

Inguinal Hernia (Female)

WHAT IS AN INGUINAL HERNIA?	2
WHAT CAUSES AN INGUINAL HERNIA?	2
WHAT DOES TREATMENT / MANAGEMENT INVOLVE?	3
DAY SURGERY MANAGEMENT	3
SURGICAL REPAIR	4
WHAT ARE THE RISKS/COMPLICATIONS OF SURGERY?	4
WHAT SHOULD YOU EXPECT AFTER SURGERY?	5
WHERE SHOULD I SEEK ADVICE OR HELP?	ERROR! BOOKMARK NOT DEFINED.

What is an Inguinal Hernia?

A hernia is hole or weakness in the structure of the abdominal wall through which the contents of the abdomen can protrude. This results in a plum sized or larger swelling.

Within the swelling is usually a sack which may contain some bowel (gut) or fatty tissue. In an inguinal hernia, the swelling protrudes downwards through the inguinal canal which is in the groin.

The hernia may give rise to episodes of pain or discomfort in the groin region particularly when physically active or lifting heavy objects.

What causes an inguinal hernia?

The inguinal canal is a natural weak area where the round ligament of the uterus passes and attaches to the pubic bone.

If the muscles around the canal stretch too much or tear than the contents of the abdomen (fat or bowel) may protrude through the canal creating an abnormal swelling.

Any condition that increases pressure within the abdomen such as obesity, chronic cough as a result of smoking or chronic straining as a result of constipation may encourage the development of a hernia. Increased abdominal pressure during pregnancy may also be a contributing factor.

The weakness may also occur as a result of straining to lift heavy objects or physical exercise.

What does treatment / management involve?

The ideal treatment for an inguinal hernia is surgical repair. The hernia may get larger with time and there is a risk of incarceration or strangulation.

If it cannot be pushed back into the abdomen and it is effectively stuck in the canal it is referred to as 'incarcerated' and a blockage of the bowel may occur; this leads to bowel obstruction, which causes vomiting and abdominal pain.

If you experience any of these symptoms you should contact your doctor immediately as you may require an emergency operation.

Day Surgery Management

We will see you in the hernia clinic at the RUH to confirm the diagnosis.

We will then fully assess you (general fitness for the operation) to decide whether the operation to repair the hernia can be done as a day case or whether you need to stay overnight.

The hernia can be repaired under general anaesthetic (you asleep) or local anaesthetic (you awake but area numb). This decision depends on you, the size and type of hernia and the judgement of the surgeon and anaesthetist.

If it is decided to treat this as a day case you should be discharged on the same day as you come into hospital and therefore you will need to have transport accessible and someone to look after you, usually for at least 24hours.

Surgical Repair

The aim of the operation is to fix the hole through which the hernia has appeared. The incision is made near the site of the swelling in the groin region.

The pouch (hernia sac) is first dealt with and the weakness in the abdominal wall is strengthened. This will be done with a strong but thin plastic mesh. The mesh will stay in place permanently strengthening the area.

The wound will be closed with dissolving stitches and covered with a dressing, which is waterproof to spray.

The wound will be sealed within 4 – 5 days after which time you may remove the dressing and have a bath or shower.

What are the risks/complications of surgery?

- Wound haematoma - bleeding under the skin can produce a firm swelling of a blood clot (haematoma). This may simply dissipate gradually or leak out through the wound. Rarely this may result in a further operation.
- Wound infection - minor wound infections do not need any specific treatment. However, when using 'mesh' to repair the hernia antibiotics are often given during the operation, this is to minimise the risk of deep-seated infection.
- Rarely fluid may collect around the mesh and require drainage.
- Nerve damage - several nerves cross the operative field in hernia surgery. It is usually possible to preserve them but some minor nerve injury, rather like a bruise, is common and returns too normal in time. Some patients develop chronic pain after hernia surgery, probably due to the pressure from the mesh on the nerves (occurs in about 2% of hernia repairs).
- Recurrence of the hernia - fortunately recurrence after hernia repair should be rare (1-5%).

These risks and complications will be explained and discussed with you when you are seen in the hernia clinic.

We will need to obtain your consent at which time you can ask questions about the operation.

What should you expect after surgery?

Some swelling or bruising around the wound site is not unusual, there will be some discomfort and tenderness where the incision has been made.

In the period following your operation you should seek medical advice if you notice any of any of the following problems:

- Increased pain, redness, swelling or discharge of the wound
- Persistent swelling at the operation site
- Persistent bleeding
- Difficulty in passing urine
- High temperature
- Nausea or vomiting

It is important that you try to walk normally from the first opportunity and overcome the stoop, which comes naturally from having an operation in that region of your body.

Simple pain killing drugs will help to relieve most of the discomfort.

It is usually advisable not to put excessive strain on that area for about 3-4 weeks after the operation, although progressive strenuous exercise is encouraged. This means avoiding lifting heavy weights until the wound is properly healed.

It is advised that you should not try to drive until you are able to perform all the emergency procedures easily. This takes at least a week.

Some insurance companies vary in the guidelines so please check with them to make sure you are covered to drive.

Usually if you can get out of the bath without any and/or requiring assistance you should be safe to drive.

It is important to avoid constipation and straining when you go to the toilet to open your bowels. Take plenty of fibre in your diet and drink plenty of fluids.

If you find you continue to have difficulty with your bowels on your return home from hospital seek advice from your GP.

You may resume sexual relations as soon as this feels comfortable.

If you require a sick certificate for work please ask a member of staff before discharge.

If your work does not involve heavy lifting or violent exercise, then return to work could be as soon as 2-3 weeks, if it does then it is safer to wait for a further 2-4 weeks.

If this advice is not heeded, the repair could break down and the hernia may recur.

Please retain this information leaflet throughout your admission, making notes of specific questions you may wish to ask the Doctor and/or Nurses before discharge.

Where should I seek advice or help?

Before the operation:

Day surgery Pre assessment: 01225 826434

First 24 hours after surgery:

Telephone the ward where you were treated via the Hospital switchboard:

R.U.H: 01225 428331

Advice about your wound:

Practice nurse at GP surgery

NHS Walk-In Centre

Advice about pain killers:

Visit your local Pharmacist.

General health inquiries:

Ring NHS Direct on 0845 4647 (24 hours).

Web address: www.nhsdirect.nhs.uk

Problems related to surgery:

Make an appointment with your GP.

Urgent or severe problems:

Call your GP or go to the A & E Dept at the RUH (or your local A & E)