

**You should seek help if you have any of the following:-**

- Persistent fever
- Bleeding
- Increased abdominal or groin swelling
- Pain not relieved by pain killers
- Persistent nausea and vomiting
- Persistent inability to eat or drink
- Inability to pass urine.

**Any further questions?**

Please contact the day surgery unit on  
020 7288 3824

(Monday – Friday, 7.30am – 8pm) or phone NHS Direct on 0845  
4647

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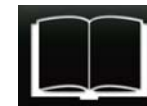
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## Undergoing day case hernia repair

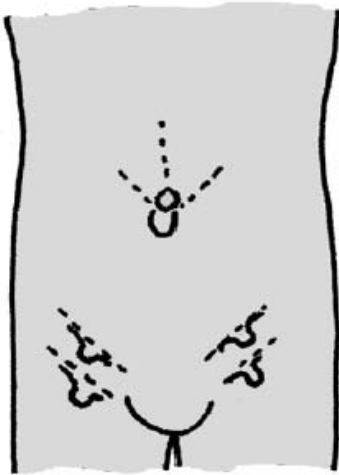
A patient's guide



.... caring for you 

## What is a hernia?

A hernia is a weakness, most commonly in the groin or abdominal wall, through which various structures such as the bowel can pass. There are a number of different types, the most common being an inguinal hernia which is situated in the groin and is commonly referred to as a rupture.



## Why are hernias a problem?

The problem in having a hernia is that they can produce pain and discomfort and make it difficult for some people to work and enjoy life to the full. On occasion, hernias can strangulate. This means that the bowel, or other abdominal contents can become stuck in the hernia which then becomes very painful and can lead to an emergency admission to hospital and surgery. Routine hernia repairs are usually performed as a day case, however patients with strangulated hernias may require more complex emergency surgery.

## Exercising

The day after surgery you should take gentle exercise in the form of short walks two to three times per day. You can build up your activity gradually and be guided in what you do by the degree of discomfort you experience. For patients who regularly go to the gym, you should not do so for four to six weeks. When you do go back, start with gentle exercises such as swimming. Avoid high impact exercise or lifting heavy weights. Be guided in what you do by the degree of discomfort. You will not damage the repair or cause the hernia to come back by exercising.

## Possible problems

Occasionally after laparoscopic hernia repairs, patients will notice a swelling at the site where the hernia had been. This is different to the hernia in that it is present all the time, rather than coming and going as the hernia does. This is the hernia sac that has filled with fluid. It will often resolve on its own or if it does not fully resolve itself you should seek advice from your GP.

Bruising is not uncommon and may only appear a few days after surgery. As long as there is no swelling in the wound (i.e. the wound is bulging) then there is no need to do anything, it will disappear on its own. Wound infections occur occasionally, usually occurring a few days after surgery. Signs of infection include pain, redness, swelling and an offensive discharge. If this occurs contact your GP, the hospital or go to the accident and emergency department.

During the operation nerves going to the skin are cut leading to numbness around the wound. This is experienced, to some degree, by almost everyone. This improves with time but may take a number of months.

Sometimes Steristrip (paper stitches) are placed across the wound. These should be left in place for a week, and can then be peeled off. If a wound dressing has also been applied this can be removed after 24 hours. Longer wounds may be closed with a running stitch (suture) placed under the skin. This suture dissolves and therefore does not need to be removed. If you see a piece of clear thread or something that looks like cotton, do not worry. This is the stitch material that will dissolve in due course.

All wounds will be slightly raised from the surrounding tissue and feel thick and firm. This reaction is part of the body's response to surgery and is a normal part of the healing process.

### **Bathing**

You can shower the day after surgery, but should avoid soaking the wound in a bath and you should pat rather than rub the wound dry. If you have any Steristrips over your wound to help close the wound these can be dried with a hair dryer or left to air dry. It is not necessary to apply a further dressing.

### **Returning to work**

The time people need to take off work varies and depends upon a variety of factors such as age, occupation and general health. A few people will return to work within a few days and almost all will be back at work within two weeks. If your work involves heavily lifting, this should be avoided for four to six weeks. Remember, everyone is different and you should take as long as you need. Your surgeon or GP will be able to advise you of this.

### **Driving**

You should avoid driving for at least a week. You can start driving again once you can safely perform an emergency stop.

### **Your consultation**

At your consultation we will take time to listen to your story, examine you and give our opinion on the cause of your pain or swelling. We will explain the different methods and potential side effects of repairing your hernia and help you to decide whether to have an open or laparoscopic (keyhole) procedure. All patients require a full check up to determine suitability for an operation. It is important to remember that when it comes to deciding which type of operation you prefer there is no right or wrong answer.

### **Before surgery**

You will receive a letter containing details of what you need to do to prepare for surgery. For most patients this will include details of where to go, what time to arrive, when you will be able to leave hospital and anything you will need to bring with you, such as any prescription medicines. For patients who are having their operations under a general anaesthetic (where you are asleep) you will also be informed of the last time you can safely eat and drink prior to surgery.

### **The day of surgery**

On the day of surgery, before you go to theatre, you will be seen by the anaesthetist and the surgeon. The anaesthetist is responsible for administering the anaesthetic during the procedure, whether it is a local, regional or general anaesthetic and will make sure you wake up pain free. You will be asked about your general health, previous experience with anaesthetics and any medical conditions. The surgeon will explain again the operation and ask that you sign a consent form, confirming you understand and consent to the operation.

## **Surgery**

Hernias can be repaired using open or laparoscopic (keyhole) operations. Open operations involve a cut between six and eight centimetre in the groin on the side of the hernia. The hernia is found, repaired and then a plastic mesh is stitched over the weakness to strengthen it. In the laparoscopic (keyhole) operations a one centimetre cut is made either above or below the belly button (umbilicus). Two further five millimetre cuts are then made on the abdomen.

Either approach can be used for inguinal, incisional, paraumbilical or umbilical hernias. Where an inguinal hernia has come back after a previous open operation or where there is a hernia on both sides a laparoscopic (keyhole) approach may be better, although a single inguinal hernia can also be repaired laparoscopically (keyhole).

Small umbilical or paraumbilical hernias are best repaired at open operation. There is no difference in the success of laparoscopic (keyhole) or open operations. There may be a slightly earlier return to exercise of work and less chance of long term pain with a laparoscopic operation, although these differences are insignificant.

## **Aftercare**

After the operation you will wake up in the recovery room, although some patients are not aware of their surroundings until they are back on the ward. Most patients having a hernia repair will be able to go home later that same day.

A senior member of the nursing staff will decide when you are ready to go home. This is routine practice and avoids any delay with you having to wait to be seen by a doctor before discharge. Of course, the surgeon is always available should you need to see him/her. Following discharge, you can contact the hospital at any time. If you have any concerns it is important you let us know since we can often reassure you over the phone or arrange for you to be seen at the hospital, day or night. The most common enquiries relate to wound care and can usually be dealt with effectively by a member of the nursing staff. It is not usually necessary to review patients undergoing a hernia repair. However, if you have concerns you can always ring the hospital or seek advice from your GP and be seen back in the hospital if necessary.

## **Post-operative pain relief**

We understand that postoperative pain is a concern for patients and acknowledge that any operation can lead to a degree of pain or discomfort. We take great care to minimise postoperative pain. During the operation local anaesthetic is infiltrated into the wounds and you will be given powerful painkillers to take home. These should be taken regularly for the first 48 hours after surgery, and as required thereafter. You can probably discontinue pain killers after five days or so. If the medication you have been given is not effective please let us know straight away. The most direct way of getting help is to ring the ward you were on and they will contact the surgeon or anaesthetist who will be able to help you.

## **Wound care**

Many wounds in laparoscopic (keyhole) surgery are closed with glue or stitches, this is superglue although it is a special version prepared specifically for use in surgery. Not only does it close the wound but also acts as a sealant making the wound waterproof.