

# Inguinal hernia repair under general anaesthesia

## Information for patients, relatives and carers

### Introduction

This booklet is designed to give you information about inguinal hernia repair done under general anaesthesia. We hope it will answer some of the questions that you or those who care for you may have at this time. This booklet is not meant to replace the consultation between you and your medical team, but aims to help you understand more about what is discussed.

### What is an inguinal hernia?

A hernia is a lump which occurs from a weakness in the muscle of the abdomen (tummy). As a result, some of the bowels within the abdomen can push through under the skin.

Inguinal hernias are located in the groin region.

### What causes them?

Inguinal hernias may be present from birth but may not become evident until later in life. They are usually more common in men.

### What are the symptoms?

A visible lump in the groin is one of the key symptoms of a hernia. The lump is usually soft and is more noticeable or can enlarge when straining, lifting or coughing. In most cases the lump can be pushed gently back into the groin. The swelling often disappears when you lie down.

Coughing is a common strain that brings them out but in most cases the lump can be pushed gently back into the groin.

Having an inguinal hernia is not a serious condition but in rare cases it may become strangulated (the blood supply is cut off in the bowel) and may cause nausea, vomiting and severe pain. A strangulated hernia is uncommon and is usually dealt with by emergency surgery.

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## How is it diagnosed?

Hernias are often obvious from a simple physical examination, although in some cases an ultrasound may be needed to confirm the diagnosis. An ultrasound scan is a painless test that uses sound waves to create images of organs and structures inside your body.

## How is it repaired?

Although having a hernia is not usually a serious condition, treatment to repair it is advised as it may gradually become bigger. A hernia repair can be treated as a day case surgery and is a short operation. This means you do not need to stay overnight in hospital unless you have been advised otherwise by your surgeon.

The operation is usually done under general anaesthesia but you can choose to have a local anaesthesia in which the anaesthetic is injected into the groin area or below.

## Anaesthesia

Anaesthesia means 'loss of sensation'. Anaesthetics are used during tests and surgical procedures to prevent pain and discomfort during the procedure.

A general anaesthetic is often used for bigger operations where you will be asleep and unable to feel anything.

A local anaesthetic is often used during minor procedures where a small area of the body is numbed and you remain fully awake.

## Open hernia repair

Open hernia repair is the traditional method of repairing a hernia and involves a 5-10 cm cut over the groin. The bowel is pushed back through the weakness in the muscle wall. A mesh (thin sheet of material) is usually stitched or stapled over the hole made by the bowel. This has been shown to be effective. With time, the mesh safely becomes part of the muscle layer and this results in a very strong, permanent repair.

## Laparoscopic 'keyhole' repair

Laparoscopic surgery is the preferred technique for the repair of recurrent hernias (hernias which have come back after surgery) and bilateral hernias (on both sides). This involves operating through small cuts in the abdomen. A camera is placed through one of the cuts to view the abdomen and groin. The recovery is quicker compared to having an open operation. There is less to recover from with a laparoscopy than open surgery, and patients can return to normal activities quicker.

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## Other options

If the patient is not fit for surgery a special belt or a 'truss' may be offered to keep the hernia pushed into the abdomen, therefore preventing it from bulging out.

## What are the risks or complications associated with this procedure?

As with any operation there is a risk associated with having a general anaesthetic, although in most people this risk is very small.

### **Immediate complications may include:**

- Bleeding under the skin after the operation. This can cause build-up of blood in the groin which could require another operation, but this is rare
- Infection of the skin or the synthetic mesh. This is very rare

### **Later complications may include:**

- numbness or persistent pain in the groin, which is usually due to the nerves in the area being damaged during the operation. Long lasting pain is more likely after the open method of repair

It is important to know that in some cases the hernia may come back. Your surgeon will discuss this possibility with you.

## Preparing for surgery

You may be pre-assessed on the same day of your outpatient appointment. If this was not the case you will be sent an appointment to come to the pre-admission assessment clinic one or two weeks before your operation to assess whether you are fit for surgery. You may also be pre-assessed on the same day of your appointment. It is essential that you attend this appointment or we may have to reschedule your operation date. This appointment will also give you an opportunity to ask questions. It may help you to write down any questions you have before you arrive.

Please also bring a list of your medications with you.

## Is there anything I should do before my operation?

- If you take blood-thinning medications (such as warfarin, clopidogrel (plavix) or aspirin), we will ask you to stop taking them several days before your operation
- If you are allergic to any medications or any other material such as latex, please let your doctor or the ward staff know before you have your operation
- Unless you have been told otherwise, you should take all your usual drugs and medicines as normal, with a sip of water if necessary
- Please bring your nightwear, dressing gown, slippers and toiletries with you when you come into hospital. Please do not bring cosmetics, jewellery or other valuables as the hospital does not accept responsibility if these are lost or stolen.

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## Day of surgery

You will be admitted to hospital on the day of surgery. Both the surgeon and the anaesthetist will visit you and explain what they plan to do and ask you to sign a consent form. Advice about eating and drinking on the day of your surgery will be discussed with you when you attend your pre-assessment appointment.

If you feel unwell on the day of surgery, please contact the ward where you will be admitted before the admission time stated on your appointment letter.

## Consent

You will be asked for your consent before the hospital staff begin your treatment. Your doctor will carefully explain the procedure. Details will vary according to each individual case. No medical treatment can be given without your written consent.

If you do not understand what you have been told, let the staff know straight away, so they can explain again. You may also find it useful to write a list of questions before your appointment and to have a relative or friend with you to help you remember the discussion when the treatment is explained.

## After the operation

You will wake up in the recovery room. If you feel nausea (sick) or pain after the operation, please tell the nurse looking after you, as he/she will give you an injection to help with this.

Once you are able to drink liquids, you will progress to a light diet (i.e. snacks) if the nurse is satisfied with your recovery. Once you are fully recovered and you have passed urine you will be able to leave the hospital.

## Discharge advice

It is not unusual to get pain or discomfort, bruising and swelling around the groin. This is normal and will settle soon after the operation, although some discomfort may remain for a few weeks.

## Wound care

If a dressing has been applied, it can be removed 48 hours after the operation and you can bathe or shower as normal. Avoid using perfumed toiletries until the wounds have completely healed. Patients whose wounds are sealed with glue can wash immediately after surgery.

In most cases the stitches are dissolvable, but you will be told if they are not and need to be removed. This will be done at your GP surgery between 7-10 days after surgery.

It will be more comfortable if you wear clothing that does not press on the wound

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## Diet

You may need to increase the fibre and fluid intake in your diet in order to avoid straining caused by constipation. A mild over-the-counter laxative may help.

## Activity

Once home, you will usually be advised to continue with physical activity, as long as you do not experience any pain and discomfort. Any activity that causes strain on the abdomen, e.g. heavy lifting, should be avoided at first and then gradually taken up over the next four to six weeks.

## Work

You may need up to two weeks off work or longer if you have a heavy manual job. In general, the advice is to return to work when you feel able to.

The ward can advise you and can supply you with a fitness certificate to cover your hospital stay and recovery at home. Your GP can then review your health and provide further certificates if required.

## Driving

Do not drive until your strength is back and you can press the foot pedals normally, as you must be able to do an emergency stop. Check with your insurance company if you are in any doubt.

## Sex

You may have sex as soon as you feel comfortable to do so.

## Follow-up

Hospital follow-ups are usually not necessary. We will send your GP a letter so that he/she has details of your operation and can help you to solve any future problems.

## Contacting the hospital

Please do not hesitate to contact us if you have any queries or concerns.

- **Charing Cross Hospital**  
Riverside Day Surgery Unit      020 3311 1460  
Riverside Ward Reception      020 3313 8887/9
- **St Mary's Hospital**  
Specialist nurse      020 3312 3385

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## How do I make a comment about my treatment?

We aim to provide the best possible service and staff will be happy to answer any questions you may have. However, if your experience of our services does not meet your expectations and you would like to speak to someone other than staff caring for you, please contact the patient advice and liaison service (PALS) on 020 3313 3322 (Hammersmith Hospital) or 020 3133 0088 (Charing Cross Hospitals), or 020 3312 7777 (St Mary's Hospital).

You can also email PALS at [pals@imperial.nhs.uk](mailto:pals@imperial.nhs.uk). The PALS team is able to listen to your concerns, suggestions or queries and is often able to help sort out problems on behalf of patients.

Alternatively, you may wish to express your concerns in writing to:

The chief executive  
Imperial College Healthcare NHS Trust  
Trust Headquarters  
The Bays, South Wharf Road  
London W2 1NY

## Alternative formats

This leaflet can be provided on request in large print, as a sound recording, in Braille, or in alternative languages. Please contact the communications team on **020 3312 5592**.

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