



Gloucestershire Hospitals
NHS Foundation Trust

Hernia surgery in adults

Introduction

This leaflet will give you information about having hernia surgery. It also answers some of the commonly asked questions and outlines some of the risks and possible complications linked with hernia surgery.

What is a hernia?

A hernia is a bulge through a weak area in the body's muscular layer. In some people, the weak area may have been there from birth. Hernias are a common condition that can affect men and women of all ages. Factors that make it more likely to have a hernia are being overweight, constipation, lifting or carrying heavy loads or having a cough. Not all hernias need to be repaired. Sometimes the surgeon may suggest the hernia is left alone while some hernias can be treated by wearing simple supports.

Common types of hernia

Inguinal hernia (this is the most common type)

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

Umbilical hernia

The belly button or umbilicus is an area of weakness in the abdominal wall where people often have hernias. 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 weakness in the abdominal wall, in the groin near the upper thigh. Femoral hernias cause a small lump in the groin and are more common in women than in men. These hernias tend to get trapped (strangulate) more often than other types of hernia, so repair is important.

Incisional hernia

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

The hernia may result from a slow weakening of the muscles or appear after heavy lifting. Repairing this type of hernia is a bigger operation with more risks than other types 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

This hernia occurs at the edge of the muscle often known as 'the six pack'. This is very rare, but it can also strangulate.

What are the possible complications if the hernia is not treated?

- **Pain and discomfort**

The most common result of having a hernia is discomfort and a feeling of weakness or pain in the area. This tends to come on with coughing or straining.

- **Incarceration**

This is where the contents of the hernia get stuck and will not go back inside again. This is not always dangerous, but is usually uncomfortable or painful.

- **Obstruction**

The contents of the hernia become squashed and block the bowel causing an obstruction or blockage. This almost always requires urgent surgery to repair.

- **Strangulation**

This is 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.

What are the treatment options?

- To do nothing
- To wear a truss or support
- Surgery

Why do I need an operation?

Unless you have one of the complications mentioned above, 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 tell you if surgery is necessary for this reason.

How is the hernia repaired?

Standard repair

Traditionally hernias are repaired using open (standard) surgery. The repair is done by making a cut in the skin over or near the hernia and the contents of the hernia are put back into their proper place. The weakness is repaired with stitches. Often a piece of a specialised mesh is placed in between the layers of the body wall to help strengthen the repair. The mesh stays in place for life and should cause no problems. The skin stitch is dissolvable and will not need removing. The use of mesh is a safe and common technique used worldwide.

‘Keyhole’ (laparoscopic) repair

Keyhole surgery is used mostly for inguinal hernias, and occasionally for other types of hernia. Very small cuts are made in the patient’s abdomen and a fine telescope (a laparoscope) and other instruments are put into the abdomen through these cuts. A piece of synthetic mesh is used to support the hernia and stop the intestine pushing through the muscle wall again.

Which is the right one for me?

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

The anaesthetic

The operation is carried out 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 to you as you need it, during the operation. The numbness may last for several hours after the operation. Occasionally a spinal anaesthetic is used. Your anaesthetist or surgeon will talk to you about the type of anaesthetic to be used, based on your general fitness, the type of surgery, any other medical problems and what you would prefer.

Side effects of hernia surgery

- The area may be bruised after surgery. This can take several weeks to settle down. Men having an inguinal hernia repair may have bruising that spreads to the scrotum. If the bruising or pain is very severe or you are unable to pass urine you must contact your GP straight away.
- You will have some pain and discomfort after the operation, so pain relief will be needed for the first few days or weeks. Guidance on pain relief will be given to you while you are in hospital.
- Recovery can take several weeks and you may feel tired for some time after your operation. It is important that you gently build up your activity each day, starting with the day after surgery but being guided by how you feel.
- Swelling behind the wound. This is normal; a hard ridge is often felt for several months after surgery. If there is a large swelling that concerns you at any time, please contact your GP.
- You may have areas of numbness or patches of different sensation around the wound. This usually improves over a few weeks but can be permanent.
- You will be left with a scar after surgery, but this should fade over time. Most scars heal with a thin line but some are permanently wide or thick.

Risks and complications of hernia surgery

- There is a risk of being left with pain after hernia surgery. This seems to be more common after having more than one operation to repair a hernia. This chronic pain may mean you need long-term treatment.
- Wound infections are rare, but if you notice redness, swelling or pain that is getting worse, please 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 it, but this is not always necessary.
- There is a very small risk of damage to the blood vessels supplying the testicle in male patients having inguinal hernia repair. The risk is about 5% higher if the hernia has been operated on before. This can lead to swelling or shrinkage of the testicle and can be permanent
- There is a small risk of developing blood clots in the legs after surgery (known as deep vein thrombosis, or DVT). 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).

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

Activity and discharge from hospital

Once you are moving around without help and managing to eat and drink, 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 my hernia return?

Although it is not common, there is a small risk that the hernia may return at some point. National figures suggest this happens for about 2 in every 100 patients, but this can usually be repaired again.

Will I do any harm by lifting?

You may not feel like lifting heavy objects for several weeks after surgery. You should avoid heavy lifting in the first 4 to 6 weeks and after that it is wise to only slowly increase the weight that you lift.

When can I drive again?

You can begin driving again once you can carry out an emergency stop comfortably, without hesitation and be able to turn in the seat to view your blind spot. This usually takes about 2 weeks. Try it in a parked car first. We advise you to let your car insurance company know 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 the amount of time and the intensity slowly.

When will the pain stop?

Twinges of pain are common even several months after surgery.

Follow up

Most patients do not need any follow up after hernia surgery.

If you have any concerns, please contact your GP for advice. Your GP may refer you back to the hospital if they feel it is necessary.

Further information

For more information, please ask the doctor or nurse looking after you.

Content reviewed: November 2025

Shared Decision Making

If you are asked to make a choice, you may have lots of questions that you want to ask. You may also want to talk over your options with your family or friends. It can help to write a list of the questions you want answered and take it to your appointment.

Ask 3 Questions

To begin with, try to make sure you get the answers to three key questions if you asked to make a choice about your healthcare.

1. What are my options?
2. What are the pros and cons of each option for me?
3. How do I get support to help me make a decision that is right for me?



These resources have been adapted with kind permission from the MAGIC Programme, supported by the Health Foundation.

*Ask 3 Questions is based on Shepherd HL, et al. Three questions that patients can ask to improve the quality of information physicians give about treatment options: A cross-over trial.

Patient Education and Counselling, 2011;84: 379-85



Registered Charity 1051606

Every donation you choose to give helps your local hospitals do more to care for you, everyone you love and our passionate NHS staff.
If you would like to find out more, please contact:
Charity Office **0300 422 3231** or visit gloshospitals.nhs.uk/charity

GHPI0747_11_25
Department: Upper GI
Review due: November 2028
www.gloshospitals.nhs.uk