

**Patient  
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# Hernia Surgery in Adults

## Introduction

This leaflet provides information on hernias in the adult patient and the treatment options available. This leaflet is intended as a guide and is not a complete list of all the risks and complications associated with hernia surgery.

## What is a Hernia?

A hernia is a bulge or weakness in the body wall. Hernias are a condition that can affect men and women of all ages. Some people may be born with an underlying weakness but there are also factors that make a hernia more likely to develop. These include being overweight, constipation, lifting or carrying heavy loads or having a smokers cough.

## Common types of hernia

### Inguinal hernia (this is the most common type)

An inguinal hernia is a bulge or weakness in the muscle in the groin. In some the muscles are naturally weak; in others the hernia may suddenly appear as a result of straining or exercise. In men the hernia can sometimes grow large enough to extend into the scrotum.

### Umbilical hernia

The belly button or umbilicus is an area of weakness in the abdominal wall and hernias can commonly occur. Symptoms include discomfort and a bulge which gets bigger when coughing or on exertion. The bulge often disappears when lying down. Umbilical hernias are more common in overweight people.

### Femoral hernia

A femoral hernia is a bulge through a weakening in the abdominal wall located in the groin near the upper thigh. A femoral hernia causes a small lump in the groin. Femoral hernias are more common in women than in men. They tend to strangulate (get 'trapped') more often than other types of hernia and therefore repair is important.

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Department

**Vascular**

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**Patient  
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An incisional hernia is found at the site of a previous abdominal operation. This can happen soon after the operation or many years later.

The hernia may result from gradual weakening of the muscles or may appear after lifting heavy objects. Repairing this type of hernia is a bigger operation with more risks and sometimes it is advisable to leave them untreated.

**Epigastric hernia**

An epigastric hernia is a bulge through a weakening in the abdominal wall in the area between the belly button and the breastbone. These hernias rarely strangulate but can be quite uncomfortable.

**Spigelian hernia**

A Spigelian hernia is a protrusion through a weakening of the abdominal wall below and to the side of belly button.

**Complications**

If the hernia is not treated the following complications can occur:

**Incarceration**

Where the contents of the hernia get stuck outside the muscles and will not go back in again. This is not always dangerous, but is usually uncomfortable or painful.

**Strangulation**

Where the contents of the hernia are incarcerated (stuck outside) and the blood supply is being cut off. This is dangerous and always requires surgery.

**Obstruction**

Where the contents of the hernia become squashed and block the bowel causing an obstruction or blockage. This also always means surgery is necessary.

**Treatment options**

Surgery may be recommended if the hernia is causing problems or is affecting your day to day activities. Some types of hernia are more likely to become strangulated or to cause obstruction.

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Not all hernias need to be repaired. Sometimes the surgeon may suggest the hernia is left alone while some hernias can be treated with simple supports.

## **Why do I need an operation?**

Unless one of the complications mentioned above arises, a hernia is usually repaired as a planned procedure. Hernias may be repaired if they are causing pain, discomfort or interfering with every day activities. Hernias can get larger with time. They do not get better on their own. Some hernias are more likely than others to incarcerate/strangulate and your doctor will advise you if surgery is necessary for this reason.

## **How is the hernia repaired?**

### **Standard repair**

Most hernias are repaired using open (standard) surgery. The hernia is repaired by making a cut in the skin over or near the hernia and the contents of the hernia are returned to their proper place. The weakness is repaired with stitches. Often a piece of plastic mesh is placed in between the layers of the body wall to help reinforce and strengthen the repair. The plastic mesh stays in place for life and should cause no problems. The skin stitch is dissolvable and will not need removing.

### **Laparoscopic repair**

This technique is used mostly for inguinal hernias, and occasionally for other types of hernia. Laparoscopic surgery is often referred to as 'keyhole surgery' Very small cuts are made in your belly (abdomen) and a fine telescope (a laparoscope) and other specialised instruments are inserted through these cuts.

Usually, a piece of synthetic mesh is used to close the weakness in the muscle and stop the intestine pushing through the muscle wall again.

The main benefit of laparoscopic surgery over open surgery is that you can usually return to work and normal activities more quickly compared with traditional 'open' hernia surgery. Most patients have their laparoscopic hernia surgery and return home on the same day.

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The National Institute for Clinical Excellence (NICE) has said that 'laparoscopic surgery for inguinal hernia should only be performed by specially trained surgeons who regularly carry out the procedure.'

Laparoscopic surgery is not suitable for everyone, particularly if you have had previous abdominal surgery or you are not able to have a general anaesthetic. The surgeon will need to assess you prior to surgery to determine whether keyhole surgery is best for your particular hernia.

### Which is the right one for me?

There are advantages and disadvantages for both types of repair. Your surgeon will discuss the options with you as appropriate.

### The anaesthetic

The operation will usually be performed using either a general or local anaesthetic. A general anaesthetic means that you are asleep for the whole operation. All laparoscopic hernias are done under a general anaesthetic.

If you are having your operation under a local anaesthetic you will be awake during the operation although you may be given medication to make you slightly sleepy. The local anaesthetic will be given by injection to the hernia site. More local anaesthetic will be given as required throughout the operation. The numbness may last for several hours after the operation. Your anaesthetist or surgeon will advise you on the type of anaesthetic to be used based on your general fitness, type of surgery, any other medical problems and your personal preference.

### Side effects

- The area may be bruised and discoloured after surgery. This will take several weeks to settle down. With inguinal hernia repair in males the bruising may spread to the scrotum. If the bruising or pain is very severe or you are unable to pass urine you should contact your GP immediately

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- You will experience pain and discomfort after the operation and pain relief may be necessary for the first few days or weeks. Guidance on pain relief will be given whilst you are in hospital
- Recovery can take several weeks and you may feel tired for a period of time after your operation. It is important that you gradually build up your activity each day, as you feel up to it
- Swelling behind the wound. This is normal and a hard ridge often persists for several months. However if there is a large swelling that concerns you at any time contact your GP
- You may have areas of numbness or altered sensation around the wound. This usually improves over a few weeks but can be permanent
- You will be left with a scar after surgery although this should fade over time. Most scars heal with a thin line but some are permanently wide or thick.

## Risks

- There is a risk of being left with permanent pain after hernia surgery. This appears to be more common after surgery for recurrent hernia repair. This chronic pain may require prolonged treatment
- Wound infections are uncommon but if you notice increasing redness, swelling or pain see your GP. If you had a mesh put in and you develop an infection you may need to have the mesh removed to help clear the infection, but this is not always necessary
- There is a very small risk of damage to the bloodvessels supplying the testicle in male patients undergoing inguinal hernia repair. The risk is higher, around 5% if the hernia has been operated on before. This can lead to swelling or shrinkage of the testicle and this can be permanent
- Recurrence- there is a small risk that the hernia may return at some time. National figures suggest this occurs in about 2 in every 100 patients.
- There is a minimal risk of developing blood clots in the legs after surgery (deep vein thrombosis).The blood clots can get dislodged from the legs and go to the lungs where they can cause pain and shortness of breath (pulmonary embolism)

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- As with any operation there is always a risk to heart and lungs because of the strain they are put under during the operation. Death after hernia surgery is almost unheard of. However, no operation is completely free of risk.

## Going home

Once you are independent and managing food and drinks, arrangements will be made for you to go home. Most patients go home the same day as the surgery.

## Commonly asked questions after hernia surgery

### Will I do any harm by lifting?

You may not feel like lifting heavy objects for several weeks after surgery. You shouldn't do any harm even lifting straight away but it would be wise to gradually increase the weight that you lift.

### When can I drive again?

You can begin driving again once you can perform an emergency stop comfortably and without hesitation. This usually takes about 2 weeks. Try it in a stationary car first. It is advised that you inform your car insurance company that you have had an operation.

### Will the operation affect my sex life?

Hernia surgery should not affect your sex life. You can return to normal sexual relations as soon as you feel comfortable.

### When can I play sport again?

You may undertake physical activity including walking and playing sport as soon as you feel comfortable, but build up slowly.

### When will the pain stop?

Twinges of pain are common even several months after surgery.

## Follow up

Some surgeons make arrangements to see their hernia patients in the outpatient clinic after the operation and some do not. If you have any difficulties or complications please contact your GP for advice. Your GP will then refer you back to the hospital if necessary.

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## Further information

For more information

NHS 111

**National Institute for Health and Care Excellence (NICE)**

Website: [www.nice.org.uk](http://www.nice.org.uk)

**NHS choices inguinal hernia repair**

Website: [www.nhs.uk/conditions/inguinalherniarepair](http://www.nhs.uk/conditions/inguinalherniarepair)

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