

Hernia Repair Information

A hernia occurs when the inside layers of the abdominal muscle have weakened, resulting in a bulge or tear. In the same way that an inner tube pushes through a damaged tire, the inner lining of the abdomen pushes through the weakened area of the abdominal wall to form a small balloon-like sac. This can allow a loop of intestine or abdominal tissue to push into the sac. The hernia can cause severe pain and other potentially serious problems that could require emergency surgery.

Both men and women can get a hernia. You may be born with a hernia (congenital) or develop one over time.

A hernia does not get better over time, nor will it go away by itself.

Not all hernias are the same.

Hernias vary in location and size and in the symptoms they cause.

Common locations for hernias are the groin (inguinal Hernia and less commonly femoral hernia), Umbilical region (belly button hernia) and epigastrium (midline hernia above the belly button). Another common location is at the site of a previous surgical incision (incisional Hernia).

Hiatal Hernia is another common form of hernia but this does not cause a visible lump on the abdomen because the hernia occurs in the diaphragm muscle and the protrusion of abdominal contents is into the chest. Hiatal hernias are discussed in the section on Hiatal hernia surgery and anti-reflux surgery.

Hernia vary in size from pea-sized to containing the entire abdominal contents and every size in between. The size of a hernia is one of the factors that determine how extensive the surgery required to repair it is.

Other factors that can influence the complexity of hernia repair are previous abdominal surgeries and previous hernia repairs.

Laparoscopic or Keyhole hernia Surgery is a method of Hernia repair using a small telescope with a camera attached for vision and small ports for operative working. Carbon dioxide is insufflated to give working space to perform the hernia repair.

Keyhole surgery allows smaller incisions which results in less post-operative pain and less risk of post-operative wound infections.

For laparoscopic Inguinal Hernia repair there is usually one 12mm incision at the umbilicus (Belly Button) and two 5mm incisions in the lower Abdomen.

For incisional hernia the number of incisions and position of the incision vary according to size and position of the Hernia.

Open or traditional hernia repair involves an incision in the region of the hernia allowing direct visualisation of the hernia to be repaired. In the

In inguinal hernia repair, an incision of 7 to 10cm is usually required.

Consulting Locations:

Suite 402, John Flynn Specialist Suites * Suite 8, Ground Floor, HQ Building, 58 Riverwalk Ave, Robina

Operating Locations:

John Flynn Private Hospital * Tweed Heads & Murwillumbah Public Hospital

This method of hernia repair is very safe and has stood the test of time.

In many cases, an open repair is still the most appropriate surgical choice.

Factors that influence if keyhole surgery or open surgery is used are: size, location, previous surgery and the overall general health of patient.

The aim of the surgery is for a permanent repair. All hernias can recur over time but with the use of permanent re-inforcement / scaffolding material for your repair (mesh), this significantly reduces the risk of the hernia recurring.

Risks for surgery can be divided into general risks (associated with any surgery) and Specific risks.

General risks include Cardio-vascular Complications (Heart Attack, stroke), Respiratory complications (pneumonia, partial lung collapse), Thrombo-embolic events (blood Clots) and anaphylaxis (severe allergic reactions).

These are very rare occurrences in hernia surgery

In some patients who have a complex medical history or a complex hernia these risks may be more relevant and your surgeon will discuss this with you.

Specific Risks include Inadvertent bowel, bladder or vascular injury. These are rare but serious complications that may require more extensive surgery and a prolonged stay in hospital.

Less rare but less serious complications include Post-operative Haematoma (Collection of old Blood beneath the wound or internally), infected mesh and wound infection.

The most common minor problems post hernia surgery are bowel and bladder issues and ongoing niggly pain. These are discussed further in the post-operative instructions.

Please feel free to contact us anytime should you have questions or concerns

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Post Op Hernia Care & Information

Physical Activity

Early return to light activity is encouraged. This includes walking from Day 1 short distances & building up to normal distances at one week.

At two-three weeks you can exercise bike ride, swim (if wounds healed), light jogging & light limb weights. You can also resume sexual intercourse.

At four weeks you can return to all normal activities except for heavy lifting, golf, squash, tennis, surfing and weighted squats.

At six weeks you can return to all normal activities.

Work

Returning to work depends on size & complexity of the hernia repair & type of work returning to.

Most people will be able to return to desk jobs at 1-2 weeks.

Active jobs, car travel & light duties (up to 12kg) 2-3 weeks.

Jobs involving heavy manual work & lifting – 6 weeks.

Driving & Travel

It is usually safe to drive a car short distances at 5-7 days postoperatively. The important test is that you can brake quickly if required.

Travelling long distances in a car as passenger or driver is not advised until 2 weeks post-operatively.

Short Haul Air Travel should be safe after one week & long haul after three weeks.

Wound care

You will leave hospital with 2 layers of dressings on your wounds. The Outer layer is waterproof and allows you to shower from day 1 after your surgery.

Waterproof dressing can be removed after 5-7 days. Steri strips can remain on until they fall off (usually 14days). Please ensure they are dried well after showering (especially belly button)

Pain Control

You will be given pain medication upon discharge. Usually 2-3 days post-surgery the discomfort should be easily controlled with paracetamol alone.

Whilst the stronger pain medication is useful in the early post-operative period, prolonged use will result in constipation, nausea and episodes of light-headedness.

Therefore, we strongly recommend to stop the stronger medications as soon as the pain starts to subside.

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Bowel Care

All patients experience some slowing of bowel function after Surgery. This can be caused by fasting prior to surgery, pain medications and less physical activity.

It is recommended all patients take an aperient for 7 days post-surgery to help bowel function return to normal. This will be supplied to you upon discharge.

Groin swelling after Laparoscopic (Keyhole) Inguinal Hernia Repair

After Laparoscopic Inguinal Hernia Repair it is common to have the sensation that the Hernia are still present. This is especially noticeable after repair of large hernia. This is almost certainly not a recurrence of your hernia but post-operative fluid in the space that was previously occupied by your Hernia. This is expected after laparoscopic repair of large inguinal hernia. It will usually gradually disappear over 6-8 weeks post-surgery.

On the rare occasion it does not resolve spontaneously, your surgeon will see you at 6 weeks post-surgery to aspirate the fluid with a fine needle through the groin.

It is distinguishable from a failed hernia repair in that the swelling is not particularly tender and not reducible.

If you are concerned about any swelling post operatively you should call your nurse or surgeon.

Bruising, discolouration & swelling of the Scrotum after laparoscopic and open hernia surgery is common, often spectacular and resolves spontaneously over a week. It is of no concern unless associated with pain and redness.

Groin Swelling after Open Inguinal Hernia Surgery

There should be minimal groin swelling after Open Inguinal Hernia Surgery. If there is Groin swelling the size of the original hernia or larger this may represent a wound haematoma and you should call your surgeon.

There is always a firm ridge that can be felt in the abdominal wall for 8-12 weeks after surgery. This is associated with the mesh repair and will resolve after 12 weeks.

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When to Call your Doctor

- Persistent fever over 38.5 C / chills
- Bleeding
- Increasing abdominal or groin swelling
- Pain that is not relieved by your medications
- Persistent nausea or vomiting
- Inability to urinate
- Persistent cough or shortness of breath
- Purulent drainage (pus) from any incisions or redness that is worsening

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