Open Hernia Surgery

About open inguinal hernia surgery

This leaflet has been designed to provide you with information about the nature of the surgery, what to expect in the recovery period and the potential risks.

Before your operation

Most patients attend a pre-admission clinic where details of your medical history are taken and any necessary clinical examinations and investigations are undertaken. We will ask if you take any tablets or use any other types of medication either prescribed by a doctor or bought over the counter in a pharmacy. Please bring any packaging with you. Please tell us if you have any allergies or if you are allergic to any medications or dressings.
Hernia surgery is usually performed as a daycase procedure. Sometimes we will recommend you stay in hospital overnight after your operation. This will be discussed with you when you are seen in clinic.It may be necessary for the surgeon to make his incision in hairy skin. If this is necessary an electric hair clipper with a single-use disposable head will be used just before surgery. Please do not shave the hair as this can increase the risk of infection.

The Anaesthetic

There are three types of anaesthesia: general (patient asleep), regional (patient wake with region of body numb to pain) and local (patient wake with site of surgery numb to pain). Mr Jourdan is likely to have already agreed what type of anaesthetic you will have and the anaesthetist will confirm this. Sometimes different types of anaesthesia are used together. Before your operation you will meet an anaesthetist who will discuss with you the most appropriate type of anaesthetic for your operation, and pain relief after your surgery. To inform this decision, he/she will need to know about your general health, including previous and current health problems whether you or anyone in your family has had problems with anaesthetics, any medicines or drugs you use, whether you smoke, whether you wear dentures, or have caps or crowns and whether you have had any abnormal reactions to any drugs or have any other allergies. Your anaesthetist may need to listen to your heart and lungs, ask you to open your mouth and move your neck and will review your test results.

During the operation

The operation involves an incision in the groin over the hernia, freeing up of the hernia sac and replacing it inside the abdominal cavity. Next, the abdominal muscles in the groin are strengthened with the aid of an artificial mesh which is laid over the weakness and secured with stitches to prevent the hernia returning. The mesh is made of the same material as the stitches and does not cause any reaction from your body. You will not be aware that it is there. The wound is then closed with dissolving stitches under the skin. The dressing is shower-proof and we ask you to keep it on for five to seven days after surgery.

After the operation

Once your surgery is completed you will usually be transferred to the recovery ward where you will be looked after by specially trained nurses, under the direction of your

anaesthetist. The nurses will monitor you closely until the effects of any general anaesthetic have adequately worn off and you are conscious. They will monitor your heart rate, blood pressure and oxygen levels too. You may be given oxygen via a facemask, fluids via your drip and appropriate pain relief until you are comfortable enough to return to your ward. Usually you can go home later the same day. You will need to be fully awake and be able to mobilise without pain and have passed urine. If not it is usually recommended that you say in overnight.

At Home

It is safe to perform light duties immediately after the operation, but advisable to avoid heavy work for four to six weeks. You are likely to limited initially by wound pain but if the wound is not hurting then normal activities are fine. Local anaesthetic is usually injected into the wound to minimise pain immediately after surgery and this lasts for four to six hours. You will be given pain killers to take home and should take these regularly for the first few days. As the discomfort subsides you will need less pain relief but you may not be fully comfortable for two to four weeks.
You are not insured to drive unless you are confident that you can brake in an emergency and turn to look backwards for reversing without pain in the wound. This is usually about 10-14 days. If in doubt you should. There are no stitches to remove from the wound. Shower for the first five days and then you can soak in a bath and peel the plastic dressing off and leave the wound open to the air.

Problems after surgery

Expect some numbness beneath the scar - this may be temporary or permanent. Bruising around the wound or tracking down into the scrotum is sometimes seen - this looks dramatic but is harmless and will settle spontaneously. In the period following your operation you should call Mr Jourdan's secretary or call the hospital for advice if you notice any of the following problems:
increasing pain, redness, swelling or discharge
severe bleeding
difficulty in passing urine
high temperature over 38° or chills
nausea or vomiting.

Follow-up

Mr Jourdan usually sees patients at two weeks from surgery at their discretion.

The risks of surgery – what to consider when deciding on surgery

Hernia repair is generally a very safe operation with few risks, but can be a complex surgical procedure and complications can occur.
Recognised complications include:
Bleeding – this occasionally occurs after any type of operation. Your pulse and blood pressure are closely monitored both after your operation as this is the best way of detecting this potential problem. If bleeding is thought to be happening, you may require a further operation to stop it. This can usually be done through the same scar(s) as your first operation. It is possible that you also may require a blood transfusion.
Wound infection – This affect your scars ('wound infection'). If the wound becomes red, hot, swollen and painful or if it starts to discharge smelly fluid then

it may be infected. It is normal for the wounds to be a little sore, red and swollen as this is part of the healing process and the body's natural reaction to surgery. It is best to consult your doctor if you are concerned. A wound infection can happen after any type operation. Simple wound infections can be easily treated with a short course of antibiotics.

Wound haematoma - Bleeding under the skin can produce a firm swelling of blood clot (haematoma), this may only become apparent several days after the surgery. This may simply disappear gradually or leak out through the wound. Any bruising that occurs tends to be on the lower abdomen and track down into the scrotum and base of the penis in men. This can look rather worrying. Do not be alarmed if this happens to you, it will resolve spontaneously over two to three weeks. A degree of visible bruising occurs in up to 25% of people having this surgery.

Recurrence – There is no method of hernia repair that can give a 100% guarantee that you will never develop another hernia in the same place after your operation. Fortunately, recurrence after hernia surgery should be rare. The lowest reported risk is with the mesh repair technique at 3% (3 cases per 100 patients)

Urinary retention – There is a small risk (5%) that immediately following your operation you will not be able to pass urine. This is usually more likely in men than in women. The reason is that a combination of medications and performing surgery near the bladder can cause muscular spasm of the region and block the outflow of the bladder. Additionally, if you have underlying prostate problems, such as poor stream or you have to frequently get up overnight to pass urine, you may be at increased risk of suffering urinary retention. If you become uncomfortable trying to pass urine after the operation, a catheter needs to be passed into the bladder. This is done under local anaesthetic. Normally, you stay overnight and the catheter is removed the following day after things have settled. Very rarely the catheter may need to stay in for one to two weeks, after which the practice nurse at your GP surgery will remove it for you.

Seroma – An accumulation of fluid adjacent to mesh that is used to repair a hernia is called a seroma. This is actually part of the body's normal healing response. Patients with this often think the hernia has recurred. If the hernia was large a seroma is more common. Fortunately, in itself, a seroma is not serious and most people do not notice it. If a seroma causes discomfort it may need to be drained. Mr Jourdan will usually do this in the outpatient clinic with immediate resolution of the problem.

mesh infection – All artificial materials that are placed into the body carry a risk of becoming infected. This is very rare (estimated 1 in 500 chance). If this were to occur you would notice redness and pain around the hernia site, you may also have a fever and some smelly fluid escaping from the wound. Often this problem can be treated with powerful antibiotics, although a course of four to six weeks may be required. If the infection does not resolve then the mesh may have to be removed with an operation. This would mean that the hernia may eventually come back and several months or years later it may need to be repaired again.

Deep vein thrombosis (DVT) and Pulmonary embolus - All surgery carries varying degrees of risks of thrombosis (clots) in the deep veins of your leg. If your risk is felt to be high we may give injection to reduce this risk. We also ask you to wear compression stockings on your legs before and after surgery and also use a special device to massage the calves during the surgery.

Nerve damage - Several nerves cross the operative field in hernia surgery. It is usually possible to preserve them but some minor nerve injury, rather like a bruise, is common and usually returns to normal in time. Permanent numbness

may sometimes occur.

Chronic pain – Rarely, some patients develop chronic pain after hernia surgery, in the region of surgery. It is not clear why some patients develop this and not others. It may be due to a nerve getting trapped in scar tissue. This pain can be treated with medications or injecting local anaesthetic or anti-inflammatory medications into the area. Nationally chronic pain rates are reported at around 10% but Mr Jourdan reports rates at around 3%.

Damage to testicular blood vessels - in men inguinal hernias are very close to the spermatic cord which contains the blood supply to the testis. Damage to the blood supply can lead to swelling, pain and later shrinkage of the testis. testicular damage - Hernias in men develop very close to where the major structures to and from the testicle lie. These structures include the blood vessels to the testicles (arteries and veins) and the Vas deferens that carries sperm from the testicle. Hernia repair, whether carried out as a keyhole or open procedure is associated with a very small risk of damage to these structures. This can lead to development of pain in the testicle post-operatively or and a very small risk of fertility problems (remember there are two testicles and two vas)

Scarring – Any surgical procedure that involves making a skin incision carries a risk of scar formation. A scar is the body's way of healing and sealing the cut. It is highly variable between different people. All surgical incisions are closed with the utmost care, usually involving several layers of sutures (almost always the sutures are dissolvable and do not have to be removed). The larger an incision the more prominent it will be. Despite our best intentions, there is no guarantee that any incision (even those 1-2 cm long) will not cause a scar that is somewhat unsightly or prominent. Scars are usually most prominent in the first few months following surgery, however, tend to fade in colour and become less noticeable after a year or so.

Mortality - from hernia surgery is extremely rare but about 5 patients in every million may have an anaesthetic or surgical complication which leads to death