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Inguinal Hernia Repair

GENERAL INFORMATION

An inguinal hernia is a bulging out of tissue in the groin area through a hole in the muscles and fascia. Blood vessels and other structures pass through this area of the groin on their way to the scrotum and testicle. In a woman, a ligament from the uterus travels through this area. This bulge of tissue is usually from the intestine and some fatty tissue that has slipped into the hernia sac. Sometimes the tissue can get stuck out in the hernia. This is called incarceration. Incarceration is unlikely (<5% of all cases of hernia) but can lead to strangulated hernia which can cause intestinal gangrene and be life threatening.

COMMON SIGNS AND SYMPTOMS

There is a bulge in the groin. There may be vague pain or discomfort in the groin. Most of the time the bulge can be pushed back or it goes away when you lay down. An incarcerated hernia cannot be pushed back inside. It is often associated with increased pain and tenderness in the groin. Additionally a patient may vomit. An incarcerated hernia is an emergency.

DIAGNOSIS

The diagnosis is usually made through a history and physical examination.

TREATMENT

Hernia repairs involve sewing the muscles to close the hernia defect. Newer The only effective treatment is an operation to repair the hernia. Traditional methods use marlex mesh to repair the hernia.

PREOPERATIVE PREPARATION

- Do not take aspirin for 7 days before the operation. Take medications as directed by your physician.
- Do not eat or drink anything for 8 hours before the operation.
- Shower or bathe as usual on the morning of the operation
- You may be given medication that will make you feel drowsy before you are brought to the operating room

OPERATION

An incision is made in the groin over the bulge. The hernia tissue is pushed back inside and the defect is repaired with a piece of mesh. The mesh is made of marlex and is sewn over the hernia defect.

The advantages of the mesh include a decrease in postoperative pain compared to traditional hernia repair methods. The risk of a hernia recurrence is also much lower with mesh repair.

The operation usually takes about 45 minutes and can be done as an outpatient.

ANESTHESIA

The operation can be done either using local anesthesia combined with sedative medication given through an intravenous (IV) line or a general anesthetic.

COMPLICATIONS

With traditional hernia repairs, the risk of recurrence is as high as 5-10%. Use of mesh reduces the risk to less than 1%. Infection is rare (1%). Nerve injuries can occur in 2-3% of patients and can lead to numbness or chronic pain in the groin.

POSTOPERATIVE CARE

You will wake up in a recovery room. When your blood pressure, pulse, and breathing are normal you will be discharged home.

Pain will be treated with medications.

Homecare Following a Hernia Repair

- You may have a mild temperature of less than 100 degrees F for a day or so. This is normal.
- You will have some swelling and mild bruising in the groin area.
- It is normal to feel tired for several days. You will have soreness in the groin. You should limit your activity using the soreness as a guide. Return to activity slowly so as not to overdo it. If you are not having soreness your physical activity is not restricted.
- You can eat regular food.
- For mild pain, take acetaminophen (Tylenol®) or other over-the-counter pain relievers. Take the prescribed pain medication if it is needed. Use all other medications as you have been instructed. Some prescription pain medications contain acetaminophen. You should not take more than 4000 mg of acetaminophen a day.
- You may take a shower 24 hours after surgery. Do not bath or swim for 10 days.
- You may remove the dressing two -three days after surgery

and leave the incision open to air. Leave the steri-strips on for 10 days.

- You may resume driving when you no longer need pain medications.
- You may return to work when you feel up to it. Most patients need two-three weeks off from work.
- If you have difficulty with bowel movements, you may take any laxative (such as milk of magnesia). Take it twice a day until you have a bowel movement.
- Call the office to make a follow up appointment for two-three weeks after surgery.

When to Call the Doctor

Call your health care provider if you have any of the following symptoms:

- A fever higher than 101 degrees F.
- Pain not controlled with pain medications.
- Redness or drainage from the surgical area.