

PATIENT INFORMATION
**Laparoscopic
(Keyhole)
Inguinal Hernia
Repair**



Please use this space to make a note of any questions you wish to ask:

Laparoscopic (Keyhole) Inguinal Hernia Repair

The Spencer Private Hospital, Ramsgate Road, Margate, Kent, CT9 4BG

Appointments and General Enquiries: 01843 234 555

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Introduction

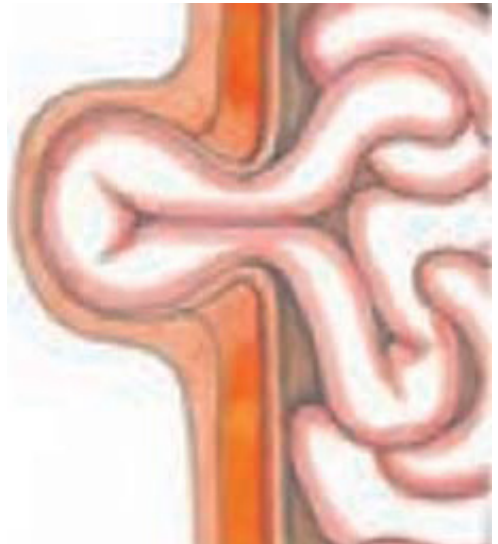
If you have an inguinal (groin) hernia, The Spencer Private Hospital is pleased to offer the most modern surgical treatment at a time to suit you. NHS treatment for inguinal hernias is now severely restricted, despite this often being an uncomfortable condition with some associated risks. The Spencer Private Hospital is committed to providing a personalised service for the treatment of inguinal hernias producing excellent surgical and cosmetic results.

Hernia operations are often still performed by the old fashioned 'open' method using a long cut in the groin. However most hernias can now be repaired using keyhole surgery with excellent results.

Laparoscopic Inguinal Hernia Repair is a technique to fix tears and hernias in the abdominal wall muscle using small incisions, a telescope and a mesh patch (a strong, but flexible man-made material). It offers a much quicker return to work and normal activities, with far less pain. This brochure can help you understand what a hernia is and will give you more information about the operation.

What is a Hernia?

When a hernia occurs, it means the layers of the abdominal muscle have weakened, resulting in a bulge or tear. In the same way that an inner tube pushes through a damaged tyre, the inner lining of the abdomen pushes through the weakened area of the abdominal wall to form a balloon-like-sac. This can allow a loop of intestine or abdominal tissue to push into the sac. The hernia can cause severe pain and other potentially serious problems that could require emergency surgery.



The common areas where hernias occur are in the groin (inguinal), belly button (umbilical) and the site of a previous operation (incisional). An inguinal hernia is the most common type of hernia and twenty times more common in men than in women. It is likely that about 1 in 20 men will develop an inguinal hernia. A hernia does not get better over time, nor will it go away by itself.

How Do I Know If I Have a Hernia?

It is usually easy to recognise a hernia. The first signs of a hernia are pain or discomfort and/or a lump in the groin. You may notice a bulge under the skin. You may feel pain when you lift heavy objects, cough, strain during urination or bowel movements, or during prolonged standing or sitting. The pain may be sharp and immediate or a dull ache that gets worse towards the end of the day. Severe, continuous pain, redness and tenderness are signs that the hernia may be trapped or strangulated. These symptoms are cause for concern and your doctor should be contacted immediately.



Why Do People Get Hernias?

The wall of the abdomen has natural areas of potential weakness. Hernias can develop at these or other areas due to heavy strain on the abdominal wall, ageing, injury, an old incision or a weakness present from birth. Anyone can get a hernia at any age.

Most hernias in children are congenital. In adults, a natural weakness or strain from heavy lifting, persistent coughing, and difficulty with bowel movements or urination can cause the abdominal wall to weaken or separate.

What Are The Treatments Options?

There are few options available for a patient who has a hernia. Use of a truss (support) used to be prescribed. A truss applies support to the weak area, but it is not a cure and can be uncomfortable. It is often ineffective and is usually reserved for people who are not fit for an operation. Most hernias require a surgical procedure.



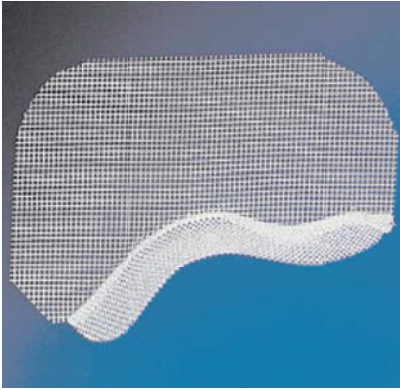
Surgical operations are now done in one of two ways:



The modern approach is a laparoscopic hernia repair. Laparoscopy or keyhole surgery is performed under general anaesthetic. One 1cm incision and two 5mm incisions are made in the abdomen and carbon dioxide gas is blown into the abdomen to lift the abdominal wall away from the internal organs so that the surgeon has a good view.

A laparoscope (a long thin telescope) connected to a special camera is inserted through a port (a small hollow tube) into your abdomen, allowing the surgeon to view the hernia and surrounding tissue on a video screen.

Other instruments are inserted which allow the surgeon to work “inside” your tummy. The hernia is repaired from behind the abdominal wall. A soft and flexible piece of polyester mesh is placed inside the muscle wall to prevent the hernia from getting out through the hole in the muscle wall. This is then secured in place using slowly absorbable tacks. The instruments are removed and the gas is allowed to escape before stitching the cuts together. Since there is no cutting or stitching of the muscle with laparoscopic repair, this technique allows the



patient to experience far less post-operative discomfort and enjoy a shorter recovery time.

In a few patients who are not suitable for laparoscopic surgery the open or traditional approach is used. A 4 inch cut is made in the groin area of the hernia. The cut will extend through the skin and fat, and allow the surgeon to get to the level of the defect.

The surgeon may place a small piece of surgical mesh to repair the defect or hole. If this approach is necessary the surgeon will discuss this with you in more detail.

Is Everyone a candidate for Laparoscopic Hernia Repair?

Only after a thorough examination can your surgeon determine whether laparoscopic hernia repair is right for you. It is a particularly good way of repairing hernias that have recurred following a previous repair or for people who have hernias on both sides (bilateral hernias).

Benefits of having the surgery

The pain and lump will be relieved by the surgery. Planned surgical treatment of a hernia is much safer than leaving the hernia until an emergency happens. Risks of Not Having The surgery The hernia will probably get bigger. Rarely the hernia may become trapped and strangulated. The bowel may become gangrenous (that part of the bowel dies). This can be very dangerous and will need emergency surgery, possibly requiring surgery to the bowel.

Your surgeon will help you decide if the risks of laparoscopic hernia repair are less than the risks of leaving the condition untreated.

The Risk	What Happens?	What does this mean?
Need for open surgery	Keyhole surgery may not work and the surgeon may need to do open surgery (less than 1% of people). This is more common in patients who are overweight.	Open surgery requires a bigger cut in the groin and may be more painful.
Trouble passing urine after the operation	A temporary problem due to spasm of the bladder muscles and pain. More common in older men.	A catheter (plastic tube) is put into the bladder to drain the urine away. This is usually temporary.
Swelling of the testicle and scrotum	In male patients, the testicle and the contents of the scrotum may swell due to the surgery or bleeding during or after surgery. Also the penis may show bruising.	The testicle may stop making sperm and it may shrink (1 in 200 patients for first repairs and 1 in 100 for recurrent repairs).
Swelling at the site of the hernia persists after surgery	This is usually caused by a seroma or collection of tissue fluid under the skin and is common when larger hernias have been repaired.	The fluid will disappear if left alone.
Injury to sperm tube (Vas Deferens)	The tube carrying sperm from the testicle to the prostate may be injured which may reduce fertility in 1 in 200.	Results in a partial vasectomy.
Change to testicle	The testicle may sit a little higher in the scrotum after surgery.	A change in physical appearance – no action is necessary.
Ongoing pain or discomfort in groin	One of the small nerves in the groin can be cut or caught in a stitch or scar causing long term burning and aching in the groin. This is much less common after laparoscopic surgery (1 in 50) compared to open surgery (1 in 5).	This may require injections or long term medication to control the discomfort.
Hernia comes back	The hernia may come back in approximately 1 in 50 patients. The rate of recurrence of the hernia is the same for open surgery or laparoscopic surgery.	Further surgery to repair the hernia.

General complications during any operation may include:

- Adverse reaction to general anaesthetic
- Chest infection
- Clotting may occur in the deep veins of the leg (DVT).

The risk of a serious complication is very small – less than 1 in 1,000 patients will have a serious complication.

What If The Operation Cannot Be Performed by The Laparoscopic Method?

In less than 1% of patients the laparoscopic method is not feasible because it may be difficult to see or handle the organs effectively. Factors that may increase the possibility of converting to the “open” procedure may include obesity, a history of prior abdominal surgery causing dense scar tissue, or bleeding problems during the operation. The decision to perform the open procedure is a judgement decision made by your surgeon either before or during the actual operation. The decision to convert to an open procedure is strictly based on patient safety.

How Long Will I Be In Hospital?

Most patients who are fit and well can be admitted on the day of their operation and go home later on the same day. Older patients or those with heart, chest or urinary problems may need to stay overnight.

How Should I Prepare For My Operation?

If you smoke you should try and stop as smoking interferes with wound healing and increases the risk of the hernia coming back again. Your GP may be able to help you with this. Before the day of the operation you will get instructions telling you when you should stop eating and drinking. Your stomach must be empty in order to make the general anaesthetic safe.

If you take tablets to thin the blood such as Aspirin, Warfarin or Clopidogrel, you will be told when to stop taking these. You usually arrive at the hospital on the day of the operation. The nurses will help you to change into a theatre gown and get you ready for theatre. An anaesthetist will explain the anaesthetic procedure. The surgeon who is going to perform the operation will also see you and ask you to sign the surgical consent form. If you have any queries that have not been answered in the clinic, then you will have an opportunity to ask the surgeon and the anaesthetist questions before your operation.

You do not need to shave in the groin area where the hernia is. It is very important that your bladder is empty for the operation and you will be asked to empty your bladder immediately before you go down to the operating theatre. Following the operation, you will be transferred to the recovery room where you will be monitored carefully until you are fully awake, before returning to the ward.

After The Operation...

Pain Control

With any keyhole operation you can expect some soreness in the wounds. This will mostly be during the first 24 – 48 hours. We will give you pain killers that you should take regularly for the first two to three days which the nurse will discuss with you before discharge. Occasionally patients may experience shoulder-tip pain from the gas but this should settle very quickly; gentle walking will help to ease this. The discomfort should wear off within 4 – 5 days. If you have prolonged soreness and are getting no relief from the prescribed pain medication you should notify your GP.

Wound Care

The wounds are covered with dressings that should stay on for 3 days. You will have dissolving stitches that do not need to be removed. If you have any concerns about your wounds at any time, please make an appointment to see the practice nurse at your GPs surgery or alternatively, your surgeon.

Driving

You should not drive for 7 days after your operation, and should only drive then providing that you do not feel any after-effects and can perform an “emergency stop” without any pain or discomfort. After this, you should be fit to drive as normal. Your car insurance may be invalid if you drive when you are not medically fit to do so.

Diet

You will normally be able to start drinking shortly after the procedure and eat as soon as you feel hungry. Eating a high fibre diet and increasing your fluid intake will help to maintain a regular bowel movement. If you do feel you are becoming constipated mild laxatives should help.

Bowels / Bladder

The nurses will ensure that you have passed urine before you leave the hospital, although you may find that the force of your stream is not back to normal for 24 hours. Some patients find that they are prone to constipation following surgery. This can be due to the painkillers and/or immobility after an operation.

Mobility

You will normally be able to get out of bed an hour or so after surgery. For the first few days after surgery you should take frequent short walks around the house to avoid the possibility of postoperative clots in the legs and chest. After a week you can take brisk walks outside the house. Normal aerobic exercise activity such as swimming and jogging or going to the gym can be resumed in 2 weeks. It is safe to play golf after three weeks but this may still be uncomfortable. Any heavy lifting should be avoided for the first month. Sexual intercourse can be resumed when comfortable.

Sleep / Rest

You may feel more tired than normal in the first few days after your operation. This is perfectly normal and you should rest whenever you feel tired.

Bruising

Bruising may occasionally develop around the wounds which may look quite alarming. However, it is nothing to worry about and will fade in 2 – 3 weeks. There is not usually any bruising in the groin but some may appear around the base of the penis and underneath the scrotum. This is nothing to worry about and will fade in 2 – 3 weeks.

Rarely, if you have had a large hernia repaired you may develop a lump again at the site where the hernia used to be. This is a collection of fluid called a seroma. It usually absorbs back into the body in a couple of months.

Personal Hygiene

You can shower or bath after 48 hours. It is best to try and leave the dressings and steristrips on for at least 3 days. Once you have removed your dressings, clean them and pat the wounds dry with a clean towel and then leave them open to the air.

Returning To Work

You can return to work as soon as you feel well enough. Depending on how you are feeling and the type of job that you do, you will generally need about 1 week off work. If heavy lifting is involved then you may require a longer time off work.

Follow-Up After The Operation

You will receive an appointment for a follow-up consultation scheduled at 6 weeks after your operation. If you have problems before this please either contact your surgeon or see your General Practitioner for advice.

Insured Patients

The excellent quality of care provided by The Spencer Private Hospital is recognised by all the major private health insurance companies such as BUPA, WPA, AXA-PPP, Standard Life and AVIVA. Depending on your level of cover, the fees for hernia surgery are usually fully re-imbursed. You are strongly advised to check with your insurance company before undergoing any treatment to check your level of cover and to be issued with an authorisation number.

Self-Paying Patients

The Spencer Private Hospital can arrange attractive finance to enable you to spread the cost of your treatment and competitive fixed price packages are available. Please ask for details.

What Should You Do Next?

Once you have decided to seek advice, it is essential to have a formal consultation with a consultant surgeon, who will be in a position to answer all your questions. A referral letter from your GP is essential if you have insurance and a good idea even if you do not. It is good practice to make sure your GP knows of any planned treatment.

For further information or to arrange a consultation, please call Kerry Goulding at The Spencer Private Hospital on 01843 234 247 or email laparoscopy@thespencerwing.com for further information.

Margate

The Spencer Private Hospital, Ramsgate Road,
Margate, Kent, CT9 4BG

Appointments and General Enquiries
01843 234 555

Ashford

The Spencer Wing, William Harvey Hospital,
Kennington Road, Ashford, Kent, TN24 0LZ

Appointments and General Enquiries
01233 616 201



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East Kent Medical Services Ltd Registered in England & Wales No
03130118 Registered Office The Spencer Private Hospital, Ramsgate
Road, Margate, Kent CT9 4BG