

# Hernia repair

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## Information for day surgery patients at King's College Hospital only

This leaflet helps you understand the treatment you are going to have and answers many commonly asked questions. If you have any other questions or would like further information, please speak to a member of nursing staff.

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### Confirming your identity

Before you have a treatment or procedure, our staff will ask you your **name** and **date of birth** and check your **ID band**. If you don't have an ID band we will also ask you to confirm your address.

**If we don't ask these questions, then please ask us to check.**

Ensuring your safety is our primary concern.

## What is a hernia (rupture)?

**Inguinal hernia:** This is the most common type of hernia, causing a lump and sometimes pain in your groin. It is more common in men. The hernia pushes into the inguinal canal, which in men is the channel through which blood vessels to the testicles pass. In women, a thin ligament passes through it.

**Femoral hernia:** This is similar to an inguinal hernia but bulges at the top of your thigh, low down in your groin.

**Umbilical hernia:** This is a hernia in the umbilical (tummy button) region.

## Why do I need a hernia repair?

There are many reasons why you may have been advised to have a hernia repair. This would have been discussed in your first outpatient appointment, but your surgeon will discuss this with you again on the day.

The most common ones are:

- It is causing you discomfort or pain.
- It is unsightly.
- It has become stuck and will not go back in.
- There is a risk of strangling your organs (strangulation), which could be dangerous.

## What are the benefits?

- It removes the risk of strangulation.
- It relieves any discomfort.
- It gets rid of the bulge.

## What are the risks?

Common side effects which will ease over the first week, may include:

- **Bleeding:** some bruising often occurs in the groin area and occasionally around the genitals if you have had an inguinal or



femoral hernia repair. If you had an umbilical hernia repair, there may be a small amount of bruising around your belly button region. This is usual and will settle in 10 – 14 days.

- **Pain:** your groin area is naturally sensitive so discomfort in the area is common if you have had an inguinal or femoral hernia repair. Likewise around your belly button area following an umbilical repair. We will try to ensure you are comfortable before you go home. Take the painkillers provided on a regular basis and keep mobile, as explained previously.
- **Swelling:** men may experience scrotal swelling for a few days after inguinal or femoral hernia repair. This should reduce gradually and well-fitting briefs (not boxer shorts) will make this more comfortable. Occasionally you may also experience some other less common, but more worrying side effects:
  - Inability to pass urine in the first 24 hours.
  - Persistent sickness and/or vomiting.
  - Bleeding from the wound (not oozing into the dressing – that is usual and the dressing is there to absorb this).
- **Infection:** normal healing involves a little redness around the wound together with some tenderness, but there is a small risk of it becoming infected after the operation. The symptoms are:
  - Increasing pain under your wound and surrounding area.
  - Increasing redness of the area around your wound.
  - Foul-smelling discharge from your wound.
  - Temperature of 38° C (100.4° F) or greater.

If you think your wound has become infected please contact your GP (home doctor) immediately.

If any of these complications occur, or you are in any doubt, please call the Day Surgery Centre for advice from one of our experienced nurses. If you are unable to contact them on the number provided please contact your GP or local Accident & Emergency department instead.



## Are there any alternatives?

A belt-like device called a truss can be used to control a hernia, but it **does not** cure it. It is rarely used today as it can cause complications.

## What if I choose not to have surgery?

If you have a hernia which is small, does not bother you and causes no symptoms, then you could just adopt a wait and see approach with your GP. However, hernias will not return to their normal state so if you keep having symptoms you should have surgery to prevent possible problems.

### Consent

**We must by law obtain your written consent to any operation and some other procedures beforehand. Staff will explain all the risks, benefits and alternatives before they ask you to sign a consent form. If you are unsure about any aspect of the treatment proposed, please do not hesitate to speak with a senior member of staff again.**

## What happens before the operation?

We will usually give you a local anaesthetic around your wound site to help keep you comfortable when you wake up. We usually give you a general anaesthetic but you may not need it. This is based upon your personal circumstances, and would have been discussed with you at your outpatient appointment.

You can get more information about the types of anaesthetic when you attend Day Surgery for your pre-assessment. Please bring any questions with you that you may have and our staff will help to answer them for you.

## What are the risks of having an anaesthetic?

Straight after a general anaesthetic you may feel tired, dizzy or weak. You must have someone to collect you and stay with you for the first 24 hours.



During the first 24 hours you should not:

- drive or operate any motorised vehicle or electrical equipment
- sign any legal documents or make important decisions
- drink alcohol.

You may feel weak or dizzy at times during the first 7 – 10 days. If this happens, sit down until the feeling passes. You may also have the ‘post-operative blues’ and feel a little depressed, though this should soon pass.

## What happens during the operation?

You will usually have an oblique cut in the groin just at or above the site of your hernia. Some patients with hernias on both sides will have keyhole (laparoscopic) surgery instead. The surgeon will make several small cuts close to the site of your hernia and use special instruments to repair it. They will push the bowel or fat swelling back into its normal position and mend the hole in the muscle wall to prevent the hernia from happening again. They may use a patch of plastic material (mesh) to cover and repair the hole.

## How long does the operation take?

This depends on the size of the repair procedure and where it is, but the average time ranges from 30 – 60 minutes.

## What happens after the operation?

If you had a general anaesthetic you will be returned to the ward for at least one hour to allow you time to recover as you will feel drowsy.

**Wound dressing:** You will have a plaster over your wound which you can leave on for up to five days and then change yourself or with the help of your practice nurse. If you do not have a waterproof plaster and it gets wet, you should change the dressing earlier, either by yourself or the help of your practice nurse, unless otherwise advised by our ward nurse or surgeon.



**Washing:** It is important to keep your wound dry to allow it to heal, so you must not have a bath for the first five days. You can shower or wash the area gently the day after your operation if you have a waterproof plaster, but avoid using soap, bath oils and talcum powder for the first week. Lightly pat the area dry with a clean towel.

**Stiches:** Your stitches will be either dissolvable or need to be removed by your GP or practice nurse in 10 – 14 days. We will tell you which sort you have before you leave the unit.

You will have an elastoplast / sticky plaster over your wound which you can keep in place up to 5 days if it remains dry, and then change the dressings either by yourself or with your Practice nurse. If wet, please change it earlier or get it seen to by your Nurse earlier. (unless told otherwise by your ward nurse or surgeon).

This is when you may now take a shower or shallow bath. We recommend you avoid bath products such as soap, bath oils and talcum powder for the first week. Lightly pat the area dry with a clean towel afterwards. You can usually wash with the dressing on if it is a waterproof one.

## Returning to normal activity

Limit your physical activity to walking, over the first 48 – 72 hours. You should get up and walk about the house every two hours to help maintain your normal blood circulation. After the second day you can go for regular walks outside your home as well.

Vigorous sexual intercourse must be avoided for two weeks.

You may resume gentle exercise (swimming, jogging) after two weeks, but restrict lifting and more vigorous exercise (such as gym, squash, football) for six weeks. Do not force yourself to exercise if you still feel regular pain. Do not do any heavy lifting or excessive straining in the first four weeks.



Stiffness is normal however and not harmful and remember that inactivity is bad for you.

You may resume your normal diet after your surgery. However, ensure this is high in fibre (cereals, vegetables and fruit) to prevent constipation and unnecessary straining.

## **Will I need to come back to the hospital?**

If your surgeon needs to see you again, we will write to you offering you a follow-up appointment. Otherwise you just need to get a checkup by your GP or Practice nurse 1 to 2 weeks after the operation.

## **Valuables**

Please do not bring in valuables, jewellery or large sums of money. If this is unavoidable, please ask a relative to take them home for you. The hospital cannot accept liability for the loss of personal items.

## **Sharing your information**

We have teamed up with Guy's and St Thomas' Hospitals in a partnership known as King's Health Partners Academic Health Sciences Centre. We are working together to give our patients the best possible care, so you might find we invite you for appointments at Guy's or St Thomas'. To make sure everyone you meet always has the most up-to-date information about your health, we may share information about you between the hospitals.

## **Care provided by students**

We provide clinical training where our students get practical experience by treating patients. Please tell your doctor or nurse if you do not want students to be involved in your care. Your treatment will not be affected by your decision.

## **PALS**

The Patient Advice and Liaison Service (PALS) is a service that offers support, information and assistance to patients, relatives and visitors.



They can also provide help and advice if you have a concern or complaint that staff have not been able to resolve for you. The PALS office is located on the ground floor of the Hambleton Wing, near the main entrance on Bessemer Road - staff will be happy to direct you.

Tel: **020 3299 3601**

Email: **kch-tr.PALS@nhs.net**

You can also contact us by using our online form at  
**[www.kch.nhs.uk/contact/pals](http://www.kch.nhs.uk/contact/pals)**

**If you would like the information in this leaflet in a different language or format, please contact PALS on 020 3299 1844.**

### **Urgent enquiries or emergencies**

For urgent enquiries only please call **020 3299 2188** or bleep **879**. Please leave a message with your name and telephone number and the on-call nurse will get back to you within the hour.

If you have had no reply after one hour, please contact your GP or nearest Accident & Emergency department.

### **Who can I contact with queries and concerns?**

If you have any further problems following your hernia operation, please contact us:

#### **Day Surgery Centre**

**020 3299 3483** between 7.30am and 5.30pm (Monday to Friday).

Ask to speak to the assessment nurse.

In case of any cancellation contact the appropriate admission team by telephoning the number on the operation letter.

Corporate Comms: 0292

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