



Northumbria Healthcare
NHS Foundation Trust

Laparoscopic Incisional / Ventral Hernia Repair

Issued by Department of Upper Gastrointestinal Surgery

Introduction

This leaflet explains why you have been referred for a **laparoscopic inguinal hernia repair**.

It tells you about the purpose of the operation which will already have been discussed with you before you agreed to have it. The leaflet describes what you can expect when you come for the operation.

It also provides useful advice for recovery from surgery. Further advice will be given to you by the surgeon or specialist nurse, who discusses the operation with you.

What is a hernia?

A hernia is caused by a weakness in the muscles in your abdomen, which produces a bulge. The bulge may contain fat or bowel that has slipped through the weakness. This can occur anywhere on the abdomen (ventral hernia) or at the site of a previous operation (incisional hernia).

Inside your abdomen your bowel is covered by a thin film of tissue called the **peritoneum**. The peritoneum forms a pouch (or **hernia sac**) that may contain fat or bowel. To repair the hernia, the surgeon will reduce the hernia inside your body and cover the area with a patch of mesh to repair the weakness. Mesh is a material used for the repair.

How is the Surgery performed?

Under a general anaesthetic, some small incisions are made to the side of the abdomen, (each of which is about ½ an inch long). The laparoscope (small telescope) is inserted through one of the incisions, which enables the surgeon to see inside your abdomen on a screen.

The abdomen is inflated with carbon dioxide gas to help the surgeon see. Through the other incisions, the surgeon passes small instruments such as scissors and forceps to help repair the hernia.

What are the benefits of surgery?

The pain and lump (hernia) will be relieved by surgery. Planned surgical management of a hernia is safer than leaving the hernia until an emergency happens.

What are the risks of the surgery?

Complications are possible with any surgical procedure. These will have been discussed with you before you agreed to the procedure.

Laparoscopic hernia repair is a very safe operation for most patients. However a small number of patients develop complications. Most of these are minor complications, but very rarely they can be serious. It is important that you are aware of these potential complications, so that you can make an informed decision about treatment. You can discuss any concerns you may have with your surgeon.

Risks can include:

- Damage to surrounding areas or tissues, such as the bowel
- Excessive bleeding
- Infection of wounds or deep seated infection.

Risks related to having a general anaesthetic, are usually only a problem if you have a pre-existing medical condition affecting your health such as:

- Heart problems
- Breathing difficulties
- An allergic reaction to medication or anaesthetic
- A blood clot forming in a vein or the lungs.

Alternatives to surgery

In a small number of cases, it is not possible to carry out the operation laparoscopically. This may be due to difficulty in viewing or handling the abdominal organs effectively. The surgeon may convert to an open procedure which will result in a larger incision to the abdomen.

Factors that increase the possibility of converting to an open procedure may include:

- Obesity
- A history of previous abdominal surgery which may have caused internal scar tissue (adhesions)
- Bleeding problems during the operation.

What are the risks of the open procedure?

Complications are possible with any surgical procedure. The risks of the open procedure can vary depending on individual circumstances. These will have been discussed with you before you agreed to the procedure.

Risks of laparoscopic ventral / incisional hernia repair

- Many patients develop a swelling in the area of the hernia called a seroma. This tends to resolve itself with time, but can occasionally need drainage
- A very small number of patients may develop infection in the mesh, which may then need to be removed
- Some discomfort after surgery should be expected, but a very small number of patients can develop persistent pain in the operation site
- With any form of hernia repair, there is a small risk that the hernia may recur in the future.

The risk of complications may be increased in:

- Older patients
- People who are overweight, smoke or consume excessive amounts of alcohol
- People taking certain types of medication e.g. Warfarin.

Recovery from the operation

- You may have a drip in your arm after the operation for a short time to give intra-venous fluids
- You are able to eat and drink within a few hours of you operation. The staff can give you something to help relieve nausea if experienced
- This type of operation can be uncomfortable, but you will be given tablets to help relieve any discomfort
- You may have small dressings on each of the small cuts to your abdomen. The stitches under the skin will dissolve over a few weeks and do not need to be removed. Alternatively the wounds may be closed with a special glue
- You can bathe and shower the day after the operation or once you feel comfortable
- You can return to work when you feel comfortable. About 2 weeks is usual, but this may be longer or shorter depending on your job and your recovery
- Heavy lifting should be avoided for some time after the operation, usually a few weeks
- You may be able to go home the same day or the day after your operation depending on your recovery.

Things to watch out for

- Severe abdominal pain or shoulder tip pain that is not relieved by your prescribed painkillers
- High temperature with shivering and fever
- Persistent nausea and vomiting
- Swelling, redness, pain and discharge from any of the incisions.

If you experience any of these symptoms consult your doctor as soon as possible or ring the hospital for advice.

Deep vein thrombosis (DVT)

DVT is a blood clot that can form in any vein but mostly in the deep veins in the legs. This can form after any operation or any situation where you have not been as mobile as you usually are. The signs of DVT can include a swollen, red and painful calf area of the leg. **You must get medical assistance immediately if you have any concerns.**

Pulmonary embolism (PE)

PE is a blood clot that has broken away from the deep veins in the leg and travels to the lungs where it becomes lodged. This is a medical emergency requiring urgent medical care. The signs of PE can include shortness of breath, coughing up frothy, bloodstained phlegm. **You must get medical assistance immediately if you are concerned.**

Contact Numbers

Nurse specialists

Wansbeck General Hospital	01670 564190
North Tyneside General Hospital	0191 293 4006

www.nugits.nhs.uk

Notes

Alternative Formats

If you would like a copy of this information in large print, another language, audio tape or other format please call the Contact Centre on **03 44 811 8118**

Other sources of information

NHS 111

NHS Choices

www.nhs.uk/pages/homepage.aspx

NICE (National Institute for Health and Clinical Excellence)

www.nice.org.uk

Patient Advice and Liaison Service (PALS)

Freephone: **0800 032 0202**

Text: 01670 511098

Email: northoftynepals@nhct.nhs.uk

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General Enquiries **03 44 811 8111**

www.northumbria.nhs.uk

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