

## Inguinal or Femoral Hernia - Information for patients

### What is a hernia?

The most common hernias, usually in men, appear in the groin and can be on the right or left side. The hernia appears as a bulge caused by a weakness in the muscle wall of the abdomen.

### What are the symptoms of hernia?

A hernia is simply a hole in the abdominal wall – a hole through which something can protrude. The hole itself is not painful. There is sometimes, but not always, some discomfort – but it is not excruciating pain. As a rule of thumb, if when you stand up or cough there is no swelling or a lump to see or feel, it is unlikely that you have a hernia – unlikely but not impossible. Scans have the problem that they may 'over diagnose' hernias. In such cases they report a 'possible' or 'small bulge', which is just a bit of normal tissue. So, you can't rely 100% on scans. Be guided by your surgeon.

### What causes a hernia?

Above the groin, is a small hole in the muscle wall of the abdomen where arteries and veins pass to the testicle or vulva. A weakness may be caused in this area through heavy lifting or some other strain. This results in a part of the bowel bulging through the weakness in the muscle wall. You may feel discomfort when coughing, standing for long periods, or carrying out some vigorous activity.

### What is the treatment?

You may at first find relief by lying down, which stops the hernia from bulging, but the only cure is an operation. A hernia is not dangerous, but the discomfort can continue if not seen to. If left too long, it may become strangulated (when the loop of the bowel, which forms the hernia, twists on itself, cutting off its blood supply), obstructed (where a section of the bowel becomes stuck). You run the risk of requiring an emergency operation if the hernia becomes strangulated or obstructed. Some people have an inguinal hernia for years, and they do not bother them at all, in which case a watchful policy is reasonable (Conservative treatment). However, if the hernia become painful, or limits your daily activities, you should consider a repair. A femoral hernia has a higher risk of complications, so a repair is recommended. Your doctor will help you decide between the advantages and risks of hernia repair.

### What is the procedure?

A hernia operation can be performed under either local or general anaesthetic. At Probus Surgical Centre, the procedure is only performed under local anaesthetic where local anaesthetic is injected into the area of the cut to make it numb.

An incision is made measuring six to ten centimetres long above the groin. One of the muscle layers is opened and the hernia is then carefully put back in place and a repair is made to strengthen the weakened area. The repair can consist of two or more layers of stitches or by stitching a mesh over the whole area. Both of these methods give very good lasting results. However, mesh repair is the preferred method as advocated by the British Hernia Society Nov 2016 and International Guidelines for Hernia Repair Nov 2017.

**PLEASE NOTE:** Whilst open repair under general anaesthetic and laparoscopic surgery are also options, these are not available at Probus Surgical Centre or its satellite locations. If you require general anaesthetic or laparoscopic surgery then you will be referred by us, at assessment, to the Royal Cornwall Hospital for your care.

You will be referred to Royal Cornwall hospital if you meet any of these criteria:

- Any local anaesthetic allergy
  - Implantable defibrillator
  - Patients who are detained under the Mental Health Act or are experiencing an acute psychotic episode.
  - Patients being detained by Her Majesty's Prison Service, where security arrangements are deemed not to be appropriate.
  - Patients on warfarin unable to stop pre-operatively without the need for bridging therapy.
- High BMI (>33)

If you would like to have some light oral sedation during your operation, please discuss it with your surgeon at your appointment.

## **COMPLICATIONS AND RISKS**

### **Immediate risks during or shortly after surgery**

#### **Less common**

Fewer than 1 in 20

#### 1. Damage to surrounding structures

Nearby structures are at risk of being injured during the procedure. During this procedure, the main risk of injury is to part of the bowel or urinary bladder and blood vessels.

Injury to a nerve in the groin may lead to temporary or permanent numbness of the area. Injury to the spermatic cord or testicle can lead to an increased risk of infertility and reduction in the size of the testicle or removal/loss of testis (Orchidectomy).

#### **Rare**

Fewer than 1 in 100

#### 2. Perioperative risks

There are several complications which having any operation increases the risk of - called perioperative risks ('peri' means 'around the time of'). These include allergic reactions to medicines, significant bleeding.

### **Early risks In the days after surgery**

#### **Common**

More than 1 in 20

#### 1. Discomfort expected.

It is normal to have some discomfort - which may include pain, irritation, or stiffness - for a few days or weeks after treatment. Pain relief options will be discussed with you.

#### 2. Wound haematoma or seroma

A wound haematoma or seroma describes when there is a collection of blood (haematoma) or fluid (seroma) in the surgical wound. They can sometimes be left alone to reabsorb over a few weeks but may need to be drained with a needle especially if causing discomfort, and this may need to be done more than once. Less commonly, you may require another operation to evacuate the haematoma.

#### 3. Scrotal swelling and bruising

Scrotal swelling and bruising describe the appearance of the testicle often for the first days after an operation involving the area. Due to the procedure, some thin, watery fluid will often collect, causing swelling, and some bruising may be seen on the skin.

### **Less common**

Fewer than 1 in 20

#### 1. Wound infection

A wound infection is an infection of the skin or underlying tissues, where a cut has been made, often causing redness or swelling. It may require treatment with antibiotics. Occasionally, drainage of a collection of infected fluid (pus) or further surgery may be needed.

The risk of developing a wound infection is higher in some patients, such as those who are obese, are smokers, have diabetes or take immune suppressive medications.

In some cases, wounds can heal more slowly than normal, may require special dressings to aid healing, or can reopen after they start to heal (dehiscence) requiring further treatment. It is common to notice some mild redness, bruising, swelling, numbness, tingling or a burning sensation in and around the wound whilst it heals.

### **Rare**

Fewer than 1 in 100

#### 1. Blood clots (deep vein thrombosis or pulmonary embolus)

Blood clots can form in the veins of the legs (deep vein thrombosis), causing pain and swelling in the calf or thigh, and are more likely to occur after a procedure or operation, when people tend to move around less.

These clots can occasionally also travel from the legs to the lung (pulmonary embolus) and can cause problems with breathing. Clots in the leg or lung require treatment such as with blood thinning medications.

Getting moving early after treatment reduces your risk of clots.

You may be advised to wear compression stockings or calf compression pumps and have blood thinning injections following treatment to help reduce the risk of clots. This depends on the treatment you are having and your medical history.

## **Late risks In the months or years after surgery**

### **Common**

More than 1 in 20

#### 1. Recurrence of hernia

A hernia can recur despite treatment and may need further intervention. Some of the factors that make recurrence more common after an inguinal hernia repair include having a wound infection during recovery, doing heavy lifting during the first weeks after surgery, obesity, smoking and having a chronic cough.

#### 2. Chronic pain

Chronic pain is a term for pain that has lasted for a long time, over a period of several weeks or months. Referral to a pain specialist may be appropriate, and there are several treatments that can help, including painkillers, pain procedures, as well as exercise and behavioural therapies. Chronic pain can develop in the groin around the wound or

occasionally elsewhere, such as down the front of the thigh. In some cases, some of this discomfort can be related to, or is put down to, a sensation of the mesh being in the groin.

Around 1 in 8 patients report some chronic pain following an open inguinal/groin hernia repair, with around 1 in 30 experiencing severe chronic pain.

#### **Less common**

Fewer than 1 in 20

##### 1. Reduced fertility

Reduced fertility is the medical term for being less likely to be able to conceive - get pregnant - without medical assistance. The rate of infertility is higher in those who have had an inguinal hernia repair compared to the general population, linked to injury to the spermatic cord or testicle during surgery. Injury to the testicle, leading to a reduction in the size of the testicle, is seen in 1 in 200 patients.

##### 2. Numbness

Numbness is the term for reduced touch sensation of the skin and may also include reduced sensation of pain or temperature. It is often temporary but can be permanent. Following this procedure, numbness can occur in the groin around the site of surgery.

#### **Rare**

Fewer than 1 in 100

##### 1. Mesh migration or erosion

The surgical mesh, made from a type of plastic (polypropylene), can move from its original position (mesh migration) or damage nearby tissue. Mesh erosion is when the mesh damages this nearby tissue and erodes (breaks through) the tissue or skin around it. These complications will often require treatment, such as treatment with antibiotics if there is evidence of infection, or surgery to remove, replace, or reposition the mesh.

##### 2. Mesh infection has a 1 in 500 chance.

A mesh infection is when the surgical mesh - a sheet of a type of plastic, or the tissue around the mesh becomes infected. The mesh will often need to be removed as these infections are very difficult to treat with antibiotics alone.

#### **Post op information:**

You will be able to go home on the same day but you **MUST** have a responsible adult to drive you and stay with you for the first 24 hours.

You should not drive until you feel comfortable to do so. We advise that you do not drive for at least 7 – 10 days post procedure. You must be confident that you can make an emergency stop (we advise that you check with your insurance company to make sure you are covered). The surgeon may advise longer if needed.

We will advise you on pain relief after your operation to keep you comfortable and you may be prescribed some. This would depend on your medical history and any other medications you

might already be taking to make sure they do not interfere. It is also advisable for you to have some over the counter pain killers available in your medicine cabinet that you can use after your operation.

You may require time off work, if applicable to you. You can return to work when you feel strong enough. In case of heavy lifting, this should be avoided for 4-6 weeks after the operation or as advised by your surgeon.

The wound will be closed with dissolvable stitches. The operation site will be covered with a dressing and we will advise you of when you can shower on discharge as this can vary (usually between 48 – 72 hours). It is common for a light waterproof dressing to be applied which is removed 5 days post procedure. In some incidences, an additional bulky pressure dressing will be applied.

You will be telephoned the next working day after your operation to see how you are getting on. You will not routinely receive a follow up face to face appointment and you will be discharged back to your GP.

## **STUDENTS**

We are a teaching and training practice. Sometimes medical students or doctors in training may wish to observe or participate in procedures or operations. They will always be supervised by a senior doctor and will only participate with your approval.

If you do not wish to be seen by trainees or students you are perfectly entitled to withhold your consent.

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