

This leaflet gives information about looking after yourself following a hernia repair. It is a general guide, and should not replace the advice your surgeon has given you. We encourage you to ask staff any questions you may have.

WHAT IS A HERNIA?

A hernia is when a bit of fat, tissue or bowel presses through a weakness in the muscle wall of the abdomen and causes a bulge. Hernias can occur in various parts of the abdomen, and each has its own name. Sometimes hernias are present from birth, but in adults they are usually a result of overworking the muscles by heavy lifting or sports.

DO I NEED TO HAVE AN OPERATION?

Hernias are not usually very painful, but an untreated hernia can become larger and more painful. There is also a risk that the hernia could cause a blockage, which can require emergency surgery.

Hernia repairs can be done as a day case procedure under local anaesthetic, but are usually done under general anaesthetic.

HOW IS THE HERNIA REPAIRED?

The most common method of repairing the hernia is an 'open' repair:

An incision (cut) is made over the hernia (approx 5-10cm long), and the 'bulge' is pushed back through the muscle. A piece of nylon mesh is used to cover the hole and stitched in place. This strengthens the muscle to stop the bowel slipping through again.

Local anaesthetic is injected into the wound during the operation to maximise pain relief.

Some anaesthetists give a 'regional block'. This makes the whole area around the wound numb. At times this can cause numbness in the leg, so it is important that you are able to raise your leg off the trolley before trying to get up for the first time.

The procedure usually takes 40-60 minutes.

AFTER CARE

There will be some swelling and bruising at the operation site, and this may spread into nearby tissue. (For men similar swelling of the scrotum can also occur). There may also be a small amount of bleeding as you increase your movement.

This is normal and should not cause alarm.

The stitches are usually dissolvable and do not need to be removed. This can take 3-4 weeks and may make the scar look 'lumpy' during that time. If the surgeon has used clips or another type of stitch, then you will need to organise for your GP practice nurse to remove them, usually 10-14 days after the operation.

We will give you painkillers to take at home. Take these before the local anaesthetic (injected your wound) wears off, which is usually 4-6 hours after the operation; and regularly for the first few days. The nurse will tell you about this.

The plaster over the wound should be kept as dry as possible for the first 24 hours. You may shower after this, but do not soak in the bath. You should keep the wound covered for 5 days, and then the wound can be left uncovered. It is only necessary to change the dressing if it is soiled or becomes wet. Keep the area dry, but do not use perfumed products like talcum powder around the wound.

During the first few days at home the discomfort from the wound will decrease. The most uncomfortable action is moving from a lying to a standing position. It is often best to roll into a sitting position before standing up. It is important for your recovery that you move around - do not be tempted to stay in bed all day.

It will take about 10-15 days before you can get back to your usual activity. People with physically demanding jobs may need about 4 weeks off, and those who sit down to work will need about 2 weeks off work. If you need a work certificate, ask for this on the day of your operation.

Avoid heavy lifting for 2-3 months following surgery.

You may find sex painful or uncomfortable at first but it is fine to have sex when you feel up to it.

Avoid constipation by eating plenty of fruit and vegetables and drink 2-3 litres of water per day.

We will make a follow-up appointment for you if necessary.

COMPLICATIONS

* Occasionally patients have an inability to pass urine. If this occurs, we insert a catheter into your bladder to drain the urine, which can delay your discharge.

Once you are home:

* Observe your wound for signs of infection such as sudden abdominal swelling, oozing of pus or a fever. Prolonged or severe pain may also mean there is an infection.

LONG TERM PROBLEMS

* Numbness in the groin - about 13 in 100 people still have numbness three months after their surgery.

* Recurrence (the hernia comes back) - between 3 and 9 in 100 hernias come back.

* Lasting groin pain – this occurs in 5 in 100 people, usually if a nerve is damaged during the operation or gets trapped in the mesh.

If you experience any of the above please go to see your GP or the nearest A & E. You can contact us or NHS Direct (0845 4647) for advice.

After your hernia repair

Day Surgery Unit
3rd floor

Direct lines:
Day Surgery Unit nurses
020-7830 2665

Appointments
020-7830 2710

Monday-Friday 8am-8pm