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## INFORMATION SHEET – LAPAROSCOPIC INGUINAL HERNIA REPAIR

Usually groin hernias are repaired by making a cut through the skin and muscles over the hernia, replacing the hernia into the abdominal cavity and then repairing the defect it came through by suture and / or mesh. This wound then has to heal before usual activities can be resumed, a process that can take several weeks.

**Laparoscopy** is a technique that allows inspection of and surgery on intra-abdominal organs using instruments introduced through keyhole incisions. It is possible in many (but not all) cases to repair inguinal hernias by this technique. This means that post-operative pain is less and recovery is quicker (24 hour admission, 7 days recuperation instead of weeks). This type of repair is as effective as traditional operative methods in controlling the hernia - recurrence rates of about 1:20 for both techniques.

### **Suitability for Laparoscopic hernia repair**

In about 1:20 cases it is not safe to repair the hernia using the laparoscope. Often this can be predicted before the operation but in some cases it may not become apparent until the hernia is inspected at the operation, or preliminary dissection has begun. Therefore, **NO GUARANTEE** can be given that your operation will be completed in this manner. It follows therefore, that your consent includes consent for open operation if thought necessary.

### **What to expect**

When your hernia is repaired laparoscopically, several small incisions are used, each about 10 - 20 mm long. One is at the navel and others are on the abdominal wall as needed. These will leave small scars. Pain is much less than with open operation and you usually commence eating and drinking within 4 hours of surgery. Often there is swelling and bruising at the hernia site, scrotum and groin after the operation. This too settles over the next few weeks and does not mean the repair has failed.

### **Possible complications**

It is not possible to list all the theoretical complications. Laparoscopic surgery carries the possibility of complications unique to the laparoscopy, in addition to the more standard complications associated with and operation and anaesthetic. This includes perforation of bowel or other intra-abdominal organs at the time of introduction of instruments. If such a perforation occurs, it has to be repaired immediately and thus requires an open operation.

The introduction of gas into the abdominal cavity may cause stretching of the lining (peritoneum) with post-operative pain, usually in the shoulder area as well as locally for several days after surgery. Sometimes the gas escapes from the abdominal cavity and spreads through other tissues. This is harmless and goes away by itself in a day or two, but may cause an odd swelling of tissues.

Part of the repair includes the use of a mesh to control the hernia. This is stapled into position over the defect preventing the hernia from recurring. This mesh may cause scarring (adhesions) which may entrap the bowel, often at a long time after the operation, causing the bowel to become blocked. If this happens, surgery is required to release the obstruction and free the bowel.

The staples holding the mesh in place may grab fine nerves in the tissues, making the area of the operation very painful immediately afterwards. This usually settle within 5-7 days, but may require removal of the staples and /or mesh by further operation if it does not resolve.

**Recurrence of the hernia can occur after repair.** Even in the best of hands, about 1 in 20 recur at some stage or other.

**IF YOU HAVE ANY CONCERNS ABOUT THESE OR OTHER POSSIBLE COMPLICATIONS YOU MUST DISCUSS THEM WITH DOCTOR BEFORE AND OPERATION. IT IS MOST IMPORTANT TO CONTACT DOCTOR AFTER SURGERY IF ANYTHING UNEXPECTED IS NOTED.**