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HERNIA

A hernia is a lump caused by weakness in the muscles forming the front wall of the abdominal cavity. It is a very common condition, which can affect men, women and children at any age.

INGUINAL HERNIA

Hernias commonly occur in the groin area because blood vessels and other structures pass in and out through gaps in the muscles in this region resulting in an area of natural weakness. When an inguinal hernia develops the abdominal lining can push through a gap in the muscles like an inner tube bulging through the wall of a ruptured tyre. The lump is more noticeable when standing up. Lying down allows the contents of the hernia to return to their normal position inside the abdomen so that the lump temporarily disappears. As the hernia gets larger, other tissues, such as parts of the bowel, can fall into this sac and can get trapped so that their blood supply is cut off (i.e. strangulated). This is why we normally recommend that hernias should be repaired.

Most hernias occur on one side only (unilateral), although approximately 10-20% may occur on both sides (bilateral). Some hernias occur at the site of an old repair; this is called a recurrent hernia. There are two main techniques for repairing hernias; open or laparoscopic.

For “**Open**” surgery, the procedure is performed through a small 4-6cm incision in the groin. The hernia sac is removed or replaced in the abdomen. A tension free piece of mesh is placed over the weakened area of the abdominal wall. This mesh remains there permanently and the body tissues grow through it so that the weak area becomes greatly strengthened. Patients are discharged the same day or the next morning following surgery. No sutures need removing.

Post operatively, all patients experience pain, swelling, bruising and numbness in the groin. Patients are encouraged to resume gentle activity post operatively and to gradually increase mobility back to normal after several days.

Potential Complications

Swelling and bruising can sometimes be marked. This will invariably settle after a few weeks. Some patients may have difficulty in passing urine and a catheter may need to be placed temporarily.

Pain in the groin can last for sometime and very rarely patients will need treatment for this.

Very rarely infections can occur.

Testicular damage is very rare and is more common with surgery to recurrent hernias.

The “**Laparoscopic**,” or keyhole, procedure is performed through 3 small (less than 1cm) incisions in the lower abdomen. The hernia is reduced internally and a mesh is placed under the muscle to reinforce the area of weakness. This technique is particularly useful for recurrent hernias (avoiding the area of scar tissue) and bilateral hernias, so that two “open” hernias are avoided. In a small group of patients an open operation may be needed.

Patients recovery rapidly post operatively and are usually discharged either the day of, or morning after surgery. A gradual increase in mobility is encouraged and most patients will have resumed normal activities after a few weeks.

Potential Complications

Rarely, damage can occur to blood vessels, bladder or bowel.

Rarely, pain will persist in the groin.

Swelling and bruising in the groin will usually settle within time.

Urinary retention is unusual

Recurrence of the hernia is rare but may require further surgery.

Please remember that the majority of patients have uneventful surgery.