



Information for patients undergoing Laparoscopic Hernia Repair

(Keyhole Hernia Repair)

For any other information please contact either:

LGA:	02078814054
Lister Hospital Endoscopy Unit:	02077307733
Princess Grace Hospital Endoscopy Unit:	02074861234

London Gastrointestinal Associates

Tel: 02078814054 Fax: 02078814094 Email: info@londongiassociates.com

About your treatment

What is a hernia?

A hernia is caused by a weakness in the abdominal wall (a layer of muscle that surrounds the abdominal organs) that allows a small part of the intestines or surrounding tissues to bulge through it. You may feel it as a lump and if it is big enough you can see it. It may be uncomfortable especially when there is extra pressure such as standing, sneezing or coughing.

What to expect during the operation

Prior to coming down to the operating theatre you will be asked to go to the toilet to empty your bladder. This is to avoid the bladder pushing upwards and interfering with the operation. You will have a general anaesthetic. The surgeon will make a small cut below the navel and a small telescope the width of a little finger will be placed into the abdomen. Using specially designed instruments introduced through separate 1cm incisions; a mesh is placed over the hernia from the inside.

The operation takes about 45 minutes for a single sided hernia and slightly longer for both sides.

Occasionally it is not possible to perform the operation by keyhole surgery so a larger incision has to be made for the open technique. For this reason we will ask you to consent to both methods of surgery.

What to expect after the operation

You will wake up in the recovery room and may feel drowsy because of the general anaesthetic. You may also have some discomfort in your shoulders. This is a common side effect of having gas in your abdomen but stops within a couple of hours.

You may have a drip, (a needle with a tube attached to fluids) in the back of your hand for a few hours after the operation until you are able to start drinking again.

Occasionally you may also have a small plastic tube and container (drain) coming out of you abdomen. This allows excess fluids to drain away making you more comfortable and reducing bruising. We will remove this before you leave hospital.

You may feel numb around the wounds for up to 12 hours because of an injection of local anaesthetic. If you feel sick or have any pain please ask your

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nurse for something to relieve it.

What about my wounds?

We will cover your wounds with a dressing that should be left in place for 7 days. If blood seeps around the dressing, place a dry dressing over the top of it. The stitches are placed deep in the skin and you can bath or shower after a couple of days. Dry the area gently but thoroughly to reduce the risk of infection. Leave the dressing in place for 7 days to protect the area.

If there are paper strips (steristrips) over the wounds leave them in place – they will fall off in the bath or shower after 1-2- weeks. The stitches will dissolve over several weeks. If you have severe pain, redness or throbbing in the wound, or if the wound starts to ooze pus inform Mr Reddy (07880790507).

How long will I be in hospital?

We will admit you on to your ward the day of your operation. As long as you make a good recovery you may go home the same day or the following day.

When will I be able to eat?

You will be able to start drinking clear fluids soon after the operation if you are not feeling nauseous. If you find these do not upset you, you can move on to light meals and then to a normal diet. If anything disagrees with you, avoid it for a day or two. You are the best judge of when you are ready to eat more.

When can I get back to normal?

You should get up and walk around a few hours after your operation, but do take things gently at first. The anaesthetic may make you feel sleepy and light-headed for up to 48 hours after the operation.

You should avoid any very heavy lifting or manual work for a few weeks. Do not drive until you are confident that you can perform an emergency stop without discomfort.

It is important not to become constipated, as straining can be very uncomfortable. Make sure you drink plenty of fluids and eat fresh vegetables and fruit. If necessary take some laxatives to prevent constipation.

You may need a few days off work but occasionally a week depending on the size of the hernia

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Are there any risks associated with this operation?

Every operation has potential complications. General complications may include:

- **Pain** – we will give you medication to control the pain and it is very important that you take it regularly as directed.
- **Bleeding** – this may occur either during or after surgery. Rarely this requires a blood transfusion or another operation.
- **Infection** – if the wound becomes reddened, increasing painful, throbbing or begins to discharge, this may be a sign of infection and need treatment with antibiotics.
- **Scarring** – there will be small scars at the site of the incisions. In some patients they may become unsightly due to infection or due to keloid formation.
- **Urinary problems** – occasionally, some patients find it difficult to pass urine after the surgery. Any previous urinary problems may be made worse. This is only temporary but you must inform your surgeon.
- **Blood clots** – we will encourage you to get out of bed and move around soon after your operation to reduce the risk of clot formation. Some patients may require injections to further reduce this risk.
- **Loss of feeling** – a number of people find that the skin around the operation scar is numb or sensitive to touch afterwards. This will usually settle down, but can take several months and sometimes it never fully recovers.

Occasionally chronic groin pain can occur – this occurs up to 0.2% in laparoscopic hernia repairs. This can be managed with local anaesthetic and steroid injections and usually improves.

Where a previous hernia has been repaired, there is small risk of the blood supply to the testicle becoming compromised. If this occurs the testicle will shrink and lose its function. This is a rare but possible complication.

Remember that most patients have an uneventful and good recovery without any long term problems or complications, but I feel that patients having surgery should be well informed of the operation and its risks.

If you have any problems after you are discharged from hospital you should call: Anne Beverley (PA) 02071008083 or Mr Reddy 07880790507.

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