

# Hernia Repair



## What is a hernia?

A hernia is a “bulge”, which develops because of a weakness in the abdominal wall. They can occur at any age and in different parts of the abdomen. The most common type of hernia can be found in the groin and is known as an “inguinal hernia”. Symptoms include discomfort and a noticeable bulge, which gets bigger when standing, or coughing and often disappear when lying down.

## What are the causes of the hernia?

The wall of the abdomen has natural areas of potential weakness. Hernias can develop at these or other areas due to heavy strain on the abdominal wall, aging, injury, an old incision or a weakness present from birth. Anyone can develop a hernia at any age. Most hernias in children are congenital. In adults, a natural weakness or strain from heavy lifting, persistent coughing, and difficulty with bowel movements or urination can cause the abdominal wall to weaken or separate.

## What are the types of the hernia?

**An inguinal (Groin Hernia):** This is the most common type of hernia. It is more common in men than in women. It is seen as a lump in the groin. It can cause discomfort and tends to increase in size with time. It can also get ‘stuck’ and become very painful. This is called strangulated hernia.

**A femoral hernia:** this is more common in women than in men. It is usually seen as a lump in the groin, near the skin crease towards the top of the thigh. It is more likely to become stuck than an inguinal hernia and should be repaired promptly by surgery.

**An epigastric hernia:** This is caused by weakening of the muscles of the upper part of the abdomen and can occur anywhere between the breastbone and the navel.

**An umbilical hernia:** This occurs at or near the navel. It is very common in children and women.

**An incisional hernia:** This can occur at any site where an operation has been done before. The scar represents a weakened area.

## How is hernia diagnosed?

To diagnose hernia, the doctor takes a thorough medical history and conducts a physical examination. The person may be asked to stand and cough so the doctor can feel the hernia as it moves into the abdomen. The doctor checks to see if the hernia can be gently massaged back into its proper position in the abdomen. An ultrasonography or a CT scan may be needed in selected cases to investigate the hernia and its complications.

## What are the alternatives and why is it necessary to do an operation to repair a hernia?

Although having a hernia is not usually a serious condition, hernias will not go away without surgical repair. The majority of hernias will gradually become bigger and more uncomfortable with time, no matter how careful you are. Wearing a special device called a truss (support) to stop the lump coming out of the hole was used in the past, but is now thought to have no or limited benefit and are also fairly uncomfortable. It is better to have the operation

## There is a chance that a hernia may lead to bowel obstruction or strangulation.

Obstruction occurs if the intestine has become stuck in the hole in the abdominal wall and like a kink in hosepipe, contents can no longer pass through the intestine. Strangulation occurs if the intestine becomes stuck and the blood supply to the portion of the intestine in the hernia gets cut off. This can lead to severe pain and some damage to part of the intestine. The pain is often felt in the abdomen, and the swelling in the groin will become very tender to the touch. A strangulated hernia is rare and has to be dealt urgently with emergency surgery. However, it is always preferable to have a hernia fixed with planned (elective) surgery.



## How are hernias repaired?



Normal



Hernia



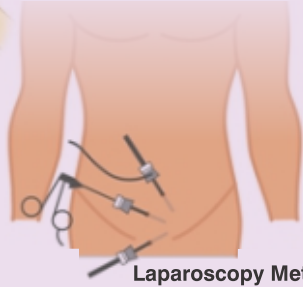
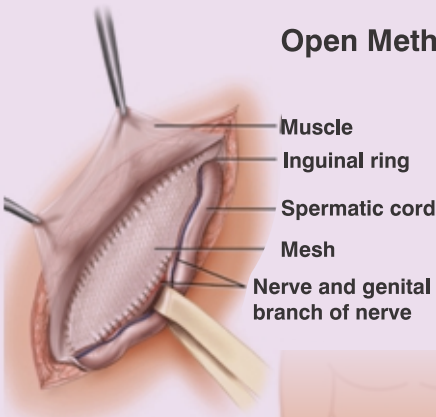
After Mesh Repair

### Principle of Surgery

Reduce and push the contents back to its normal position. Close the defect through which it protrudes out. Place mesh (net) as reinforcement.

**‘Open’ surgery** – This can be carried out under local or general anaesthesia. Your surgeon will discuss this with you. It’s called ‘open’ because a small incision is made in the skin (usually 2.5 – 3 inch), in the groin area. The open approach can be carried out using either general or local anaesthesia, and this will be dependent on both your current health condition and preference after discussion with your surgeon.

## Open Method



Laparoscopy Method

At operation the hernia is identified and the hole is either stitched closed (not at all common now) or (much more commonly) a mesh is placed over the hole and fixed using fine stitches. The mesh acts like a scaffold and your own tissue will grow through the mesh to reinforce the weakened area without putting tension on the surrounding tissues.

**‘Keyhole’ or ‘laparoscopic’ surgery** - Your operation will be carried out under general anaesthesia. One small cut (1-2cm long) near the bellybutton and two small cuts are made in the lower abdomen. Carbon dioxide gas is used to inflate your abdomen and a small telescopic camera is then inserted to view the hernia from within the abdomen. This means that the surgeon is looking at the hole from the inside of the abdomen. A mesh is then placed over the hole. It is a bit like repairing a puncture in a tyre with a patch from the inside.

## Use of Mesh:

The use of mesh to repair the majority of hernias has been the preferred method worldwide for over 25 years. Many patients who develop a hernia, have a 'tissue weakness' which doesn't hold stitches well. This explains why repairs with stitches have a higher failure rate than those with additional mesh. For the vast majority of patients, mesh poses little if any additional risk, and coupled with a lower recurrence rate, has resulted in the use of mesh becoming the gold standard in hernia repairs.

## What are the complications of surgery for hernia?

Any surgical procedure has an element of risk attached to it and occasionally things do not turn out as well as expected. Though possibility of complications is very less. Possible complications include:

- Bleeding
- Infection
- Injury to nearby tissue
- Allergic reaction to drugs or anesthetic drug
- Recurrence of the hernia



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