

# INGUINAL HERNIA REPAIR

## COLORADO SPRINGS SURGICAL ASSOCIATES

### WHAT IS AN INGUINAL HERNIA?

- A hernia develops when the muscular layers of the abdominal wall weaken, resulting in a bulge or tear.
- This allows a small sac containing tissue, and frequently intestine, to protrude through the opening in the muscles of the abdominal wall. The inner lining of the abdominal cavity, called the peritoneum, protrudes to form the sac.
- While any part of the abdominal wall can develop a hernia, the most common site is the groin. A hernia in the groin region is called an *inguinal* (ing' gwi-nal) hernia (inguinal is another word for groin). Inguinal hernias account for 80 percent of all hernias. In an inguinal hernia, the sac protrudes into the groin, and may extend into the scrotum in men.
- Although most common in men, inguinal hernias can also occur in women.
- You may be born with a hernia (congenital) or develop one over time.

### HOW DO I KNOW IF I HAVE A HERNIA?

- The common areas where hernias occur are in the groin (inguinal), belly button (umbilical), and at the site of a previous abdominal operation (incisional).
- It is generally easy to recognize a hernia. You may notice a bulge under the skin, particularly while straining abdominal muscles. You may feel pain while lifting heavy objects, coughing, straining during urination or bowel movements, or during prolonged standing or sitting.
- The pain may be sharp and immediate, or a dull ache that gets worse toward the end of the day.
- Severe, continuous pain, redness, and tenderness are signs that the hernia may be incarcerated or strangulated. These symptoms are cause for concern and should prompt immediate contact of your physician or surgeon, as urgent surgical attention is required.

### HOW ARE INGUINAL HERNIAS REPAIRED?

- Hernias do not go away on their own; while sometimes providing a decrease in discomfort, trusses provide no benefit for patients with hernias.
- For young children, or in very small hernias, the edges of the muscle defect are simply reapproximated.
- However, the most commonly used method to repair inguinal hernias is the tension-free mesh technique. In this type of repair, an incision is made overlying the hernia, and the hernia contents are reduced back into the abdominal cavity; the hernia sac is frequently excised. A piece of mesh, made of woven polypropylene, is then placed to overlap the entire region. This provides a tensionless repair, allowing a faster recovery with less discomfort, and has a risk for recurrence of approximately 2%.

## **WHAT PREPARATION IS REQUIRED BEFORE SURGERY?**

- Most inguinal hernia repairs are performed on an outpatient basis, so you should be able to go home on the same day of the operation. The procedure is reviewed with you during the preoperative visit, along with its risks, to allow you to provide written consent for surgery.
  - We see our patients preoperatively a day or so before surgery, and depending upon your age and other medical conditions, preoperative test may include blood work, an EKG, or a chest X-Ray.
  - Drugs such as aspirin, blood thinners, anti-inflammatory medications (arthritis medications) and Vitamin E will need to be stopped temporarily for several days to a week prior to surgery; if you are on **Coumadin** or **Plavix**, it is very important to review instructions regarding these medications with your surgeon. Diet medications or St. John's Wort should not be used for two weeks prior to surgery.
  - **You should not eat or drink anything after midnight the night before the operation.** If your surgeon has stated they are permissible, you may take your routine medications with a sip of water the morning of surgery. **Medications to take:**
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- You should arrange to have a friend or relative drive you home after surgery and, ideally, someone should stay with you on the first night.
- You should shower the morning of the operation, and wear loose-fitting clothing and slip-on shoes.

## **THE OPERATION**

- The anesthesiologist will see you prior to the operation, and the surgeon will mark the side that is to be repaired. An IV will be placed, and you will be given intravenous sedation just prior to the procedure; you will also receive IV antibiotics in the operating room.
- The procedure generally lasts about one hour, with a longer operation being required for bilateral (both sides) repairs or repair of a recurrent hernia.
- After surgery, you will spend approximately 45 minutes in the PACU (perianesthetic care unit, or recovery room), and then return to the outpatient surgery department.
- You will be able to go home once your pain is manageable with oral pain medications, you are able to tolerate liquids, and you are able to void.

## **WHAT SHOULD I EXPECT AFTER HERNIA SURGERY?**

- In general, narcotic pain medications are needed for the first three to five days after surgery, though pain tolerance is different for each patient. Narcotics tend to cause constipation, so it is important to maintain good hydration after surgery and make use of stool softeners or cathartics if needed to avoid discomfort or straining at stool.

- Showering the day following surgery is fine, but avoid soaking the incision for at least two weeks; this includes strictly avoiding hot tubs during this time.
- Ice packs are helpful for the first 24-48 hours after surgery, and non-steroidal anti-inflammatory medications (such as Motrin or Advil) can help decrease discomfort and reduce the need for narcotic pain pills.
- **Swelling is to be expected**, and this may include swelling as well as bruising extending into the penis and scrotum.
- Your surgeon will advise you regarding activity, but in general you should avoid heavy lifting or straining for six weeks following surgery.
- You may drive within 5-7 days of surgery, provided you are no longer taking narcotics.
- You may return to work when you are comfortable enough to do so; if your occupation requires heavy lifting, you will need to take more time off or be assigned to “light duty” until fully recovered.

### **WHAT COMPLICATIONS CAN OCCUR?**

- As with any operation, bleeding and infection can occur with hernia repair, although both are fairly uncommon and can usually be handled without hospitalization.
- There is a slight risk of injury to the bladder or intestine, along with a risk of injury to, or loss of, the testicle. The risk of testicular loss is higher when the procedure is being done for a recurrent hernia.
- Numbness is common surrounding the incision, which gradually improves. Rarely, the ilioinguinal nerve may become entrapped or divided, which may cause either discomfort or numbness in the upper, inner thigh.
- Current hernia repair techniques have significantly decreased the risk for recurrence, but there remains an approximately 2% overall risk that the hernia may eventually recur.

