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Hernia Operations

Patient Information Sheet

What is a hernia?

The abdomen contains many organs which are usually free to move around inside. A layer of muscle covers the whole abdomen and this is what usually holds the organs safely in place. Sometimes a gap can form in the muscle layer and the intestine can bulge through the gap to form a lump, which is then outside the muscle but under the skin. This is called a hernia. This happens most commonly in the groin, but it can also happen in other places too, such as the umbilicus.

What does the operation involve?

The skin is opened and the intestine that has pushed through the muscle is placed back into the abdomen. The muscle is then repaired to prevent the intestine coming out again. This is done with stitches and usually a piece of plastic mesh is also stitched in to add strength. The mesh remains inside the body permanently to reinforce the weakened area.

What are the benefits of an operation?

Hernias tend to continue to increase in size if they are not treated and the main benefit of repair is to prevent this happening. The larger a hernia gets, the more difficult it is to repair later and the more likely it is to cause symptoms, such as discomfort and pain.

If a hernia is repaired it cannot strangulate. There is a small risk that a hernia may do this if it is not repaired. Strangulation happens if the intestine suddenly becomes wedged very tightly through the gap in the muscle layer. This causes the hernia to suddenly become painful and hard, and it requires an emergency operation to repair the hernia. Strangulation can damage the intestine and sometimes parts of it need to be removed.

What would happen if I did not have an operation?

In most cases the only thing that would happen is that the hernia would continue to increase in size. The rate at which this happens is variable. In otherwise healthy people, it is usually wise to repair a hernia.

What are the risks?

- Most patients who have a hernia operation, have no symptoms after a couple of months. Some patients, up to about a third, may have discomfort when they do certain things, but that discomfort does not usually cause any disability. A very small number, one or two in every hundred, have pain that requires further treatment and may never go away completely.
- After the operation, bleeding may occur but this rarely requires a further operation.
- An infection may develop which may need treatment with antibiotics. If the mesh becomes infected, it can cause serious problems and it may need to be removed, but this is very rare.
- There are some rare, but serious complications that can happen after any operation requiring an anaesthetic, and these occasionally happen after hernia repair.
- There is an increased risk of post-operative complications if you are overweight or if you smoke.

Are there any alternatives?

The only way of curing a hernia is to have an operation, but some patients can keep the hernia under control using a Truss. This is a special device that a patient straps on and wears permanently. It pushes the hernia back through the gap in the muscles and keeps it there. This is usually recommended only for patients who are not well enough to have an operation.

How long will I be in hospital?

The operation may be carried out as a day case or with one post-operative night's stay.

What happens before the operation?

Before the day you come in to hospital, please read the instructions given to you very closely. If you are having a general anaesthetic, you must **stop** eating food and milk products at least **six hours** before your operation, and stop drinking fluids **four hours** before. If your stomach is not empty, there is a risk that you could vomit during the anaesthetic and breathe in acid from the stomach, causing lung damage. You are allowed to drink small quantities of **water** until **two hours** before your surgery. You should bath or shower before coming to hospital.

What happens after the operation?

You can usually go home when you are comfortable and the anaesthetic has worn off. The effects may take some time to wear off fully even though you may feel fine, so you will need a responsible adult to take you home and stay with you for the first 24 hours. During this time, you should not operate machinery, drive or make important decisions.

Before you go home, the nurse will give you any further advice that you need and will give

you a supply of painkillers.

What activities will I be able to do after my surgery?

The rate at which people return to their usual activities varies from one person to another. It is safe to return to gentle activities immediately after the operation if it feels comfortable to do so. You can return to your other normal physical and sexual activities when you feel comfortable.

How much pain can I expect?

It is normal to experience pain and soreness around the incision site, particularly over the first week or so. It is therefore important for you to take painkillers **regularly** over the first two to three days (but remember that you should not exceed the stated maximum daily dose). If the level of pain is still not acceptable to you, your local pharmacist should be able to offer you advice. You may notice some discomfort for several weeks after the operation.

How do I care for my wound?

If there are any dressings in place, you can remove them 24–48 hours after your operation. You may then have a shower or a quick bath. It is quite common, after hernia repair, for men to notice quite a lot of swelling and bruising of the scrotum and penis. This will subside over a couple of weeks. If this occurs, it is advisable to wear supportive underwear. As the wound heals, you may notice a numb area below the wound. This may be due to disturbance to the nerves during surgery. Whilst in most cases sensation will gradually return, the numbness may be permanent.

Can I eat and drink normally after the operation?

You can eat normally as soon as you feel ready. You may experience occasional feelings of nausea (sickness) and loss of appetite over the first week or so. You may feel bloated or constipated to start with, as many painkillers can cause constipation. Eating a high fibre diet and drinking more water will help to soften your stools. If you do feel you are becoming constipated, mild laxatives should help. If you do not have laxatives at home, your local pharmacist should be able to give you advice.

When will I be able to drive?

You should usually avoid driving for at least seven to ten days. Some people may find it takes several weeks before they feel ready to drive. Before driving you must be sure you will be able to control the car and respond quickly to any situation that may occur. In particular, you must be able to perform an emergency stop, safely. Please be aware that driving whilst unfit may invalidate your insurance.

When can I return to work?

You can return to work as soon as you feel well enough. This will depend on how you are feeling and the type of work that you do. Most people need two to three weeks off work. If you have a job that involves heavy lifting or strenuous activity, you are likely to need at least four to six weeks off work.

When should I seek help?

- If you develop a fever above 101° F (38.5° C) or chills.
- Persistent vomiting or nausea.
- Increasing abdominal pain or distension
- Increasing pain, redness, swelling or discharge of the wound site.
- Severe bleeding.
- If you have difficulty passing urine.

Where should I seek advice or help?

At the hospital where you had your operation, Bridge Clinic or your GP.