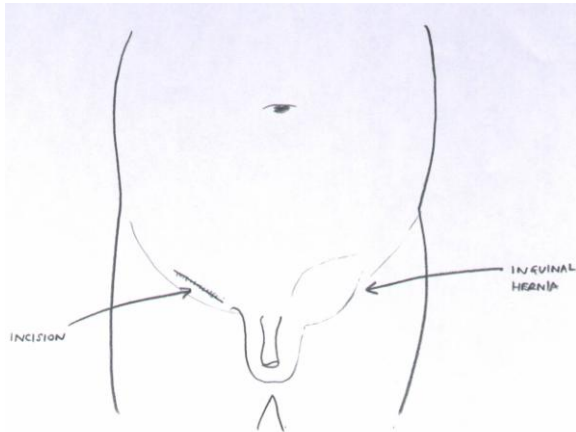


INGUINAL HERNIA

[What is an inguinal hernia?](#)

An inguinal hernia is a swelling in the groin area caused by a weakness in the muscles of the abdominal wall. The swelling occurs because part of the lining of the abdominal cavity (peritoneum) pushes through the area of weakened muscle. A lump then appears because this lining often contains a loop of intestine within it. Often when patients lie down, the lump disappears spontaneously although gentle pressure over the lump is sometimes needed to do this.



[Why do hernias occur?](#)

Heavy lifting, particularly in those doing manual work is often a cause of inguinal hernia. Patients with a chronic cough may also develop sudden weakness of the abdominal wall muscles, leading to a hernia. In England and Wales, about 105,000 people develop an inguinal hernia each year, of which 98% are men.

[Symptoms](#)

In many people, an inguinal hernia causes no symptoms or only minor discomfort. In others, a frequent complaint is of a heavy dragging sensation in the groin and a painful lump, which might be difficult to reduce. A hernia may prevent people working or undertaking normal leisure activities. If part of the intestine becomes trapped in the hernia, then this may become an emergency situation i.e. a strangulated hernia. This needs urgent hospital treatment. Most of the time, routine surgery is recommended to prevent this problem occurring.

[Outpatient clinic/ special tests](#)

In most cases, diagnosis of an inguinal hernia is very straightforward and no special tests are needed. Sometimes if the hernia is very small or difficult to feel, an ultrasound scan of the groin area might be arranged.

[Treatment](#)

If you are very unfit and the hernia is not causing any symptoms, you might be advised that surgery would not be the best option. In this situation, a truss can be prescribed by your GP. This keeps the

hernia in place and may alleviate discomfort. However, surgery is normally recommended for most people. Current guidelines in the UK from the National Institute of Clinical Excellence (2001) recommend that those with a first-time hernia on one side only should undergo 'open' surgery. The rest of this leaflet concentrates on this operation. Those with recurrent hernias or hernias on both sides might benefit from 'keyhole surgery' i.e. laparoscopic hernia repair. This is a more involved procedure and is not discussed further in this leaflet.

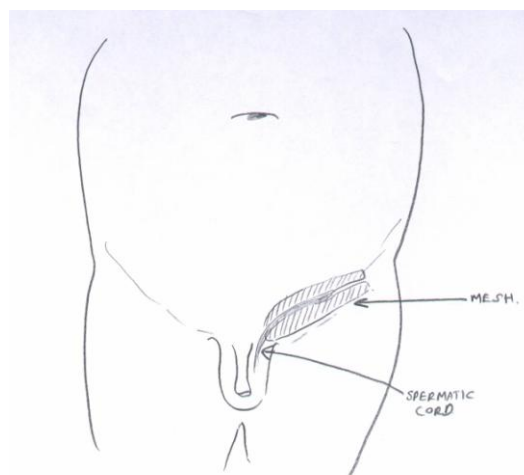
Before your operation

If your operation is planned as a Day Case, you will have been seen and assessed by the Day Surgery staff before admission. You will be asked to come in at 08:00 on the day of operation. Normally, you will be able to return home the same day, although it may be necessary for you to stay overnight if there are any problems, such as sickness after the anaesthetic. If your operation is scheduled as an inpatient, you should expect to come in either on the morning of surgery or the afternoon before. Usually, you will go home the morning after your operation. You should stop the oral contraceptive pill at least 4 weeks before your operation and use an alternative method of contraception. If you are taking aspirin or warfarin, we will advise you as to when these should be stopped before your operation.

On admission, the anaesthetist will explain the general anaesthetic to you. Some patients (particularly those who are unfit) may be offered their operation under a local anaesthetic. This will be discussed with you if appropriate. The groin area will need to be shaved before surgery. The operating surgeon (either myself or one of my trainees) will see you and explain the operation again to you. You will be given a single injection under the skin (Fragmin) to minimise the risk of deep vein thrombosis.

The operation

An incision is made in the groin area (see diagram). The hernia is separated from surrounding tissues and returned into the abdomen. A mesh is then used to reinforce what is usually fairly weak muscle. On current evidence this method carries the lowest chance of you getting a recurrent hernia. The incision is closed with an absorbable stitch, which does not need removing. Local anaesthetic will be injected into the wound to reduce post-operative pain.



[After your operation](#)

You will be prescribed moderate strength painkillers to go home with, although the pain is sometimes not bad enough to need much more than paracetamol. The ward will arrange for the district nurse to check your wound. You should avoid driving for at least 2 weeks after the operation or until you feel that you are safe to do an emergency stop (try stamping your foot on the ground after 2 weeks: if it doesn't hurt, you are safe to drive). Day to day lifting can be carried out as soon as you feel comfortable but heavy lifting should be avoided for at least 4 weeks. You will be advised as to how long you should take off work.

[Risks of the operation](#)

There may be significant bruising and swelling in the groin or scrotum after the operation. This is fairly common (1 in 10 chance) and usually resolves over a few weeks: sometimes an additional operation is necessary to deal with any bleeding. The skin over the incision may also feel quite numb due to bruising of the nerves around the hernia. This could be permanent. Wound infections can sometimes occur (3 in 100 chance) and may need your GP to start you on a course of antibiotics. As mentioned above, any operation carries a risk of thrombosis (clots in the leg, sometimes leading to clots in the lung). The risk can be reduced by Fragmin injections, using a mechanical device to squeeze your calf muscles when you are asleep and getting you mobile as quickly as possible after the operation. Mesh repair carries a low risk of developing a recurrent hernia (around 1 in 100 chance).

[Follow-up](#)

You do not need to be seen routinely in the outpatient clinic. By about 4 weeks all bruising should have gone although you may be left with a firm area over the scar that may take several months to disappear completely. Any problems can usually be resolved with your GP. If he or she is at all concerned, then we will be contacted and arrange to see you.

[Further information](#)

Further information on inguinal hernia may be obtained from NHS Direct on 0845 46 47 or online at www.nhsdirect.nhs.uk.

Mr Paul V Tisi MS FRCS(Gen.Surg)

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