Hernia Patient Information Sheet

You have been scheduled for hernia repair surgery. This procedure allows your doctor to repair a weakness or opening in the muscle or tissue wall through which internal organs or tissues have protruded. It is commonly performed to treat hernias occurring in areas such as the groin (inguinal), abdomen, or near previous surgical sites. The surgery may be done using open or laparoscopic techniques to restore normal anatomy and strengthen the affected area, relieving discomfort and preventing complications.

Risks of hernia repair.

- Wound Infection: Infection at the area of incision site in open surgery – 0.3% and in laparoscopic surgery – 0.2%
- Pneumonia: infection in the lungs – 0.1%
- Venous Thrombosis: Blood clot in legs that can travel to the lungs – 0.1%
- Damage to structures such as your bowel, bladder or blood vessels
- Developing a hernia near one of the cuts in laparoscopy
- Surgical emphysema
- Recurrence: 1% -17%. More common when mesh is not used for repair
- Chronic pain: Chronic pain can be seen in 2.8% at 3 months
- Neuralgia: Can be due to pressure, staples, stitches, or a trapped nerve. It is seen in 7-10%
- Seroma and hematoma: can be seen in 2-8%
- Death: less than 1%

Preparing for your operation.

Home medication: Bring a list of medications you are taking. Some medications may have to be adjusted. Some medications can affect your recovery and response to anaesthesia.

Length of stay: You may stay overnight or more depending on your operation.

Anaesthesia: Let your anaesthetist know if you have allergies, neurologic diseases (epilepsy, stroke, etc.), heart disease, stomach problems, lung disease (asthma, emphysema), endocrine disease (diabetes, thyroid conditions), or loose teeth. Also let your anaesthetist know regarding smoking, alcohol intake, drug use, or any history of nausea and vomiting with anaesthesia.

You should get loose-fitting comfortable clothes to the hospital

You should also bring a pair of comfortable slippers/slip-on-shoes

You should leave jewellery and valuables at home

The day of your operation.

- Do not eat or drink for at least 6 hours before the operation.
- Have a shower with mild antibacterial soap.
- Arrive at the hospital at the time you have been asked.

After your operation.

You will be in the recovery room where your heart rate, blood pressure, breathing, urine output will be monitored. Once you are stable you will be transferred to the ward.

After surgery you will be in bed resting. It is important that following exercises are done to prevent complications such as chest infections and blood clots in your legs.

Exercises

Breathing exercises:

Take five long and slow deep breaths. Each breath should be deeper than the previous breath.

Circulation exercises:

Firmly move your ankles up and down to stretch and contract your calf muscles.

How much pain will I experience post-operatively?

Most patients only experience mild to moderate pain, which is readily controlled with oral analgesia (painkillers).

You may experience some pain from your incisions, especially on movement. If you do, the nurses will give you analgesia.

At the time of discharge, you will be given a supply of painkillers. After about 7 days most of the discomfort should disappear.

Recovery and discharge.

The Doctors will advise you regarding postoperative diet and nutrition.

You will also be advised regarding return to regular and daily activities.

Nurses in the ward will check your wound before discharge and suggest regarding dressing change.

On the day of discharge you will be given medication to take home. You will be explained regarding the timing and duration of medication to be taken

When can I start driving?

You should not drive for at least 48 hours after the laparoscopy. Before driving you should ensure that you could perform a full emergency stop, have the strength and capability to control the car, and be able to respond quickly to any situation that may occur.

Please be aware that driving whilst unfit may invalidate your insurance, and you should check with the conditions of your insurance policy as they do vary.

When can I return to work?

You can return to work as soon as you feel up to it. This will depend on how you are feeling and the type of work that you do. If you have a relatively sedentary job, then you may feel ready to return within 3-4 days.

If you are involved in manual labourer heavy lifting you need longer off work.

When to Contact Your Surgeons ?

- If pain does not go away
- If pain gets worse
- If you have fever more than 38*C
- If you have continuous vomiting
- Swelling, redness, bleeding or bad-smelling discharge from the wound