

Hernia Repair

Patient Information



What is a hernia?

A hernia is a weakness or deficiency in the body tissue, through which internal organs of the abdominal cavity can protrude. It can arise spontaneously. It is exacerbated by obesity, smoking, cough, constipation, heavy weight lifting and sometimes due to pregnancy.

What are the different types of hernia?

Inguinal hernia is a weakness of the abdominal wall and in the region of groin, scrotal area.

The inguinal hernia is the most frequent form of hernia then all other types of hernia. Groin hernias are more common in men, women have umbilical hernias which can disappear with change in posture.

Incisional hernias can occur after every surgical intervention in the any abdominal surgery and is usually due to the previous surgical scar weakness.

Mostly hernias are pain free but occasionally patient can feel mild pain. Severe pain always indicates the bowel obstruction and patient should immediately see medical advice.

Umbilical hernia occurs when the abdominal wall is weakened or when pressure increases in abdominal cavity. The region around the navel, through which the umbilical cord passes in new-born babies, represents a weak point in the abdominal wall.

HERNIA	FREQUENCY
Inguinal hernia	approx. 75%
Incisional hernia	approx. 10 %
Umbilical hernia	approx. 10 %
Other hernias	approx. 5 %

How is a hernia diagnosed?

The diagnosis is made by a physician upon examination. The physician can determine if the hernia can be pushed back or if it is obstructed and contains a portion of the bowel. Generally a laboratory test is not required to diagnose a hernia.

The physician also determines if patient has medical condition leading to hernia formation and if it requires treatment.

Why is an operation necessary?

A hernia never heals by itself. On the contrary, it tends to increase in size over time except for in a few selected cases where watchful wait is advised.

The hernia often contains fat/omentum or intestine and rarely can result in life threatening complications of gangrene of bowl. This is why the operation is advised.

Hernia repair surgery

Below are the different ways a hernia can be repaired through surgery:

1. Using suture material:

This is used only in a very small hernia and is often associated with recurrence. Therefore, it is almost not used any more.

2. Repair with mesh:

Almost all hernia surgeries are done by using mesh. As shown in diagram. The meshes are of different types and are manufactured by different companies. Your surgeon will guide you which type of mesh is appropriate for you.

a. Open technique:

The operation is performed through a small incision in the skin (mini laparotomy Fig. 01). After the contents of the hernia sac have been pushed back into the abdominal cavity, the hernia is repaired using mesh and the wound is closed.

b. Laparoscopic technique:

A video scope and special instruments are used to repair hernia (Fig. 02), where it is unfolded or unrolled and fixed into position from inside.

The laparoscopic technique is frequently used to treat bilateral hernias (inguinal hernia at the same time right and left side).

What are the advantages of using mesh?

- Less pain
- Early resumption to of daily activities
- Low rate of recurrence

Please note that hernia meshes should not be used in children at all or on infected areas on adults. The table below gives you a rough guide to the period of recovery you will need after your operation before you return to work.

These times relate exclusively to operations in which a hernia mesh was used. If no mesh was used for your operation, the period of recovery you will require before returning to work will be considerably longer.

Activity	Period of recovery
Light or supervisory activity	1-2 weeks
Minimal lifting activity	2-3 weeks
Heavy physical work	3-4 weeks

The actual time to return to your daily activities will be individually determined by your physician.

Before Admission

- You will be required to sign a consent form before the surgery.
- You will be required to visit anaesthesia clinic for pre-operative assessment. Here you may be asked to do pre-operative tests, which includes ECG, blood tests and radiology tests, as per the requirement.

- In anaesthesia clinic, you will be asked to sign another informed consent form for anaesthetic drugs administration during your surgery.
- Once you get fitness approval from the anaesthesia clinic, you need to contact our financial counsellor/corporate officer to get cost estimates as well as the appointment for the procedure.

On the day of surgery

- You will report to the admission's office to get admitted to the ward.
- An admission pack will be provided and you will be asked to wear a hospital gown.
- The nurse will take notes of weight and vital signs, including blood pressure, temperature and pulse.
- If you are diabetic, your blood sugar level will be checked.
- The nurse will insert an IV cannula before surgery.
- You will be transferred to the OR when called.
- After the surgery, you will be shifted to the recovery room for observation.
- Once you recover from anaesthesia, you will be transferred to the ward or room for further management.

What will happen after the surgery?

Diet after surgery

- You will be given sips of water as soon as you wake up.
- If you tolerate sips then you will be moved to clear liquid diet followed by soft diet and then regular diet. Diet can only be progressed if no nausea /vomiting occurs.

Activities after surgery

Frequent movement can ensure speedy recovery. Lying down on bed may lead to complications, like pneumonia, muscle weakness and DVT (blood clots formation). After your surgery, your nurse will help you with the following activities that you can continue on your own as you recover.

Changing position: The nurse will help you turn from your back to your side and vice versa every 2 hours.

Deep breathing and coughing exercises: The nurse will help you take deep breaths and cough every 2 hours and you have to perform Spirometry every two hourly to improve lung compliance.

Move from bed to chair: The nurse will help you get out of bed and sit on a chair after 6-8 hours of the surgery.

Take short walks: The nurse will help and encourage you to take assisted short walks at least four times a day. You can ask them questions about the best ways to move and get out of bed.

Managing pain after surgery

The intensity of pain varies from person to person. After the surgery, pain management is very important for fast recovery. Below are some common ways to manage post-surgical pain.

- Intravenous (IV) pain medicines
- Oral pain medicines

Are there any side effects of the procedure?

The procedure typically causes no side effects. However, you should contact your doctor, if any of the following symptoms occurs.

- Persistent nausea or vomiting
- Inability to digest foods or fluids
- Swelling or pain in either leg or calf
- Increased redness, drainage or swelling at surgical site
- Worsening pain
- Fever above 101 degree Fahrenheit

What is the recovery process?

Activity

- You may feel some discomfort for at least one week after your surgery.
- Take your pain relieving medications, as recommended.
- Take short walks at least 2-3 times a day if you are comfortable.
- You may climb stairs, as needed, as long as you do not feel dizzy or weak.
- Make sure that someone is around you for the first 24 hours after surgery.

Driving

- Do not drive a car or any other vehicle for a week time after the surgery.
- When coughing, be sure to place a pillow or your palm over the incision and gently press the site to reduce the pressure on the wound.

Lifting

- You are not allowed to bend or lift more than 10 lbs. /5 kg weight for the first two weeks after the surgery.
- Your abdominal wall muscles may feel a little sore for a week after surgery. However, light work at home or work is recommended.

Medication

- Take medications as prescribed.

Incisions

- Bathe/ shower 24 hours after surgery, and then daily in order to ensure proper hygiene around the wound site.
- Clean your stitches (wound site) with soap and water by gentle massage using your figure tips.
- Wound dressings or ointments/creams over the incisions are not recommended, unless prescribed.
- Remove dressing after shower

Follow Up

- Follow up in the clinic one week after the surgery.
- Your doctor will assess the condition of the wound and may remove the stitches, when needed.

Emergency contact numbers

Help line number: 0304-22737333 (24/7)

B1 ward (GI and General surgery): 021-34862190 / 021-34862191 (Including weekends and public holidays).

Emergency Room: 021-34861090 /021-34861091