INGUINAL HERNIA REPAIR - LAPAROSCOPIC

WHAT IS AN INGUINAL HERNIA?

A hernia is a weakness in the muscles which form the lower front of the stomach in the groin region, this weakness results in a bulge and sometimes pain.

WHAT DOES THE OPERATION CONSIST OF?

This method of hernia repair uses a small telescope under the muscles of the abdomen to examine the weakened area. Two other instruments are inserted to display the area of weakness causing the hernia. A patch of material or mesh is then used to reinforce this weakened area.

Using this method a large cut is avoided and the pain after the procedure is less. Also the recovery time is quicker. The results appear to be as good as the open operation and gradually this operation is being done more and more. About 5% of hernias will recur after open or laparoscopic repairs. About 2% of laparoscopic hernia repairs have to be converted to open operations because of technical difficulties.

RECEPTION

When registering at reception your medical aid details will be required. If you are not on 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.

WELCOME TO THE WARD

You are usually admitted on the same day as the operation. You will be welcomed to the ward 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 weighed and measured. 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.

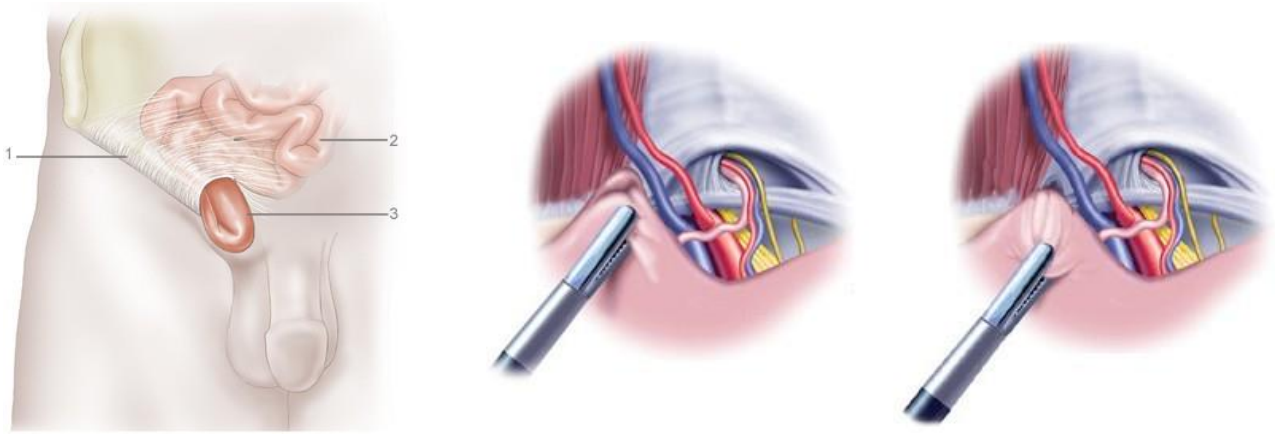
Please tell the nurses of any allergies to drugs or dressings. The surgeon will have explained the operation and you will be asked to sign your consent for the operation. If you are not clear about any part of the operation, then read this again and then ask for more details from the surgeon or from the nurses. Let the nurses know if you are on any blood thinning medication. In an adult the operation area may need to be shaved to remove excess hair, please do wax or shave prior to the surgery, the surgeon will shave the areas needed in theatre.

VISIT BY THE ANAESTHETIST

The operation is performed under general anaesthetic. The anaesthetist who will be giving your anaesthetic will interview and examine you. They will be especially interested in chest troubles, dental treatment and any previous anaesthetics you have had.

DIET

You can eat normally until six hours before the operation. You can continue to drink clear fluids up to two hours before your operation.



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.

TRANSFER TO THEATRE

You will be taken on a trolley to the operating suite by the staff. You will be wearing a cotton gown and disposable underwear, wedding rings will be fastened with tape and removable dentures and spectacles 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.

COMING ROUND AFTER THE ANAESTHETIC

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. Some patients feel a bit sick for up to 24 hours after operation, but this passes off. You will be given some treatment for sickness if necessary.

WILL IT HURT?

There is some discomfort on moving rather than severe pain. You will be given injections or tablets to control this as required. Ask for more if the pain is still unpleasant. You will be expected to get out of bed the day after operation. You will not do the wound any harm, and the exercise is very helpful for you. The day after operation you should be able to walk. By the end of one week the wound should be virtually pain free and you should be reasonably active.

DRINKING AND EATING

You will be able to drink within an hour or two of the operation provided you are not feeling sick. The next day you should be able to manage small helpings of normal food.

OPENING BOWELS

It is quite normal for the bowels not to open for a day or so after operation. A laxative is sometimes required.

PASSING URINE

It is important that you pass urine and empty your bladder within six-12 hours after the operation. If you find using a bed pan difficult, the nurses will assist you to a commode or the toilet.

SLEEPING

You will be offered painkillers rather than sleeping pills to help you to sleep. If you cannot sleep despite the painkillers please let the nurses know.

THE WOUND

There will be three small stab wounds which require no particular care. Most wounds are closed with dissolving stitches under the skin. The dressing is usually waterproof to allow showering; this can be kept on for a few days. There may be some purple bruising around the wound which spreads downward by gravity to the groin area and fades to a yellow colour after three to five days. It is not important. There may be some swelling of the surrounding skin which also improves in two to three days. After seven to ten days, slight crusts on the wound will fall off. Occasionally minor matchhead sized blebs form on the wound line, but these settle down after discharging a blob of yellow fluid.

WASHING

You can wash the wound area as the dressing is waterproof. Soap and tap water are entirely adequate. Salted water or other “anti-septic’s” is not necessary.

HOW LONG IN HOSPITAL?

Usually you will feel fit enough to leave hospital the day after the operation and sometimes on the same day. You will be asked to contact your surgeon’s rooms to make an appointment for a checkup.

SICK NOTES

Please ask your surgeon for any sick notes or certificates that you may require.

AFTER YOU LEAVE HOSPITAL

You are likely to feel a bit tired and will need to rest a few times a day for a week or so. You can usually do most activities without difficulty. You will gradually improve so that after a few days you will be able to return to your full level of activity.

PHYSICAL ACTIVITY

At first discomfort in the wound will prevent you from harming yourself by too heavy lifting. After one month you can lift whatever you like. There is no value in attempting to speed the recovery of the wound by special exercises before the month is out. Most people can re- turn to normal physical activity within a few weeks.

DRIVING

You can drive as soon as you can make an emergency stop without discomfort in the wound, i.e. after about 1 week

WORK

You should be able to return to light work within one week and a heavy job within two weeks.

COMPLICATIONS

Complications are rare and seldom serious. If you think that all is not well, please ask the nurses or doctors. A lump maybe present in the groin which may feel like the original hernia. Do not worry, this is normal. Bruising and swelling may be troublesome, particularly if the hernia was large. The swelling may take four to six weeks to settle down. Infection is a rare problem and will be treated appropriately by the surgeon. Aches and twinges may be felt in the wound for up to six months.
Occasionally there are numb patches in the skin around the wound which get better after two to three months.
The risk of a recurrence of the hernia is about five in 100. Recurrences after laparoscopic repair usually occur in the first few months.

GENERAL ADVICE

The operation should not be underestimated, but practically all patients are back at their normal activities within a month.