

Hernia

Information for patients, whanau and families

This information brochure is for patients that have been diagnosed with a hernia. All our hernia repair procedures are performed at Kensington Hospital in Whangarei. If you cannot find the information in this brochure, please ask your specialist, or contact Kensington Hospital.

What is a Hernia?

A hernia is an abnormal protrusion of an organ through a weakness in the abdominal wall. Symptoms can include: a sharp pain or just a dull ache; a lump or bulge in your abdomen (tummy) or groin that gets bigger on straining or lifting; a heavy or uncomfortable feeling in your gut, particularly when bending over; pain or aching after exertion, such as lifting or carrying heavy objects; or digestive upsets, such as constipation.

Types of hernias include:

Inguinal hernia – these occur in your groin and are more common in men.

Umbilical hernias – these occur near your naval (belly button) and are more common in babies or obese people.

Femoral hernias – these occur where your leg joins your body and are more common in women.

Incisional hernias – these occur where you have a scar from surgery.

If you have a lump and it causes minimal or no symptoms, then we would advise you to leave it alone. A surgical repair is only recommended if it is causing you symptoms.

Do I need hernia repair surgery?

If your hernia is causing you symptoms or limiting your activity, then surgical repair should be considered. One other concern is that the abdominal contents, either fat or bowel, can protrude through the weakness in the muscle and get trapped. When this happens then strangulation can occur, and this complication of a hernia requires immediate surgical attention and repair. Patients who develop this have a lot of pain associated with the lump of the hernia and are very sick. Luckily, most hernias are reducible, and the risk of this is low.

How is the hernia repaired?

This can be done through an open or laparoscopic (keyhole) approach. When performing an open repair, an incision is made over the hernia, the layers opened, and the hernia sac is removed. The hernia hole is closed, and the repair is reinforced with mesh (usually light weight polyester) and the layers then closed. The keyhole operation is similar but can be done through smaller incisions again using mesh to reinforce the repair. Using this technique, we tend to put the mesh on the inside of the hernia defect. The benefit of the keyhole approach is less pain after the surgery, and quicker return to normal day to day activities. Your surgeon will advise you if your hernia is suitable for this type of approach.

Do I need mesh?

Mesh is used as standard for hernia repairs. If placed close to sensitive organs in the pelvic area like the bladder or vagina it can cause issues and was the focus of media attention in the past. A position statement was released from the New Zealand Association of General Surgeons (see our website for the position statement). It supports the use of light weight mesh in general surgery as complications are low and they reduce the chance of recurrence significantly, especially in larger hernias.

Preparation for my hernia repair surgery

The procedure is usually day surgery under general anaesthesia sedation. **You will need to ensure you have someone available to take you home, as you will not be able to drive after your surgery for at least 24 hours.**

You will be given a quote for the cost of the surgery which can be sent to your private insurance provider to seek preapproval for your surgery. ACC may cover the cost of your hernia repair surgery if there is history of a specific event that caused immediate pain associated with the appearance of a lump shortly afterwards, and you have promptly reported it to your GP, and we will apply to ACC to cover the costs of repair, if applicable.

If you are taking blood thinning medication such as Warfarin, Ticagrelor (Brilinta), Clopidogrel (Plavix), Dabigatran (Pradaxa) or oral iron tablets, please contact your specialist's rooms a week prior to your surgery as the medication may need to be stopped 3-5 days before your surgery.

Please also refer to the Kensington Hospital patient information booklet or their website for more information.

Procedure Room

On the day of your surgery, your specialist will explain the procedure and you will be required to sign a consent form. This confirms that you understand the procedure and agree to go ahead. **Please ask any questions you may have.** It is important that you fully understand what is happening. The procedure usually takes approximately 30 to 45 minutes.

After the hernia repair surgery

Patients recover from the anaesthetic at different rates so it may be an hour or two before you are ready to go home. A nurse or your specialist will discuss the result of the surgery before you go home and give you a written report. A report will also be sent to your GP, and we will arrange follow up either by phone or face to face appointment depending on your preference.

After arriving home, wait until you are hungry before trying to eat and begin with a light meal. Take your pain medicine as directed and begin as you start getting uncomfortable. **If you develop any severe pain in the neck, chest, or abdomen within 24 hours after your surgery please contact Kensington Hospital (ph 09 4379080).**

Most patients are up and about within a few days, but recovery time for most people who have hernia repair surgery is about three to six weeks. While you can return to light activity as soon as you are able, be careful and sensible in the first 10-14 days. It is recommended to avoid lifting any heavy objects, pushing, straining, or undertake any strenuous exercise for six weeks following your surgery.

What are the risks of hernia repair surgery?

Most hernia repair surgeries are safe and uncomplicated. However, as with any surgical procedure there is a small chance of side effects or complications including breathing difficulties, allergic reactions to anaesthesia or other medications. Specifically, for hernia repair, the possible risks early on are bleeding, bruising, and swelling. Later issues may be related to the hernia eventually coming back. The quoted chance of recurrence is 1%. You may experience prolonged pain at the site, or there could be nerve tethering that results in some numbness in the groin/pain area. Rarely with groin hernia, swelling of the testicle can happen or a reduced blood flow to the testicle. Please discuss any concerns with your specialist.

This brochure is intended to provide general advice only. It does not provide definitive medical advice. If you have any further questions or concerns, please do not hesitate to contact your specialist via his rooms (ph 09 4373875), or Kensington Hospital (ph 09 4379080).