

General Surgery

Groin hernias

A hernia occurs when fatty tissue or part of your bowel pokes through into your groin. The hernia pokes through a weakness in your abdominal wall.

You may notice a groin hernia as a swelling or lump that appears in your groin or scrotum. The lump often appears when you're lifting something or straining and disappear when you lie down.

Groin hernias include inguinal and femoral hernias.

Causes of an inguinal hernia

Inguinal hernias occur mainly in men. Most are associated with ageing, but they can occur at any age. Hernias are caused by:

- Weak muscles (age-related)
- Increased pressure in the abdomen. This can be from a persistent or heavy cough, constipation, straining for urination, carrying and pushing heavy loads, obesity, pregnancy.

When is surgery needed?

Surgery is recommended:

- When there is pain, discomfort, or the hernia is getting bigger (symptomatic)
- When a section of bowel gets stuck in the inguinal canal causing nausea, vomiting, stomach pain, and a painful groin lump – this is an “obstructed” hernia.



Patient Information

- When a section of bowel becomes trapped, and its blood supply is cut off – this is a strangulated hernia.

A strangulated hernia and an obstructed hernia are medical emergencies. These needs treatment as soon as possible.

Before surgery

You will attend a clinic at UHCW. You will have a pre-anaesthetic assessment to decide whether you are fit enough to for surgery. You'll then be given a date for surgery. This will be based on clinical priority and your position on the waiting list.



During surgery

The surgery can be performed in two ways:

- Open surgery
- Keyhole (laparoscopic) surgery

Open surgery

During open surgery, the surgeon makes a single 6 to 8cm cut in your groin. The abdominal muscle wall is then repaired or strengthened with a mesh. The mesh is sandwiched between the abdominal wall muscles' layers.

This open surgery can be done under general, spinal, or local anaesthetic.

Keyhole surgery

During keyhole surgery, the surgeon makes 3 small incisions. The abdominal wall is repaired using a mesh placed through the incisions and behind the abdominal wall.

Patient Information

This keyhole surgery is done under general anaesthetic only.

Once the repair is completed, the skin is closed with dissolvable stitches. The surgery 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

Your surgeon will inform you of the advantages and disadvantages of both approaches and recommend the appropriate treatment. An appropriate treatment could include having no surgery.

The type of surgery you will have depends on:

- the size of your hernia – large hernias are always done open.
- Your general health – Elderly, people with poorer health who cannot have a general anaesthetic, may be advised to have open surgery.
- Previous surgeries – Scarring inside your tummy (abdomen) makes keyhole surgery difficult.
- Surgeon's experience – Open procedures are more commonly done.
- 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
- for bilateral hernias
- in cases of uncertainty of hernia type

Patient Information

In repair of recurrent and bilateral hernias, keyhole surgery tends to have less pain and quicker recovery time compared to the open technique.

However keyhole surgery has higher risks of serious complications, such as bowel injury.

The risk of your hernia returning (recurrence) is similar for both approaches.

Consent

Your consent for the groin hernia operation states that you have been informed about:

- the hernia
- the options of surgery and non-surgical interventions.

You choose to have the operation, have been 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

Patient Information

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.

After surgery

Usually, 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.

Apply gentle pressure to your wound using your hand or a small pillow. This can make coughing, sneezing, and moving between sitting and standing more comfortable. It also reduces the risk of recurrence of the hernia.

Follow the instructions your nurse gives you about wound care, hygiene, and bathing.

Avoid constipation - it can cause pain and strain your wound.

What you can do after surgery

If the operation was carried out under a general anaesthetic, your co-ordination and reasoning may be affected for a short time.

Over time, you can gradually return to your normal activities as soon as you can do them without feeling any pain. This is usually about 2 weeks but could be longer if your job involves manual labour.

Gentle exercise, such as walking, can help the healing process.

You may find sex painful or uncomfortable until your muscles have healed.

Patient Information

Do not:

- × Do not drink alcohol, operate machinery or sign legal documents for at least 48 hours.
- × Do not do any heavy lifting or strenuous activities for 6 weeks.
- × Do not drive until you can perform an emergency stop without feeling any pain or discomfort.

Driving

Do not drive until you can perform an emergency stop without feeling any pain or discomfort. It'll usually be about 2 weeks before you reach this point after having keyhole surgery, although it may take longer after open surgery. You can practice an emergency stop without starting your car.

We recommend you contact your car insurance company before starting to drive again.

When to get medical advice?

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

- a temperature over 38°C, with or without 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

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