



## **Brief description**

A hernia is a weakness in the muscles which form the lower front of the stomach in the groin region and results in a bulge.

## **What does the operation consist of?**

This method of hernia repair uses a small telescope under the muscles of the abdomen to examine the weak area. Two other instruments are inserted through the skin and abdomen to dissect away the tissues and display the weakened hernial site. A patch of teflon material is then used to reinforce the weakened area. Using this method, a large cut through the muscles of the groin is avoided and the postoperative pain is less and the recovery time quicker. The results appear to be as good as the open repair technique and gradually this operation is being done more and more. However about 5% of hernias will recur after open or laparoscopic repairs. About 2% of laparoscopic hernia repairs have to be converted to open operations because of technical difficulties.

## **What are the anaesthetic risks involved?**

You can discuss the type of anaesthetic you will have with your anaesthetist and also the possible complications that may occur.

## **What should I do before the operation?**

You should not eat or drink anything for at least six hours before your operation. However, you should take all your regular medication as usual on the day you will need to stop certain medication such as disprin, clopidogrel, warfarin, or other blood thinning medicines (including homeopathic medication) well before the operation. Please discuss with your surgeon. You may require further investigations to assess your fitness for surgery and may need to see a physician and/ or the anaesthetist pre-operatively.

## **What happens before the operation?**

Please report to the hospital reception on time for your admission. Please bring along all the documents that may be required such as your medical aid card, id and contact details. If you are not a member of a medical aid you will be required to pay a deposit or to sign an indemnity form. As far as possible we will try to advise you about hospital costs before your admission. It may be best to complete some of the documentation beforehand at the hospital pre-admission clinic to save time on the day of your admission. When you arrive in the ward, you will be welcomed by the nurses or the receptionist and will have your details checked. Some basic tests will be 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, dressings, or if you are on any blood thinners.

The surgeon will have explained the operation and you will be asked to sign your consent for the operation. If you are not clear about any part of the operation, ask for more details from the surgeon or from the nurses. In an adult the operation area may need to be shaved to remove excess hair. You may be issued with compression stockings that will help prevent blood clots in your legs. If you are having a general anaesthetic, the anaesthetist who will be giving your anaesthetic will interview and examine you and he may put up a drip or prescribe some medication to help you relax. You will be taken on a trolley to the operating suite by the staff. You will be wearing a cotton gown.

Wedding rings will be fastened with tape and removable dentures will be left on the ward. There will be several checks on your details on the way to the operating theatre where your anaesthetic will begin.

## Shaving

The operation area will be shaved to remove excess hair.

## How long does the operation take?

Usually between 1- 2 hours

## What happens when I wake up?

After the operation is completed, you will be transferred back to the ward or high care unit. 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. More complex hernia repairs will require use of urinary catheters, naso-gastric tubes and wound drains. An epidural catheter may have been inserted intra-operatively to help with post-op analgesia.

## Will I have pain?

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 after operation. You will not do the wound any harm, and the exercise is very helpful for you. The day after operation you should be able to walk. By the end of one week the wound should be virtually pain-free and reasonably active.

## How long will I stay in the hospital?

Usually you will feel fit enough to leave hospital the day after the operation and sometimes on the same day. You will be given an appointment for a check-up about a week after your operation.

## What happens when I am discharged from the ward?

You are likely to feel a bit tired and need rests a few times a day for a week or so. You can usually do most activities without difficulty. You will gradually improve so that after a few days you will be able to return to your full level of activity. You will be given instructions on the dressings and how to care for the wound. You will also get an appointment for your follow-up in the surgeon's rooms. If one is not provided to you upon discharge, please call 021-203-3893 to schedule one. You should ask for a sick certificate if you need this for your employer.

## How soon can I start exercise?

At first discomfort in the wound will prevent you from harming yourself by too heavy lifting. After one month 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. Most people can return to normal physical activity within a few weeks.

## What about sex?

You can restart sexual activities within a week or two, when the wound is comfortable enough. Remember that this operation is not a sterilisation procedure.

## The wound

There are 3 small stab wounds which require no particular care. There may be fine stitches. They are usually removed after 7 to 10 days. However, most wounds are closed with dissolving sutures under the skin. The dressing, which is usually waterproof to allow showering, will be kept on until the stitches are removed. There may be some purple bruising around the wound which spreads downward by gravity to the groin area and fades to a yellow colour after 3 to 5 days. It is not important. There may be some swelling of the surrounding skin which also improves in 2 to 3 days. After 7 to 10 days, slight crusts on the wound will fall off. Occasionally minor match-head sized blebs form on the wound line, but these settle down after discharging a blob of yellow fluid.

## Complications

Complications are rare and seldom serious. If you think that all is not well, please ask the nurses or doctors. A lump may be present in the groin which may feel like the original hernia. Do not worry, this is normal. 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 will be treated appropriately by the surgeon. Aches and twinges may be felt in the wound for up to 6 months. Occasionally there are numb patches in the skin around the wound which get better after 2 to 3 months. The risk of a recurrence of the hernia is about 5 in 100. Recurrences after laparoscopic repair usually occur in the first few months.

**What should I be aware of when I get home?**

Pain and swelling around the wound. Numbness around some areas of the wound.  
This may take 2 to 3 months to settle. Constipation because of the analgesia and decreased mobility.  
You may require a stool softener.

**How soon after the operation can I eat?**

You will be able to drink within an hour or two of the operation provided you are not feeling sick.  
The next day you should be able to manage small helpings of normal food.

**How soon can I drive a car?**

You can drive as soon as you can make an emergency stop without discomfort in the wound,  
i.e. After about 1 week.

**How long will I be off work?**

You should be able to return to light work within 1 week and a heavy job within 2 weeks.

**What about payment?**

The procedure and its associated costs will have been discussed with you, and a quote provided.  
Where procedures need to be unexpectedly altered during the course of the procedure, the fee may change.  
Similarly, emergency procedures may incur an additional cost. Please settle your account promptly.