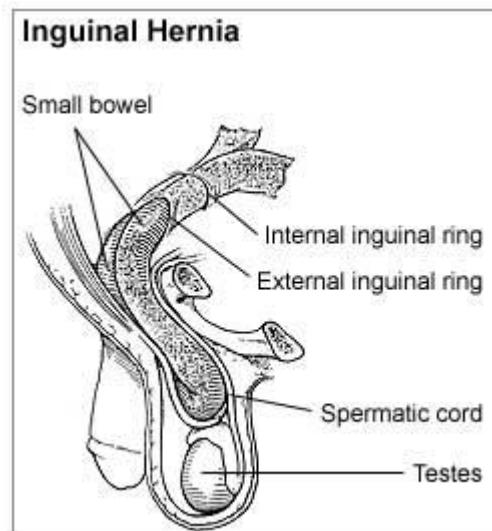


Groin Hernia Repair

An inguinal hernia is a bulge through a weakness in the abdominal wall in the groin. Sometimes it can affect both groins (bilateral). The weakness may be present from birth leading to a predisposition to hernia formation in later life. In adults it can develop after heavy lifting or physical activity. The lump usually collapses (reduces) on lying flat and appears with standing, coughing or straining. Inguinal hernias can affect both sexes but are more common in men because of an inherent weakness in the anatomy of the male. They become unsightly as they enlarge and lead to discomfort that may limit daily activity. If the hernia becomes irreducible (can't be pushed back) blockage of the bowel may occur leading to abdominal pain and vomiting. This needs immediate attention as the trapped bowel may lose its blood supply.

What happens during the operation?

A keyhole operation requires a general anaesthetic. A small 1 to 2 cm cut is made through the belly button allowing a camera to be placed inside. Carbon dioxide is used to distend the abdominal wall to give the surgeon a view of the operative field that is projected on to a television monitor. By using miniaturized instruments an area behind the hernia is dissected free. The mesh is rolled up, placed in to this pocket and then unraveled inside to cover the defect. The laparoscopic approach allows both groins to be inspected. If a clinically symptomless or occult defect is identified with the camera both sides can be repaired using the same instruments. The operation takes around 40 to 50 minutes to perform, similar to the conventional open operation.



What are the benefits of keyhole surgery?

Key hole surgery achieves a more rapid recovery and return to every day activity compared with conventional surgery. These open operations require a skin cut in the groin, division and splaying of the outer most muscle layer to create a space for the mesh to be placed. This damaged tissue needs time to heal. In addition the nerves supply to the groin runs through the field of dissection of open surgery and pain, both in the short and long term are greater in open mesh repairs compared to the key hole operation.

Is laparoscopic surgery suitable for everyone?

Keyhole surgery requires a general anaesthetic. For the minority of people in whom a general anaesthetic might not be safe, the open repair under local anaesthetic may be more suitable. Also if the hernia cannot be pushed back

(irreducible) or if the hernia is very large, a conventional open operation may be preferred. Only a minority of surgeons in the UK practice keyhole surgery on a regular basis and you will need to ask to see a named surgeon.

What happens before, during and after the operation?

Before the operation.

Stop smoking and weight reduction is beneficial. If you know that you have problems with your blood pressure, your heart, or your lungs, ask your family doctor to check that these are under control. Check that you have a relative or friend who can come with you to hospital, take you home, and be around for the first day or so. You will not be required to shave the groin before surgery.

Your hospital stay

Although recovery time after key hole surgery is shorter than conventional surgery there may still be some discomfort on moving and walking. Regular pain killing tablets for the first day or so usually suffice. You will be encouraged to mobilise early to prevent stiffness. Occasionally patients may experience difficulty passing urine especially if there is a back ground of prostate trouble and if a bilateral hernia is repaired. If you cannot achieve a good urine flow after 6 hours, contact the nurses or doctors. The small skin incisions are usually closed with a dissolvable stitch that melts away as the wounds heal. You may shower or bathe as soon as you wish and salted water is not needed. Patients are usually reviewed in the clinic a couple of weeks after their operation by which time most are back at work.

After care

Patients are able to resume most activities as comfort permits and progressively strenuous activity is encouraged. Drink plenty of fluids and fibre to avoid constipation. You may resume sexual activities as soon as this feels comfortable. You can resume driving as soon as you feel safe to perform an emergency stop, usually within one week of surgery. Please do check with your insurance company as policies vary with different companies.

What complications can arise?

Complications are rare and seldom serious. Scrotal swelling is common immediately after surgery due to the carbon dioxide – this resolves quickly and spontaneously. Look out for difficulty passing urine. Bruising is common and resolves spontaneously. A tender lump may appear in the days after surgery, this may be a collection of fluid called a seroma that can easily be drained. Occasionally infection at the port sites may develop needing antibiotics. Longer term there is about a 1 to 4% chance the hernia may recur. Chronic groin pain occurs in a similar percentage although this is much less than encountered with the open conventional approach.