INCISIONAL HERNIA REPAIR

BRIEF DESCRIPTION

An incisional hernia is an area of weakness in part or all of the muscle closure after a previous abdominal operation. It can occur soon after the previous operation or sometimes years later. The hernial sac bulges through the muscle defect and can include bowel and even other abdominal organs.

WHY IS THIS OPERATION NECESSARY?

The hernias tend to increase in size over time and the larger they become the more difficult they are to repair. There is a risk of bowel becoming trapped or twisted within the hernial sac which can lead to obstruction and impairment of the blood supply to the bowel , requiring an emergency procedure to salvage the bowel and avoid a life threatening condition.

ARE THERE ALTERNATIVE TREATMENTS AVAILABLE?

The hernia may be managed without surgery if the patient has no symptoms from the hernia and has other medical issues that would make a large operation too risky. However there is still concern about possible bowel obstruction.
A corset is sometimes employed to try and give symptomatic relief.
A laparoscopic approach may be considered if the hernia is suitable.

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?

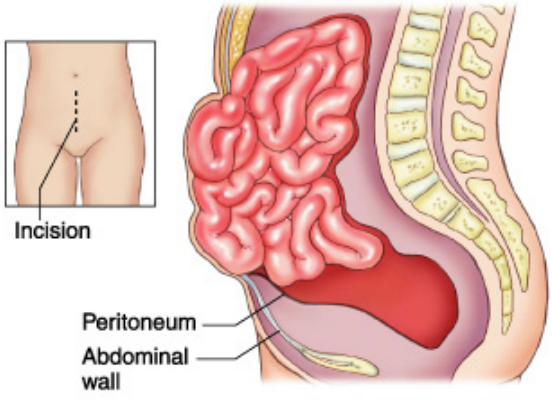
There are risks for developing complications which are general and which may occur with any surgical procedure. These complications include the risk of infection, bleeding, pain, wound breakdown, deep vein thrombosis, or complications affecting the heart, lungs or kidneys.

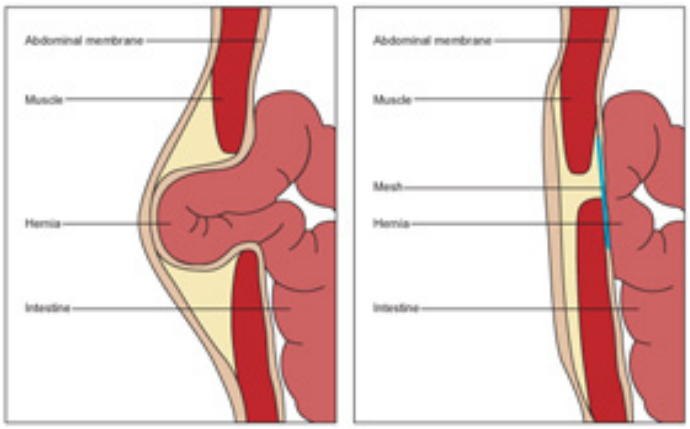
WHAT ARE THE SPECIFIC RISKS INVOLVED?

Bowel injury – usually a careful release of adherent bowel is required, the adhesions having formed following the previous surgery ,and sometimes these can be very challenging for the surgeon.
Wound infection – the procedure is covered with antibiotics. If a wound infection does develop this can require prolonged wound dressings, and sometimes removal of any synthetic mesh used to repair the hernia.
Delayed return of bowel function particularly if extensive freeing up of bowel adhesions is necessary.
Recurrence of the hernia ,even if a mesh repair is performed.
Seroma formation – collection of fluid between the muscle repair and the skin that may need aspirating in the rooms on one or more occasions
Deep vein thrombosis, pulmonary emboli, atelectasis, pneumonia.

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 You will need to stop certain medication such as disprin, warfarin, or other blood thinning medicines(including homeopathic medication) well before the operation. Please discuss with your surgeon.

You may require further investigations to assess your fitness for surgery and may need to see a physician and/or the anaesthetist pre-operatively

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 clots 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?

This depends on the size and complexity of the hernia and may take from one to four hours

WHAT HAPPENS WHEN I WAKE UP?

After the operation is completed you will be transferred back to the ward or High Care Unit. 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.

More complex hernia repairs will require use of urinary catheters, naso-gastric tubes and wound drains. An epidural catheter may have been inserted intra-operatively to help with post-op analgesia.

WILL I HAVE PAIN?

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

HOW SOON AFTER THE OPERATION CAN I EAT?

An operation can make your bowels lazy for a day or two afterwards. You will be allowed water, tea or juice in small amounts immediately after the operation, but can only start eating food again as the bowel recovers which may take one to four days.

If you have a nasogastric tube inserted either because extensive adhesions were found or a bowel resection or a repair was performed, you will not be able to eat or drink.

If this period is prolonged > 24-48 hours

You will `fed` through a special drip inserted in the neck or beneath the clavicle

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 if the hernia was small, but after repair of larger hernias it may take 2 or 3 days to start walking..

HOW LONG WILL I STAY IN THE HOSPITAL?

Usually 2 to 5 days

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?

Pain and swelling around the wound. Numbness around some areas of the wound. This may take 2 to 3 months to settle. Constipation because of the analgesia and decreased mobility. You may require a stool softener.

HOW SOON CAN I START EXERCISE?

You can perform routine activities as soon as you get home. Mild exercise like walking or climbing stairs would be possible within a week and full exercise after three to four weeks.

HOW SOON CAN I DRIVE A CAR?

Five days to two weeks, depending on the size of the hernia.

HOW LONG WILL I BE OFF WORK?

Usually between two and three weeks