nhs.uk

Document History

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