

Mr Sanjeev Sarin MS FRCS

Consultant General & Vascular Surgeon

www.sarin.uk.com

Patient Information Sheet - Hernia Repair (Open)

The aim of this information sheet is to ensure that you understand the nature of the treatment you wish to undertake. Please read it carefully and discuss any queries with us.

You have an inguinal hernia and have been advised to have it repaired. This is an information sheet which advises you of the pros and cons of having your hernia repaired and answers to common worries that patients have. It is not intended to replace a consultation nor is it intended to be a textbook of surgery.

Most hernia repairs are undertaken without complications. Less than one in 20 of patients suffer any complications. The common complications associated with repair of hernias are wound infection, blood or fluid collecting at the repair site (haematoma or seroma), numbness of the skin or even persistent pain at the site of the repair. These are relatively minor complications which are usually dealt with by a course of antibiotics or drainage of the wound. On rare occasions more serious complications may occur. It is also possible for the repair to fail and the hernia to subsequently reappear. The surgical techniques used these days make this eventuality unlikely.

On balance, the risks of not treating your hernia greatly outweigh the risks of surgery and you have been recommended to have the hernia repaired. Closer to the date of your operation, you will receive an appointment for a pre-operative visit to the hospital. You will receive further details of the operation and pre-operative preparations then, and will have the opportunity to ask any questions. However, if you have any worries that cannot wait until then, please make an appointment for my Out-patient Clinic at the hospital.

Pre-operative

You may be required to come into hospital a few days before admission, for any special tests (such as X-rays, blood tests etc) that I or a member of my team have requested. Unless the operation is being carried out under local anaesthetic, you will need to have starved (no fluids or solids) for at least 6 hours before the operation.

On admission to the ward you will have your details checked and have some basic tests done, such as pulse, temperature, blood pressure and urine examination. You will be asked to hand in any medicines or drugs you may be taking, so that your drug treatment in hospital will be correct. Please tell the nurses of any allergies to drugs or dressings. You will be required to shave the operative site before surgery. It is best if this is done a few hours before the operation.

Mr Sanjeev Sarin MS FRCS

Consultant General & Vascular Surgeon

www.sarin.uk.com

I, or a member of my team, will check that all the necessary preparations have been made. You will have the operation site marked on you with a skin marker and asked to sign a consent form. The form signifies that you know and understand why the operation is required and what it involves. The anaesthetist who will be giving your anaesthetic will also interview and examine you. He/she will be especially interested in chest troubles, dental treatment and any previous anaesthetics you have had, plus any anaesthetic problems in the family.

The timing of your operation is usually arranged the day before. The nurses will tell you when to expect to go to the operating theatre. Do not be surprised, however, if there are changes to the exact timing. The order of the list is usually on the basis of medical priority. Just because you are not 'first' on the list does not mean that you are unimportant.

You will be taken on a trolley to the operating suite by a ward nurse and a theatre porter. There will be several checks on your details on the way to the anaesthetic room.

Operative

The anaesthetic is given through a needle in the back of your hand and you will fall asleep within seconds. An intravenous antibiotic is given to reduce the risk of wound infection, the inguinal area is cleaned with an antiseptic and the site draped with sterile towels. A cut is made into the skin overlying the hernia. The hernia is repaired and the wall of the inguinal canal strengthened. This used to be done by forming a nylon darn over the weakest part of the inguinal canal, but most surgeons, including myself, now prefer to use a pre-formed nylon mesh. The mesh technique is less painful, provides more uniform results and lower recurrence rates.

The cut in the skin is then closed up. My preference is to use 'dissolvable' sutures which are absorbed by the body over a period of a few weeks and therefore do not have to be removed. The entire area is treated with a long acting local anaesthetic which provides excellent pain relief for the first few hours.

Post-operative

Although you will be conscious a minute or two after the operation ends, you are unlikely to remember anything until you are back in your bed on the ward. Some patients feel a bit sick for up to 24 hours after operation, but this passes off. You will be given some treatment for sickness if necessary. You may be given oxygen from a face mask for a few hours if you have had chest problems in the past.

The local anaesthetic in your wound may make your leg give way for 12 hours or so. Be especially careful when getting in or out of a car, when climbing stairs, or when getting in or out of bed. The drugs we give for a general anaesthetic will make you clumsy, slow and forgetful for about 24 hours. This happens even if you feel quite alright.

Mr Sanjeev Sarin MS FRCS

Consultant General & Vascular Surgeon

www.sarin.uk.com

For 24 hours after your general anaesthetic:

- Do not make any important decisions.
- Do not drive.
- Do not use machinery at work or at home. (e.g. do not mow the lawn).

There is some discomfort on moving rather than severe pain. You will be given injections or tablets to control this as required. Ask for more if the pain is still unpleasant. You will be expected to get out of bed the day of the operation despite the discomfort. You will not do the wound any harm, and the exercise is very helpful for you. The day after the operation you should be able to walk slowly. By the end of the second week the wound should be virtually pain-free.

You will be able to drink and have some light food within an hour or two of the operation provided you are not feeling sick. The next day you should be able to manage a normal diet. It is quite normal for the bowels not to open for a day or so after operation. If you have not opened your bowels after 2 days and you feel uncomfortable, you can take a laxative.

It is important that you pass urine and empty your bladder within 6-12 hours of the operation. If you find using a bed pan or a bottle difficult, the nurses will assist you to a commode or the toilet. If you still cannot pass urine let the nurses know and steps will be taken to correct the problem.

The wound has a dressing which may show some staining with old blood in the first 24 hours. You can take the dressing off after 48 hours. Most patients prefer to keep a dressing on the wound to protect it from rubbing from clothing. There may be some purple bruising around the wound which spreads downward by gravity and fades to a yellow colour after 2 to 3 days. It is not important. There may be some swelling of the surrounding skin which also improves over 2 to 3 weeks. After 7 to 10 days, slight crusts on the wound will fall off. Occasionally minor match head sized blebs form on the wound line. These settle down after discharging a blob of yellow fluid for a day or so. You can wash the wound area 48 hours after the operation. Soap and warm tap water are entirely adequate. Salted water is not necessary. You can shower or take a bath as often as you want.

You will be given an appointment to visit the Outpatient Department about one month after you leave hospital. If your sutures have not still dissolved they will be removed at this time. Please ask the nurses for sick notes, certificates etc, the day before discharge.

Back at home

You are likely to feel very tired and need rests 2 to 3 times a day for a week or more. You will gradually improve so that by the time 2 weeks has passed you will be able to return completely to your usual level of activity. At first discomfort in the wound will prevent you from harming yourself by too heavy

Mr Sanjeev Sarin MS FRCS

Consultant General & Vascular Surgeon

www.sarin.uk.com

lifting. After 2 weeks you can lift whatever you like. There is no value in attempting to speed the recovery of the wound by special exercises before the month is out. You can drive as soon as you can make an emergency stop without discomfort in the wound, i.e. after about 5 to 7 days. You can restart sexual relations within a week or two, when the wound is comfortable enough and you should be able to return to a light job after about 14 days, and any heavy job within 4 weeks.

Complications are rare and seldom serious. Bruising and swelling may be troublesome, particularly if the hernia was large. The swelling may take 4 to 6 weeks to settle down. Infection is a rare problem and settles down with antibiotics in a week or two. Aches and twinges may be felt in the wound for up to 6 months.

The operation should not be underestimated, but practically all patients are back to their normal duties within one month. If you have any problems or queries after discharge, please ring the ward who will advise and contact me if necessary.