INGUINAL HERNIA REPAIR - OPEN

WHAT IS A HERNIA?

A hernia is a bulge or weakness in the muscles which form the lower front of the stomach in the groin region.

WHAT DOES THE OPERATION CONSIST OF?

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 nylon stitches or a mesh patch which is used to strengthen the defect. The cut in the skin is then closed up.

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 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 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.

VISIT BY THE ANAESTHETIST

If you are having a general anaesthetic, the anaesthetist who will be giving your anaesthetic will interview and examine you. He will be especially interested in chest troubles, dental treatment and any previous anaesthetics you have had.

DIET

You will have your usual diet until 6 hours before the operation when you will be asked to take nothing by mouth. This will let your stomach empty to prevent vomiting during the operation.

SHAVING

The operation area will be shaved to remove excess hair.

TIMING OF THE OPERATION

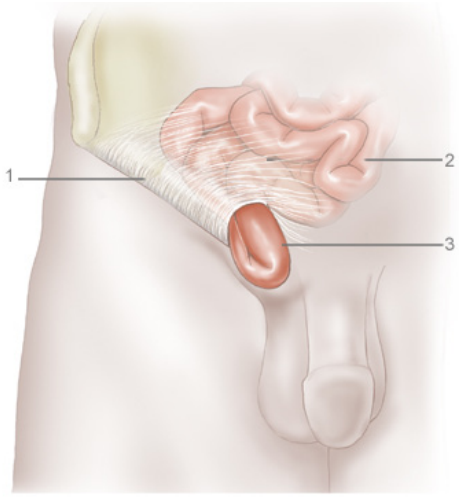
The timing of your operation is usually arranged the day before so that the nurses will tell you when to expect to go to the operating theatre. Do not be surprised, however, if there are changes to the exact timing.

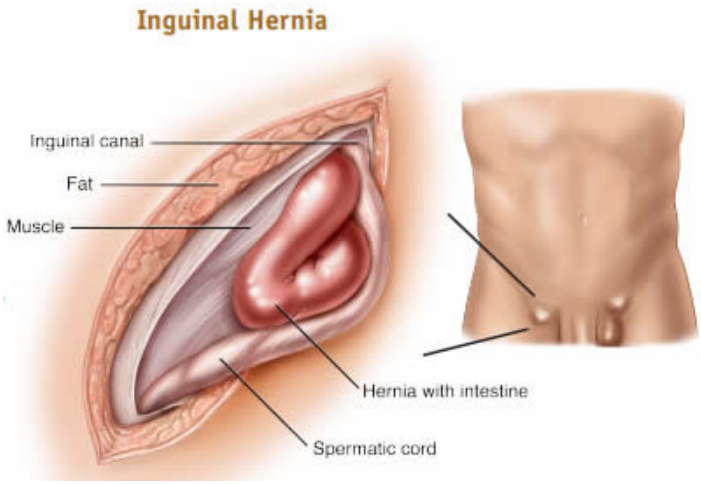
TRANSFER TO THEATRE

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.

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 pa-





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.

tients 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 despite the discomfort. 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 slowly along the corridor. By the end of one week the wound should be virtually painfree.

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 6 12 hours of the operation. If you find using a bed pan difficult, the nurses will assist you to a commode or the toilet. If you are unable to void after 12 hours a catheter will be passed. This may be left in place overnight.

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

The wound has a dressing which may show some staining with blood in the first 24 hours. The wound is held together by fine stitches which may be absorbable, if not they are usually removed after 7 10 days. The dressing, which is usually waterproof to allow showering, will be kept on until the stitches are removed. There may be some purple bruising around the wound which spreads downward by gravity and fades to a yellow colour after 2 to 3 days. It is not important.
There may be some swelling of the surrounding skin which also improves in 2 to 3 days. After 7 to 10 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 for a day or so.

WASHING

You can wash the wound area as soon as the dressing has been removed. Soap and tap water are entirely adequate. Salted water is not necessary.

HOW LONG IN HOSPITAL?

Usually you will feel fit enough to leave hospital the day after the operation. If the operation is performed in the morning you may be able to go home the same evening. In older patients or those with associated illnesses it may be necessary to stay in hospital longer. You will be given an appointment for a check up about a week after your operation.

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 need rests 2 or 3 times a day for a week or more. You will gradually improve so that after 3 to 4 weeks you will be able to return to your normal level of activity.

LIFTING

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.

DRIVING

You can drive as soon as you can make an emergency stop without discomfort in the wound, i.e. after about 10 days.

WHAT ABOUT SEX?

You can restart sexual activities within a week or two, when the wound is comfortable enough

WORK

You should be able to return to light work within 2 weeks and a heavy job within 4 weeks.

COMPLICATIONS

Complications are rare and seldom serious. If you think that all is not well, please ask the nurses or doctors. 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, 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. Aches and twinges may be felt in the wound for up to 6 months. Occasionally there are numb patches in the skin around the wound which get better after 2 to 3 months.

The risk of a recurrence of the hernia is about 3-5 in 100.The operation should not be underestimated, but practically all patients are back at their normal activities within a month.