

HERNIA REPAIR

What is a Hernia?

A hernia is a weakness or tear in the wall of the abdomen resulting in a bulge or tear. The inner lining of the abdomen pushes through the weakened area of the abdominal wall to form a small balloon-like sac. This can allow a loop of intestine or abdominal tissue to push into the sac. A hernia can cause severe pain and potentially serious problems that could require emergency surgery.

Hernias may be **acquired** (caused by wear and tear over the years) or **congenital** (result from a weakness in the abdominal wall present since birth). Hernias can get worse and grow larger over time. A hernia does not go away over time, nor will it go away by itself. Men, women and children of all ages can have hernias.

How do I know I have a hernia?

- Common areas to develop a hernia are in the groin (inguinal), belly button (umbilical), the site of a previous operation (incisional), high in the thigh, just below the groin (femoral), and in the groin at the internal ring (indirect inguinal hernia).
- Hernias can be on both sides of the groin (bilateral hernias) or may recur at the site of a previous hernia (recurrent hernia).
- You may notice a bulge under the skin or feel pain when you lift heavy objects, cough, or strain during urination or bowel movements. You may notice pain during prolonged sitting or standing.
- The pain can be sharp and sudden or a dull ache that worsens towards the end of the day.
- Severe, continuous pain, redness, and tenderness are signs that the hernia could be entrapped or strangulated. **If you have these symptoms you should contact your doctor immediately.**

If you think you have a hernia.

You should see your family doctor for evaluation. The doctor will do a physical exam and may order an imaging test. If the doctor determines you have a hernia you may be referred to the surgeon.

At your appointment with the surgeon he will do an exam and ask about your medical history. He will discuss hernias and the problems they may cause. He will discuss your options for surgery, whether the surgery can be done using a laparoscope (extraperitoneal approach) or if you need an open repair (transabdominal approach).

If you decide to have your hernia repaired you will need to see your doctor before surgery for a History and Physical to clear you for surgery. The reason for seeing your family doctor is to make sure you are healthy and do not have any problems that might interfere with surgery.

The Procedure

Laparoscopic Repair

Several small incisions are made in the area of the hernia. Depending on the type of surgery you have, the number of incisions and their placement will vary. The laparoscope and other instruments are inserted through the incisions.

Carbon dioxide gas is injected into your abdomen through one of the incisions. This inflates the abdomen and allows the surgeon to work. The laparoscope is injected through the same incision. The laparoscope has a tiny camera and light source and sends images to a video monitor. Small cutting and stapling tools are inserted through other incisions.

After the hernia is repaired the surgeon places a strong mesh on the weak spot in the abdominal wall. The mesh is secured with sutures, surgical staples, tacks, or clips. These stay in place permanently. The mesh and staples are not harmful to your body. The mesh provides reinforcement.

The surgery is usually performed using a general or local anesthetic.

Occasionally a laparoscopic procedure may need to be converted to an open procedure. When the surgeon feels it is safest to convert to an open procedure it is based on patient safety.

Advantages of Laparoscopic Repair

- Less post-operative pain
- Shortened hospital stay
- Quicker return to normal activity

Open Repair

A three to four inch incision is made in the area of the hernia. The incision extends through the skin, subcutaneous fat, and allows the surgeon to get to the area of the hernia. The hernia is repaired and a surgical mesh is and secured in place. The incision is closed using sutures or staples. The sutures will dissolve on their own and do not need to be removed.

The surgery is usually performed with general anesthesia or occasionally using regional or spinal anesthesia. The nurse anesthetist will discuss your anesthesia with you before you have surgery.

Laparoscopic Hernia Repair

Post Operative Care

Following your surgery you will be transported to your room where you will be monitored for 1-2 hours, until you are fully awake. Once you are able to walk and take fluids you will be sent home. You will need someone to drive you home.

You can expect some soreness mostly during the first 24 to 48 hours. You will be sent home with a prescription for pain medication.

Your dressing may be removed after 48 hours. Cover your incision site(s) as needed with a Band-Aid or gauze dressing.

You are encouraged to be up and about the day after surgery. If you are wearing elastic support hose that were put on at the hospital those may be removed once you are up and moving about.

With the laparoscopic repair you will be able to resume many activities in a short time. These include showering, driving (if not taking pain medication), walking up stairs, working and engaging in sexual intercourse. Lifting will be restricted to no more than 15 lbs. for 4-6 weeks after surgery.

An appointment will be scheduled for you to see the surgeon in 7-10 days.

Post Operative Complications

Be sure to call your surgeon if you have any of the following:

- Persistent fever over 101 degrees F (39 C)
- Bleeding
- Increasing abdominal or groin swelling

- Pain that is not relieved by your medications
- Persistent nausea or vomiting
- Inability to urinate
- Chills
- Persistent cough or shortness of breath
- Purulent or foul smelling drainage from an incision
- Redness surrounding an incisions that is worsening or getting bigger
- Inability to eat or to drink fluids

**Please contact our office at 712-262-6320 if you have any questions or concerns.
Open Hernia Repair**

Post Operative Care

Following your surgery and recovery you will be transported to your room where you will be monitored for 1-2 hours until you are fully awake. You will be encouraged to take fluids and get up and moving about as soon as you are able.

You will likely stay overnight in the hospital. Depending on the extent of your repair you may have a longer hospital stay.

You will have an IV in place and may receive antibiotics or pain medication through your IV. Your IV will be removed when you are taking fluids and are able to receive medication orally.

You will have elastic stockings on your legs and will be sent home with them. The stockings can be removed after you are home and up and moving about normally.

You will be sent home with instructions on how to care for your dressing and incision. You will be given a prescription for pain medication.

Lifting will be restricted to no more than 15 lbs. for 6 weeks after surgery. You should not drive until you are no longer taking pain medication and can drive without discomfort.

An appointment will be scheduled for you to see the surgeon in 7-10 days.

Post Operative Complications

Be sure to call the surgeon if you have any of the following:

- Persistent fever over 101 degrees (39 C)

- Bleeding
- Increase swelling to incisional area
- Pain that is not relieved by your medications
- Persistent nausea or vomiting
- Inability to urinate
- Chills
- Persistent cough or shortness of breath
- Purulent or foul smelling drainage from an incision
- Redness surrounding the incision that is worsening or getting bigger
- Inability to eat or drink fluids

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