Discharge Instruction following Hernia Repair Surgery

What is a Hernia?

A hernia is the protrusion of an organ through the structure or muscle that usually contains it. The condition occurs most often in the abdominal wall, when the intestine pushes through a weak spot in the wall. This causes an abnormal bulge under the skin of the abdomen, usually near the groin or the navel. The most common abdominal wall hernia is an inguinal hernia.

Hernias are repaired through open surgery or laparoscopic surgery to push the bulge back into place and strengthen the weakness in the abdominal wall.

- **Open surgery:** The surgeon makes an incision (cut) near the hernia and returns the bulging tissue back into the body. The weakened muscle that allowed the hernia to occur in the first place is stitched back together or, more commonly, patched with a synthetic material called mesh.
- **Laparoscopic surgery**: Multiple, tiny incisions are made around the hernia site to allow for the insertion of long, thin surgical tools. One tool has a camera attached to it, so the surgeon can view images that are projected onto a TV screen. Tools are then used to repair the hernia in the same way as with open surgery.

In most cases, a Hernia Repair Surgery is done as an elective surgery a few weeks after the diagnosis. However, there are **2 instances where a Hernia may become a Life-Threatening** condition, and surgery is needed immediately. These situations are known as:

- **Incarcerated Hernia:** The intestines fall through the hernia and become trapped, blocking the faeces from reaching the anus. This blockage will cause a lot of pain, vomiting and abdominal swelling.
- **Strangulated Hernia:** Eventually, if an Incarcerated Hernia is left untreated, it will continue to swell up. This swelling can cause blockage of blood supple to a section of organ or tissue(strangulated) which will eventually cause tissue death.

Why would I need this procedure?

Surgery is recommended to improve symptoms and to prevent any serious complications such as hernia incarceration and strangulation, which can be life-threatening and usually requires emergency surgery. Surgeons recommend elective surgical repair for most hernias.

What are the symptoms that have led to me having this procedure?

A common symptom of most hernias is a noticeable lump or bulge, and potentially some discomfort or pain. The lump or bulge may not always be present; for example, it might go away when you lie down. Symptoms may worsen when you are standing, straining, or lifting heavy objects. Most hernias can be confirmed by a doctor during a physical exam, but sometimes imaging is necessary.

Hiatal hernia symptoms are an exception to the general rule, as they do not cause a bulge. But hiatal hernias may cause symptoms such as heartburn, acid reflux, and regurgitation of food or liquids, which are often treated with medication.

What are the alternatives?

Because of the potentially serious complications, we generally recommend those with hernia to undergo surgery.

While surgery is the only treatment that can PERMANENTLY repair a hernia, there are some alternative measures. Some of the alternatives can potentially relieve symptoms, however, there's no guarantee that it can treat hernia.

As long as your hernia is not causing symptoms, making you distress, or affecting your activities, alternative measures may be recommended. But before trying these alternatives, it's best to consult your doctor first since there are still no any alternative medicines approved for hernia. If your doctor recommends one of them, it's usually considered as a complementary option, not to replace the main conventional treatments. But since there is a chance for the disease to turn into serious or even life-threatening, it can't be underestimated. Even though you have the mild one, see your doctor promptly if the bulge doesn't respond with manual pressure or more difficult to be pushed back into the abdominal cavity.

The alternative treatment includes.

- Wearing a hernia truss, a supportive undergarment to help relieve discomfort and keep the protruding abdominal tissue in, may be recommended for inguinal hernias

- Hiatal hernia can be treated with non-surgical medications include antacids, H-2 receptor blockers, and proton pump inhibitors. They can help treat and relieve heartburn, the classic symptom of hiatal hernia. Hiatal hernia can be treated with medicine however, if your symptoms do not go away after 3 weeks, your symptoms are very bad or getting worse and medicines from the pharmacy do not help, please contact your GP for advice if surgery is necessary.

- If you have a small and reducible hernia which is not painful and does not bother you then wait-and-see approach is an acceptable alternative however, if your pain and other symptoms persists, please consult your GP.

- Specific exercise to strengthen abdominal muscle.

- Yoga and other relaxation and stress relieving techniques can also be recommended to prevent symptoms and relieve pain.

What are the potential risks and side effects?

Fortunately, most of these risks are very uncommon, but patient education is very important to us.

Infections after a hernia repair are almost non-existent or they are very rare. However, you may receive a single dose of antibiotics before the surgery begins.

Bladder and Urine – Some patients (especially male) experience urinary retention after hernia repair. If this occurs, the treatment may include a temporary insertion of a urinary catheter (lofric/speedicath). You will be provided with a catheter pack to go home with and an instruction

from the healthcare providers. All patients eventually regain their baseline bladder control. If you don't regain your baseline bladder control, please contact your GP.

Acute and Chronic Pain – It is very important to tell your surgeon if you have any groin pain or leg pain before the operation. The typical recovery after a laparoscopic inguinal hernia repair is associated with mild to moderate incisional pain and mild groin discomfort. This may last anywhere from 2 – 14 days, but is almost always gone by the 3rd or 4th week after surgery.

Acute severe groin pain – Groin pain that is severe immediately after surgery should be brought to your surgeon's attention, as this can be due to direct irritation from surgical material and could warrant return to the operating room to remove the foreign material or tack (if used). Fortunately, this risk is extremely rare. Should it occur, however, acute nerve injury could increase the risk of developing chronic pain.

Chronic groin pain (can be mild or severe) is defined as the presence of pain, discomfort, or hypersensitivity (not present before surgery) existing for more than 3 months after surgery. According to one national database, even a healthy male with no previous history of groin pain has as high as a 6% risk of developing chronic discomfort after undergoing any type of inguinal hernia repair. While the general risks of developing this chronic discomfort exist, our group's experience has kept this complication at an absolute minimum.

Seroma – one of the more common side effects of a laparoscopic inguinal hernia repair . After the repair, patients can develop a temporary fluid collection in the same space where the hernia used to be. If it develops, it occurs about one week after surgery, and can last for months. They can become as large as the hernia. Some may mistake it for a recurrent hernia. Almost all reabsorb with time. Very rarely, persistent large seromas lasting beyond 4-6 months will require an operation as management. Percutaneous drains can be attempted with caution as they do risk converting a sterile seroma into an abscess.

Recurrence – All hernia repairs are subject to a very low, but definite, recurrence rate.

Gastrointestinal complications – Some patients develop nausea or vomiting the first 24 hours after general anaesthesia. This will be self-limiting.

Constipation is common with the use of narcotic pain medication and can be managed with a stool softener or laxative. Your surgeon can help recommend management if you experience constipation.

Shoulder Pain – this is a referred pain commonly experienced after laparoscopy and is self-limited within the first 3 days.

Hematoma - This is a blood clot or collection of blood near the surgery site or around the scrotum. Usually, rest and elevation can clear up this problem, while, in some cases, a broken blood vessel needs to be fixed with another surgery.

Swelling of the Testicles - The doctor will recommend NSAID therapy to reduce the swelling and inflammation.

Bruising - It is quite normal to experience some bruising where your wound is, often this does not appear until after you have gone home from hospital. Occasionally a very large bruise may form which takes one or two weeks to go away. The wound may ooze a little bit of blood or clear fluid for the first 48 hours, requiring a change of wound dressing.

Bruising and swelling may be troublesome, particularly if the hernia is large. The swelling may take four to six weeks to settle down.

What are the expected benefits of treatment?

Hernia repair surgery is recommended to improve symptoms and to prevent any serious complications such as hernia incarceration and strangulation, which can be life-threatening and usually requires emergency surgery. It can save your life and it stops the pain associated with the medical condition. If the surgery is done laparoscopically, benefits include lesser pain, smaller incisions, less scarring and shorter recovery time.

What should I do before I come into hospital?

- You will be asked to attend a pre-operative assessment clinic where we will ask you questions about yourself and discuss any worries or queries you may have
- Your operation will be explained, and you will be asked to sign a consent form
- Routine blood samples may be taken, and an ECG (heart tracing) and chest x-ray carried out
- Your temperature, pulse, respiration rate, blood pressure and weight will be recorded
- If you are having a general anaesthetic and are a smoker, we advise you to stop smoking at least 6 weeks before your operation
- Please leave jewellery and valuables at home. The hospital cannot accept responsibility for these
- Please do not wear makeup or nail varnish
- Take regular medication as normal, unless advised otherwise, and bring any inhalers and tablets with you
- If you are taking blood thinning tablets (anti-coagulants) such as Warfarin and Aspirin, please contact your consultant for further advice
- If you are diabetic, please discuss this when you attend your pre-operative assessment appointment where the staff will be able to give you advice.

Once you have scheduled your hernia surgery repair (assuming it is elective), your surgeon will provide you with instructions on how to prepare for the procedure.

These instructions may include:

- Wear comfortable, loose-fitting clothing on the day of your surgery.
- Stop taking certain medications for a period of time before surgery; for example, aspirin or non-steroidal anti-inflammatory medications (NSAIDs) a week before surgery.
- Stop eating for a period of time prior to surgery (depends on the surgical technique and type of anaesthesia used).
- Arrange to have someone drive you home after the procedure.
- Pack personal items if a hospital stay is needed (this is not typical).

Will I have an anaesthetic?

Yes, hernia repair is often carried out under local anaesthetic, or a regional anaesthetic injected into the spine. This means you'll be awake during the procedure, but the area being operated on will be numbed so you will not experience any pain. Sometimes a general anaesthetic is used. This means you'll be asleep during the procedure and will not feel any pain.

How will I feel afterwards?

After surgery, you are likely to feel sore. It is normal to feel pain after your surgery and you will be given pain relievers to control it. You may also feel easily fatigued and "washed out" following the surgery. This will eventually resolve.

How long will I be in hospital?

You should be able to go home the same day or the day after surgery. You'll need to ask someone to take you home and you should follow any instructions you're given at hospital. Some people stay in hospital overnight if they have other medical problems or live on their own.

What should I do when I go home?

It's important to follow the instructions you're given while in hospital about how to look after yourself.

Mobilization

It is important to rest after surgery, however, avoid staying in bed for long periods. You can perform short walks (walk to the bathroom, kitchen or bedroom) and gentle exercise is important as soon as you can to prevent complications such as formation of blood clot and chest infection. A general anaesthetic remains in your system for 24 – 48 hours. Therefore, it is important to have a responsible adult to care for you following your operation. Your anti embolization stockings (TEDS) should be worn until you are fully mobile.

Diet

You can resume a normal diet. Be sure to include a lot of fluids daily. This is to prevent constipation and straining after surgery.

Pain Management

Paracetamol 1gram (2 tablets) should be taken 4 times a day and if needed, you may also take ibuprofen 400mg 3 times a day alongside paracetamol if needed. You should take your pain medications regularly for 3-5 days. You may be given codeine; this should be taken if you feel you need something stronger. It should be taken alongside the paracetamol and/or ibuprofen. Codeine 30mg-60mg, (1 or 2 tablets up to 4 times a day as required). Be aware that codeine is an opioid and can cause drowsiness, dizziness, light-headedness, constipation, nausea and vomiting, so avoid driving while taking opioids. Minimize or avoid it if possible as it can cause addiction. It is common to experience constipation while taking opioid pain medications after surgery. Increased fluid intake and a mild laxative should be taken to prevent it from occurring. You may be given lactulose to help prevent constipation (15mls twice a day).

Some patients use other non-medication therapies for pain relief such as mindful breathing, music, relaxation, meditation, daily reflection, and short walks.

Pain (male patients only)

It is expected that your scrotum may be slightly swollen or tender. Along with the use of oral pain medications you can use ice packs to help. This is expected and will go away with time. Applying ice for 20 minutes on and 20 minutes off may help. This is to lessen the amount of pain and swelling after surgery. Many patients will feel a firm lump and hardness around the surgery site. This may make it feel as if your hernia is still there. This is normal.

In addition, there may be swelling and bruising in the genital region. This will all disappear in time and patients should be reassured. After a laparoscopic repair the patient may feel that the hernia is still there, but this sensation also improves with time. Scrotal swelling can be alarming irrespective of the type of repair, especially if the hernia was large or inguino-scrotal, and again patients should be reassured. If the swelling increases, then a seroma should be considered which may need aspiration and contacting the surgeon is advised.

Pain in your shoulder and abdomen

This is called referred pain and is a result of the gas used to inflate your abdomen and should pass after a couple of days; painkillers can be taken to relieve the discomfort.

Wound Care

Unless instructed otherwise, after your discharge please leave your dressings on for 48 hours and keep the area clean and dry. Your stitches are dissolvable and do not need to be removed. Steri strips (if present) will fall away in 7 - 10 days. If not, you can gently remove them. Skin glue will fall away in 7-10days. Do not pick or rub it off but allow it to come away naturally.

You may experience some bleeding from the wound site, if this occurs you should apply continuous pressure for about 10 minutes.

Elimination

You should be able to pass urine naturally after surgery, but some patients may experience urinary retention. If this occurs, the treatment may include a temporary insertion of a urinary catheter (lofric/speedicath). You will be provided with a catheter pack to go home with and an instruction from the healthcare providers. All patients eventually regain their baseline bladder control. If you don’t regain your baseline bladder control, please contact your GP.

Shower and Bath

It is fine to shower starting around 48 hours after surgery but no baths, pools or hot tubs for at least two weeks.

Deep breathing and coughing exercise

Do deep breathing and coughing exercises at home. To feel more comfortable, support your stomach with a pillow while you are doing these exercises.

Follow up appointment

This is not normally required. If you consultant does want to review you then an outpatient appointment will be made.

WHEN TO CALL YOUR DOCTOR:

1. Continued bleeding from an incision
2. Persistent nausea and vomiting (after the first 24 hours)
3. Fever over 38.5 (C) (after the first 48 hours)
4. Increased pain, redness, or drainage from an incision (after 3-4 days)

How soon will I be able to resume normal activities?

Most people make a full recovery from hernia repair within 4 to 6 weeks, with many being able to return to work and light activities within 2 weeks. Avoid strenuous exercise for four weeks for laparoscopic surgery or six weeks for open surgery.

You may commence driving when you feel you can do an emergency stop safely. You may also wish to speak to your insurer before driving again after having surgery.

Will I have to come back to hospital?

Not necessarily unless you experience any risk and side effect of surgery that cannot be treated at home

When can I return to work?

This depends on your type of work and the type of hernia you have had operated on. A desk job can usually be returned to after a week or two. A heavy manual job will require longer off work, usually around four weeks.

Consent

Although you consent for this treatment, you may at any time after that withdraw such consent. Please discuss this with your medical team.

Sources of information

NHS website, Gardner ward general post-operative instructions, ward matron, Surgical consultant.
ESHT website patient information – www.esht.nhs.uk
Other websites:
http://www.britishherniasociety.org/for-gps/post-operative-care/
https://www.nhsinform.scot/tests-and-treatments/surgical-procedures/inguinal-hernia-repair#how-its-carried-out

Important information

The information in this leaflet is for guidance purposes only and is not provided to replace professional clinical advice from a qualified practitioner.

Your comments

We are always interested to hear your views about our leaflets. If you have any comments, please contact the Patient Experience Team – Tel: 0300 131 4731 (direct dial) or by email at: esh-tr.patientexperience@nhs.net

Hand hygiene

The Trust is committed to maintaining a clean, safe environment. Hand hygiene is very important in controlling infection. Alcohol gel is widely available at the patient bedside for staff use and at the entrance of each clinical area for visitors to clean their hands before and after entering.

Other formats

If you require any of the Trust leaflets in alternative formats, such as large print or alternative languages, please contact the Equality and Human Rights Department.

Tel: 0300 131 4434 Email: esh-tr.AccessibleInformation@nhs.net

After reading this information are there any questions you would like to ask? Please list below and ask your nurse or doctor.

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Reference

The following clinicians have been consulted and agreed this patient information:
Jacinta Isles- Gardner Ward Matron, Miss Morris – Consultant Surgeon.

The directorate group that have agreed this patient information leaflet:
Diagnosis, Anaesthetic and Surgery

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Responsible clinician/author: Chiona Acbaya-an- Gardner Ward Sister

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