

General Surgery

Ventral hernia repair

What is a ventral hernia?

A ventral hernia is a bulging of the abdominal wall. This happens when a tissue or bowel moves from its normal position through a weakness in the wall of the abdomen. This causes a bulge or lump to form.

The bulge can contain intestine (bowel) or fatty tissue and can cause pain. Occasionally, these hernias can be life-threatening if not treated. The fatty tissue/bowel can become trapped and/or the blood supply to the lump cut off.

What causes a ventral hernia?

A ventral hernia may be the result of a natural weakness in the abdominal wall, most commonly found around the belly-button. It may also be the result of a weakness caused by a previous surgical incision. Some people are born with this muscle weakness, so it can occur at any age. It is more common as people get older, and it is more likely to occur in people who:

- have a persistent cough
- have constipation
- are obese
- are pregnant
- do a lot of heavy lifting



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Treatment

Your surgeon may carry out one of two types of operations:

- Laparoscopic (keyhole)
- Open

The type of treatment which is suitable for you will depend upon:

- the location and size of the hernia defect
- your health
- any previous attempts at repairing the hernia

What does the procedure involve?

Laparoscopy is the medical term for keyhole surgery. Laparoscopic ventral hernia repair is a surgical operation which is carried out under general anaesthetic.

It involves:

- Making three or four small incisions in the abdomen (tummy) so that your surgeon can insert a camera and some instruments
- The abdomen is filled with gas to allow the surgeon to see and get to the abdominal wall from the inside. This is so the fatty tissue/bowel within the hernia can be returned back into the abdomen.
- Usually a piece of mesh is used to cover over the hernia and secured in place either with stitches, small staples or glue. This prevents the fatty tissue/bowel from pushing through the muscle weakness.
- Most of the gas is removed at the end of the operation, but some gas will remain and may give you shoulder tip pain. Changing position will help to reduce this pain
- Stitches and/or paper strips are used to close the skin wounds.

In a small number of cases, it is not possible to complete the operation using keyhole surgery. This is due to difficulties encountered during the operation, such as previous scar tissue inside the abdomen (adhesions) or bowel injury. The keyhole surgery may have to be converted to an “open” operation.

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An open operation involves a larger incision, usually through the previous abdominal scar. A mesh is stitched into place to prevent the hernia from coming back. This operation is usually done when you are asleep (general anaesthetic). This may result in a longer recovery period after your operation, possibly with more pain afterwards.

How long will I be in hospital?

Your stay in hospital can vary from a day case or an overnight stay, to a few days. The stay will depend on any complications, your health and home care situation.

Intended benefits of the procedure

Having this procedure by keyhole surgery reduces the recovery time, pain and length of hospital stay. The procedure aims to:

- Relieve the pain and discomfort caused by the hernia
- Reduce the risk of incarceration/strangulation of the bowel within the hernia

What are the risks?

As with all operations, there is a small chance of complications. The risk of these is assessed on an individual basis depending upon each patient's fitness. This should be discussed with your surgeon prior to the day of your operation. Overall, this is a very safe operation but you should be aware that there is a small possibility of:

- Bleeding
- Injury/perforation to urinary bladder, intestines and abdominal organs
- Conversion to the open procedure with a longer wound incision
- Seroma (collection of serous fluid)
- Wound/mesh infection
- Chest infection
- Deep vein thrombosis (DVT) or pulmonary embolism (PE)
- Recurrence of the hernia

Side effects of surgery

Within the first 48 hours, some patients may experience some pain, nausea and difficulty passing urine. This is commonly due to the medicines given during surgery.

When will my surgery be?

The consultant's secretary will post the date of your operation to you.

Before your operation:

On the Ward

You will be asked to wear a gown and anti-embolism stockings. The stockings will reduce the risk of any blood clots developing in a vein in your leg, also known as a deep vein thrombosis (DVT).

You will be asked to empty your bladder immediately before going to the operating theatre, to reduce the risk of injury during surgery. If this will be difficult for you, discuss this with your specialist or a nurse.

In the operating theatre

The anaesthetist, operating department practitioners and nurses are likely to be present in the anaesthetic room, next to theatre. A drip may be inserted through a small tube into one of your veins.

Monitoring devices will be attached to you, such as a blood pressure cuff, ECG leads (heart monitoring leads) and a pulse oximeter. A pulse-oximeter is a peg with a red light, which is placed on your finger. It shows how much oxygen you have in your blood and is one of the monitors that an anaesthetist uses during your operation to ensure that you remain in the best of health. You may be given some oxygen to breathe. You will be put to sleep, unless a special arrangement has been made with you for a different kind of anaesthetic.

After the operation

- You will wake up in the recovery room after your operation. You will have an oxygen mask on your face to help you breathe. You may wake up feeling sleepy
- After this procedure, most people will have a small, plastic tube (cannula) in one of the veins of the arm. This might be attached to a drip, which feeds your body with fluid until you are well enough to drink by yourself
- While you are in the recovery room, a nurse will check your pulse and blood pressure regularly. When you are well enough to be moved, you will be taken to the ward
- Sometimes, people feel sick or vomit after an operation, especially after a general anaesthetic. If you feel sick it is important to tell the nurse, who will offer you medicine to make you feel more comfortable
- If you have had laparoscopic surgery, after the operation you may have discomfort in your shoulders. This is caused by the gas used during your operation. There will also be discomfort from the small cuts in the skin of your tummy, but this can be controlled with simple pain-killers.
- All the wounds are closed with stitches and/or paper strips. The nurses will tell you if and when the stitches need to be removed at your GP's surgery. Some stitches will be below the skin and absorb into the skin and therefore do not need to be removed
- You may waken with an abdominal "binder" (corset) which will help support your abdomen. It should feel firm but comfortable, and can be adjusted.

Once you are fully awake, you will be taken to the ward to recover before you are accompanied home. Do not expect to feel completely back to normal immediately.

Eating and drinking

- You can eat and drink after the operation when you feel able
- Drink plenty of water. Be aware some painkillers can cause constipation
- Do not drink alcohol while taking painkillers

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Activity

You will be encouraged to get out of bed and walk around on the day of your surgery. This will reduce the risk of complications such as blood clots in your leg and chest infections. Please continue to wear the anti-embolism stockings provided for the first few days, or until you are moving around in your usual way. If you are provided with an abdominal binder, please wear it night and day for at least 6 weeks.

Pain relief

You will be provided with pain relief prior to leaving hospital and you are advised to take these regularly for approximately five days. This is important because it will help you make a good recovery from your operation.

Always read the patient information leaflet that comes with the medication and do not exceed the recommended dose. Shoulder tip pain is best relieved by changing position and gentle movements. This pain will gradually disappear.

Discharge home

When will I go home?

Some people who have this type of procedure can leave hospital the same day (6-9pm or earlier, depending on when in the day they had surgery) or the following morning. This will be decided by discussion between you and your consultant. The actual time that you stay in hospital will depend on your general health and how quickly you recover from the procedure.

You will need to be accompanied home and have a responsible adult to care for you for at least 24 hours.

When can I resume normal activities including work?

It will take 7 to 14 days to recover at home. Most people are back to their normal activities and work within 4 weeks. Do not lift anything heavy for 8 weeks. However, this will depend upon your occupation. If you are in

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employment, a doctor's sick note will be given to you before you go home and your GP will provide any additional sick notes on request.

Driving

You should not drive for at least 7 to 10 days after surgery. You must be confident in performing an emergency stop before you drive. However, you should let your insurance company know you have had an operation. You cannot legally drive within 48 hours following a general anaesthetic.

Heavy lifting

You should not lift anything heavy (more than 10lbs/5kg) for approximately 6 to 8 weeks. This will allow you time to recover.

How do I care for my wound?

- If you have woven fabric dressings, please remove these dressings in 48 hours and do not get wet. Do not remove the narrow paper strips for 7 days.
- If you have a shiny dressing, this is waterproof, so you can bath and shower. Please remove this dressing in 7 days along with the narrow strips.
- Keep your wounds clean and dry, by bathing or showering every day. Please dry your wounds carefully by dabbing with a soft towel. A hair dryer with a cold setting works well if you have one.
- Do not apply any ointments or talcum powder to the wounds.
- Most stitches do not need removing. The narrow paper strips will need to be gently peeled off in five days. You will be advised if you require stitches to be removed.
- If you were given an abdominal binder by your surgeon, please wear this as instructed. Wearing the binder will reduce the risk of potential complications.

Will I have a check-up?

Usually, you will not need a follow-up appointment for this operation. Your GP can provide additional pain relief and advice and you can make an appointment for the practice nurse to check your wounds. However, if you

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feel you need a further appointment following discharge, you may contact your consultant's secretary.

What if I have any problems at home?

If you experience any of the following problems whilst you are at home please contact the **Surgical Admissions Unit (SAU) ward 22 on 024 7696 6186** immediately:

- Persistent vomiting
- Increased pain, not relieved by medication
- Fever
- Increased abdominal swelling
- Bleeding at the wound site
- Infection
- An oozing wound
- Reluctance to drink
- Difficulty passing urine
- Persistent cough or shortness of breath

For all other problems and queries, including additional medication, sick notes, wound and chest problems, please contact your own GP.

Please tell us about your experiences from your stay. We are committed to improving our services and would like to hear your experiences about your stay with us. If you would like to offer any comments – compliments or complaints – regarding our services at the hospital please visit www.uhcw.nhs.uk/contact-us. You can also write to us or telephone us: Tel. 024 7696 4000

The Trust has access to interpreting and translation services. If you need this information in another language or format please contact 024 7696 5931 and we will do our best to meet your needs.

The Trust operates a smoke free policy.

Patient Information

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

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