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FOR REVIEW ONLY

Open Inguinal Hernia Repair (male)

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What is an inguinal hernia?

An inguinal hernia is a common type of hernia, causing a lump and sometimes pain in the groin.

Your surgeon has recommended a hernia operation. However, it is your decision to go ahead with the operation or not. This document will give you information about the benefits and risks to help you make an informed decision.

If you have any questions that this document does not answer, you should ask your surgeon or any member of the healthcare team.

How does a hernia happen?

The abdominal cavity contains the intestines and other structures. These are protected by the abdominal wall, which is made up of four layers. The inner layer is a membrane. The second layer is a wall made of muscle. A layer of fat separates the muscle from the outer layer of skin.

Weak spots can develop in the layer of muscle, resulting in the contents of the abdomen, along with the inner layer, pushing through the abdominal wall. This produces a lump called a hernia (see figure 1).

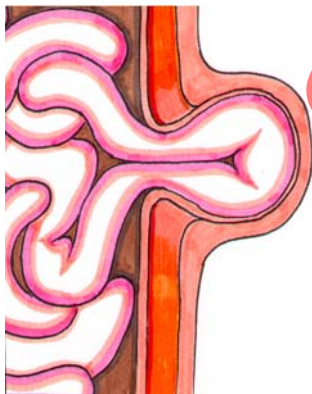


Figure 1

Hernia – bowel pushing through a weakness in the muscle wall of the abdomen

An inguinal hernia happens at the inguinal canal. This is a narrow passage in which blood vessels supplying the testicle pass through the abdominal wall (see figure 2). The inguinal canal is prone to hernias, which can be due to a defect from birth or from gradual weakening of the muscles. The hernia can extend down into the scrotum.

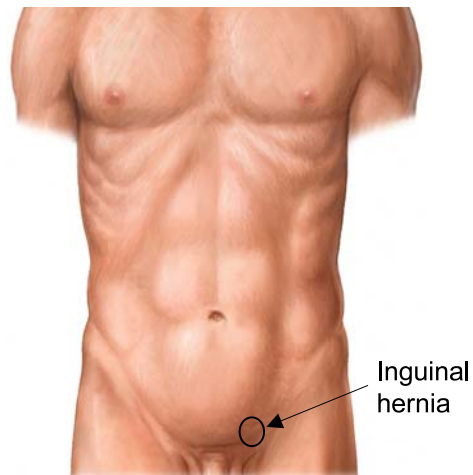


Figure 2

Position of a left inguinal hernia

What are the benefits of surgery?

You should no longer have the hernia. Surgery should prevent you from having any serious complications that a hernia can cause and allow you to return to normal activities.

Are there any alternatives to an open inguinal hernia repair?

Inguinal hernias can be repaired using the laparoscopic ('keyhole') technique and this may be appropriate for you. You can discuss this with your surgeon if you would prefer this method.

Surgery is recommended as it is the only dependable way to cure the condition. You can sometimes control the hernia with a truss (padded support belt) or simply leave it alone. It will not go away without an operation.

What will happen if I decide not to have the operation?

Hernias will get bigger with time. They can be dangerous because the intestines or other structures within the abdomen can get trapped and have their blood supply cut off (strangulated hernia). This is serious and needs an urgent and bigger operation, with a higher risk of serious complications. If left untreated, a strangulated hernia can cause death.

What does the operation involve?

The healthcare team will carry out a number of checks to make sure you have the operation you came in for and on the correct side. You can help by confirming to your surgeon and the healthcare team your name and the operation you are having.

A variety of anaesthetic techniques is possible. Your anaesthetist will discuss the options with you and recommend the best form of anaesthesia for you. You may also have injections of local anaesthetic to help with the pain after surgery. You may be given antibiotics during the operation to reduce the risk of infection. The operation usually takes about three-quarters of an hour.

Your surgeon will make a cut in your groin and remove the 'hernial sac'.

They will strengthen the muscle layer with stitches and will usually insert a synthetic mesh to cover the weak spot. They will then close the skin.

What should I do about my medication?

You should let your doctor know about all the medication you are on and follow their advice. This includes herbal remedies and medication to control diabetes and blood pressure. If you are on beta-blockers, you should continue to take them as normal. You may need to stop taking warfarin or clopidogrel before your operation.

What can I do to help make the operation a success?

If you smoke, stopping smoking several weeks or more before an operation may reduce your chances of getting complications and will improve your long-term health.

Try to maintain a healthy weight. You have a higher chance of developing complications if you are overweight.

Regular exercise should help prepare you for the operation, help you recover and improve your long-term health. You should avoid exercises that involve heavy lifting or make your hernia painful. Before you start exercising, ask a member of the healthcare team or your GP for advice.

You can reduce your risk of infection in a surgical wound.

- In the week before your operation, do not shave or wax the area where a cut is likely to be made.
- Try to have a bath or shower either the day before or on the day of your operation.
- Keep warm around the time of your operation. Let a member of the healthcare team know if you are cold.

What complications can happen?

The healthcare team will try to make your operation as safe as possible. However, complications can happen. Some of these can be serious and can even cause death. You should ask your doctor if there is anything you do not understand. Any numbers which relate to risk are from studies of people who have had this operation. Your doctor may be able to tell you if the risk of a complication is higher or lower for you.

1 Complications of anaesthesia

Your anaesthetist will be able to discuss with you the possible complications of having an anaesthetic.

2 General complications of any operation

- **Pain**, which happens with every operation. The healthcare team will try to reduce your pain. They will give you medication to control the pain and it is important that you take it as you are told so you can move about and cough freely.
- **Bleeding** during or after surgery. This rarely needs a blood transfusion or another operation but it is common to get bruising of the groin, penis or scrotum.
- **Infection of the surgical site** (wound) (risk: 3 in 100). It is usually safe to shower after 48 hours. However, you should check with a member of the healthcare team. Let your surgeon know if you get a temperature, notice pus in your wound, or if your wound becomes red, sore or painful. An infection usually settles with antibiotics but you may need another operation.
- **Unsightly scarring** of the skin.

- **Blood clots** in the legs (deep-vein thrombosis – DVT), which can move through the bloodstream to the lungs (pulmonary embolus), making it difficult for you to breathe. The healthcare team will assess your risk. Nurses will encourage you to get out of bed soon after surgery and may give you injections, medication, or special stockings to wear.

3 Specific complications of this operation

- **Developing a lump** under the wound (risk: 1 in 10). This is caused by a collection of blood or fluid and normally settles over a few weeks.
- **Difficulty passing urine.** You may need a catheter (tube) in your bladder for a day or two (risk: 1 in 100). The risk may be higher if you have a 'regional anaesthetic' such as a spinal.
- **Injury to structures within the hernia** which come from the abdomen. This is rare but may need further surgery.
- **Temporary weakness of the leg**, due to the local anaesthetic affecting the nerves that supply the thigh (risk: less than 1 in 20). This usually settles within 24 hours.
- **Persistent discomfort or pain in the groin.** This is usually mild (risk: 1 in 4) but can be severe (risk: less than 3 in 100). You may need further treatment.
- **Injury to nerves** that supply the skin around the groin, which leads to a numb patch (risk: less than 1 in 10).
- **Damage to the blood supply of the testicle.** This may result in a small non-functioning testicle on the side of the operation.

How soon will I recover?

• In hospital

After the operation you will be transferred to the recovery area and then to the ward. You should be able to go home the same day. However, your doctor may recommend that you stay a little longer. If you do go home the same day, a responsible adult should take you home in a car or taxi and stay with you for at least 24 hours. You should be near a telephone in case of an emergency.

A member of the healthcare team will tell you if you need to have any stitches or clips removed.

If you are worried about anything, in hospital or at home, contact a member of the healthcare team. They should be able to reassure you or identify and treat any complications.

• Returning to normal activities

You should not drive, operate machinery (this includes cooking) or do any potentially dangerous activities for at least 24 hours and not until you have fully recovered feeling, movement and co-ordination. If you had a general anaesthetic or sedation, you should also not sign legal documents or drink alcohol for at least 24 hours.

To reduce the risk of developing a blood clot, make sure you follow carefully the instructions of the healthcare team if you have been prescribed drugs or have to wear compression stockings. If you develop pain, swelling or redness in your leg, or the veins near the surface of your leg appear larger than normal, you may have a DVT. Let your doctor know straightaway. If you become short of breath, feel pain in your chest or upper back, or if you cough up blood, you may have a pulmonary embolism. You should go to your nearest Accident and Emergency department or call an ambulance.

You should increase how much you walk around over the first few days after your operation. You may need to take painkillers to help you.

You should be able to return to work after two to four weeks depending on the extent of surgery and your type of work.

Your doctor may tell you not to do any manual work at first and you should avoid heavy lifting for six weeks.

Regular exercise should help you to return to normal activities as soon as possible. Before you start exercising, you should ask a member of the healthcare team or your GP for advice.

Do not drive until you are confident about controlling your vehicle and always check your insurance policy and with your doctor.

• The future

Most men make a full recovery and can return to normal activities.

The hernia can come back (risk: less than 2 in 100 if a mesh is used). This depends on the size of the hernia, the strength of your abdominal muscles, if you are overweight or if you have underlying medical problems. The hernia can come back many years later and may need another operation.

Summary

An inguinal hernia is a common condition caused by a weakness in the abdominal wall, near the inguinal canal. If left untreated, an inguinal hernia can cause serious complications.

Surgery is usually safe and effective. However, complications can happen. You need to know about them to help you make an informed decision about surgery. Knowing about them will also help to detect and treat any problems early.

Keep this information leaflet. Use it to help you if you need to talk to a healthcare professional.

Acknowledgements

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