FEMORAL HERNIA REPAIR - OPEN

BRIEF DESCRIPTION

A hernia is a bulge or weakness in the muscles of the stomach in the groin region. There is a weak spot on either side where the arteries and veins run in a tunnel down to your legs and in the case of a hernia some tissue from the inside of your abdomen will protrude along this canal to form a sac that bulge in the groin. It usually contains fatty tissue but it could also contain part of your intestine. During the operation a cut is made into the skin overlying the hernia. The bulge is pushed back and the sac is cut off. The weak part is mended and strengthened, usually with stitches or a mesh patch which is used to strengthen the defect. The cut in the skin is then closed up.

WHY IS THIS OPERATION NECESSARY?

Once a hernia is present it will not resolve by itself. Although many people simply live with the discomfort, there is a risk of the hernia getting bigger and more symptomatic. There is also a risk that the contents of the hernia can get trapped in the hernia sac and then cause extreme pain with eventual strangulation or perforation of the bowel inside. This may lead to sepsis and can even be fatal. 30% to 40% risk of this hernia complicating and presenting as an emergency. Repair must be done *Ref: International guidelines for groin hernia. he Journal of hernias and abdominal wall surgery 2018 :22* (1) 1 - 165

ARE THERE ALTERNATIVE TREATMENTS AVAILABLE?

Your doctor will discuss with you the different surgical options. The hernia may be repaired with sutures or with mesh and the operation could sometimes be performed under local anaesthetic. Although other types of groin hernia can be repaired via a laparoscopic operation, it is not usually possible for a femoral hernia.

IS IT SAFE TO HAVE THIS OPERATION?

Before you agree to the operation, you should consider the risks that may be involved. Your surgery will be performed by a team of highly qualified and skilled professionals who will take all steps necessary to ensure a safe procedure and a successful result. However there are risks involved with all surgery even if these risks may be small.

WHAT ARE THE GENERAL RISKS INVOLVED?

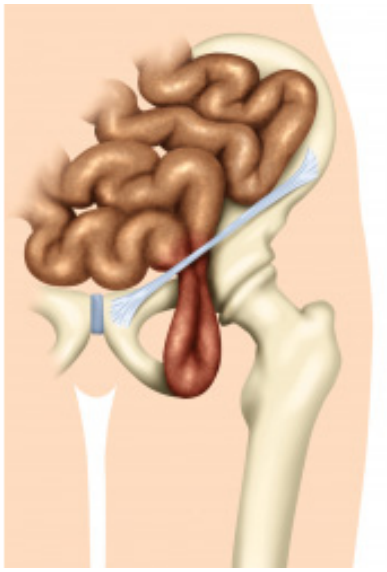
There are risks for developing complications which are general and which may occur with any surgical procedure. These complications include the risk of infection, bleeding, pain, wound breakdown, deep vein thrombosis, or complications affecting the heart, lungs or kidneys.

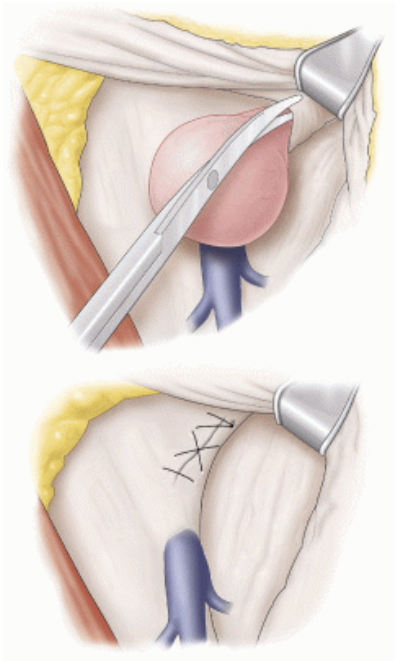
WHAT ARE THE SPECIFIC RISKS INVOLVED?

During the operation damage may occur to the blood vessels in the groin, but this is very rare. After the surgery, a sausage shaped lump is usually present under the wound and this may feel like the original hernia. Do not worry, this is normal. Bruising and swelling may be troublesome or a persistent ooze of clear fluid, particularly if the hernia was large. The swelling may take 4 to 6 weeks to settle down. Infection is a rare problem and will be treated appropriately by the surgeon. Occasionally there are numb patches in the skin around the wound which get better after 2 months. The risk of a recurrence of the hernia is about 5 per cent.

WHAT ARE THE ANAESTHETIC RISKS INVOLVED?

You can discuss the type of anaesthetic you will have with your anaesthetist and also the possible complications that may occur.





These notes give an overall guide to your procedure. You may see some differences in the details of your treatment, since it is tailored to suit your own condition.

WHAT SHOULD I DO BEFORE THE OPERATION?

You should not eat or drink anything for at least six hours before your operation. However, you should take all your regular medication as usual on the day. Your surgeon may want you to stop certain medication such as disprin, warfarin, or other blood thinning medicines before the operation.

WHAT HAPPENS BEFORE THE OPERATION?

Please report to the hospital reception on time for your admission. Please bring along all the documents that may be required such as your medical aid card, ID and contact details. If you are not a member of a medical aid you will be required to pay a deposit or to sign an indemnity form. As far as possible we will try to advise you about hospital costs before your admission. It may be best to complete some of the documentation beforehand at the hospital pre-admission clinic to save time on the day of your admission.

When you arrive in the ward, you will be welcomed by the nurses or the receptionist and will have your details checked. Some basic tests will be done such as pulse, temperature, blood pressure and urine examination. You will be asked to hand in any medicines or drugs you may be taking, so that your drug treatment in hospital will be correct. Please tell the nurses of any allergies to drugs or dressings. The surgeon will have explained the operation and you will be asked to sign your consent for the operation. If you are not clear about any part of the operation, ask for more details from the surgeon or from the nurses.

In an adult the operation area may need to be shaved to remove excess hair. You may be issued with compression stockings that will help prevent blood lots in your legs.

If you are having a general anaesthetic, the anaesthetist who will be giving your anaesthetic will interview and examine you and he may put up a drip or prescribe some medication to help you relax.

You will be taken on a trolley to the operating suite by the staff. You will be wearing a cotton gown, wedding rings will be fastened with tape and removable dentures will be left on the ward. There will be several checks on your details on the way to the operating theatre where your anaesthetic will begin.

HOW LONG DOES THE OPERATION TAKE?

Usually about 45 minutes

WHAT HAPPENS WHEN I WAKE UP?

After the operation is completed you will be transferred back to the ward. Although you will be conscious a minute or two after the operation ends, you are unlikely to remember anything until you are back in your bed on the ward.

WILL I HAVE PAIN?

Some pain may be present, but this should be controlled to a level of mild discomfort with the painkillers that are prescribed. Ask the nursing staff for medication if you have pain.

HOW SOON AFTER THE OPERATION CAN I EAT?

You will be able to drink within an hour or two of the operation, and the next day you could start eating normally.

HOW SOON AFTER THE OPERATION CAN I GET OUT OF BED?

You should be able to walk a short distance very soon after waking up, but ask the nursing staff for assistance if you feel dizzy. You should be able to walk without too much discomfort by the next day and will be encouraged to mobilize as much as possible.

HOW LONG WILL I STAY IN THE HOSPITAL?

Usually you will go home the day after the operation.

WHAT HAPPENS WHEN I AM DISCHARGED FROM THE WARD?

Your surgeon will determine when you are ready to go home. You will be given some medication for pain and you may also need to take antibiotics for a few days after you go home. You will be given instructions on the dressings and how to care for the wound. You will also get an appointment for your follow-up in the surgeon's rooms. You should ask for a sick certificate if you need this for your employer.

WHAT SHOULD I BE AWARE OF WHEN I GET HOME?

There may be pain or mild swelling around the wound. Severe pain, bleeding, or excessive swelling should be reported immediately.

HOW SOON CAN I START EXERCISE?

Routine activities like walking or climbing stairs would be possible when you get home but you should not do any strenuous activities in the first two weeks after the operation. The sutures can tear out by straining your abdominal muscles, for instance lifting an object or doing exercise. After one month you can return to any activity including sport or exercise.

HOW SOON CAN I DRIVE A CAR?

You can drive as soon as you can make an emergency stop without discomfort in the wound, normally after about a week.

HOW LONG WILL I BE OFF WORK?

You should be able to return to light work within 2 weeks and a physically demanding job after 4 weeks

WHAT ABOUT PAYMENT?

The procedure and its associated costs will have been discussed with you, and a quote provided. Where procedures need to be unexpectedly altered during the course of the procedure, the fee may change. Similarly, emergency procedures may incur an additional cost.

Surgeons are highly trained, highly skilled professionals and throughout your care a member of the practice is available to attend to you 24 hours a day. In return we expect prompt payment of your account.

We do not submit accounts to medical aids.