

Inguinal hernia

This brochure provides you with information about an inguinal hernia and its treatment options. Please bear in mind that your personal situation may differ from what is described here.

General information

An inguinal hernia is a bulge in the peritoneum (the membrane lining the abdominal cavity) near the groin. The bulge is caused by a weak spot in the abdominal wall. This weak spot is called the hernial defect. The peritoneum and some of the contents of your abdomen (such as a small piece of intestine) will protrude through this defect, resulting in a swelling in your groin. The medical term for a groin rupture is an 'inguinal hernia'. The abdominal weak spot may be congenital or develop later in life, and may lead to soreness in your groin.

During your first visit to the outpatient clinic, the surgeon will determine whether you have a hernia. Typically, the hernia can easily be felt by the surgeon. Often, no further testing or examination is required. The surgeon will then discuss which operating technique he or she recommends in your case: laparoscopic surgery or (in most cases) the conventional method of an incision at groin level.

Treatment

Generally speaking, a hernia that does not result in any symptoms does not require surgery. Your doctor will discuss this with you in more detail. That said, a hernia never goes away by itself. In fact, the hernia may increase in size and cause (additional) symptoms. In that case, surgery will be needed to repair the hernia. Inguinal hernia repair surgery takes around one hour.

Pre-operative preparations

In preparation for your surgery, an IV drip will be introduced into one of your veins. This is a flexible plastic tube used to administer medication and fluids.

Anaesthesia

Laparoscopic surgery is performed under a general anaesthetic: you will be asleep during the procedure. The conventional surgical method is performed under a general anaesthetic or an epidural anaesthetic.

The surgery

There are three methods for performing surgery on a hernia:

Laparoscopic surgery (endoscopic method)

During laparoscopic surgery, the surgeon will make three small incisions in your abdominal wall. The camera and surgical instruments are fed through three narrow tubes within these small incisions. The camera is connected to a monitor. The surgeon will watch his or her movements on a screen and place the mesh in the correct location after the hernia has been repaired. Laparoscopic surgery is a less invasive method, as patients suffer less pain after the procedure due to the smaller wounds. This allows you to recover more quickly. However, laparoscopic surgery is not suitable for everyone.

Conventional method

During the conventional method, the surgeon will make an incision into your skin at groin level measuring around eight centimetres (the size of the incision may vary depending on the size of your abdomen and the hernia). The surgeon will repair the inguinal hernia via this incision, install a plastic mesh to reinforce the weak spot in the abdominal wall and

Inguinal hernia

close the wound.

Traditional method

Traditionally, hernias were repaired using your own tissue. However, due to the high chance of recurrence following treatment without using a plastic mesh for reinforcement, this procedure is almost never performed anymore.

What you need to do to prepare for the operation

Blood thinners

If you use blood thinners, you must report this to the doctor before undergoing treatment, as these medicines may cause an increased risk of bleeding. You may need to stop taking these medicines temporarily in consultation with your doctor, or replace them temporarily with different medicines. You must never stop taking your medicines without consulting your doctor beforehand.

Painkillers

You can purchase painkillers, such as paracetamol, at a pharmacy or chemist. Make sure you have painkillers at home prior to your surgical procedure.

Possible complications

No surgery is without risk. There is a chance complications might occur after inguinal hernia surgery too: bleeding, inflammation around the wound or thrombosis may occur, as may pneumonia or a bladder infection.

The surgical site also encompasses some nerves, the bladder and, in men, the spermatic cord. Of course, the surgeon will do his or her utmost not to damage these structures during the procedure. That said, this does sometimes happen. Damage to a nerve may cause numbness or, on the contrary, hypersensitivity of the skin at the surgical site. A bladder injury will be treated using a catheter. Your scrotum/outer labia may turn blue following any bleeding. Generally speaking, this will disappear by itself.

In a small percentage of patients who undergo surgery, a new hernia may develop in the same place over time (a 'recurrent hernia' in medical terms). Often, another surgical procedure is required in this case. A serious but rare complication of inguinal hernia surgery is damage to the intestine, or the intestine becoming trapped in the peritoneum. If the medical staff suspect this has occurred, acute surgery will be required.

After surgery

You may feel nauseous and thirsty after the surgery, and you may be given anti-nausea medication as a result. To ensure that you get enough fluids, an IV drip will be inserted into your arm. If you are able to drink without any problems, you can also gradually start eating again. As soon as you are able to drink sufficiently, the IV drip will be removed.

Discharge

Going home after outpatient treatment

If you feel sufficiently recovered, feel little to no pain, have been able to urinate and have already eaten and drank something, you may go home after consulting the nurse and/or doctor. Generally speaking, you will be able to go home a few hours after your surgery.

Check-up appointment

When you are discharged, you will be given an appointment for a check-up by telephone or at the outpatient clinic. If any problems occur at home (before this appointment), please contact the Surgery Outpatient Clinic or A&E.

Inguinal hernia

Sutures

Your sutures will dissolve by themselves. If non-dissolvable sutures were used, you will be told about this, and they will be removed between ten and fourteen days after your surgery. You can make an appointment with your GP to have this done, or we can help you at the outpatient clinic.

Dressings

Shower dressings (transparent dressings) can be left in place for five to seven days. You can shower as usual with these dressings. Non-transparent dressings must be replaced every day until your wound is dry. Leave any white strips in place until they come off by themselves.

Advice for when you return home

Pain

In case of pain, you can use painkillers such as paracetamol. You can use two painkiller tablets up to four times a day (i.e. 1000 mg four times daily). We recommend that you take painkillers as standard during the first few days. Once your pain is under control, you can reduce or even stop the painkillers after a few days, depending on your pain symptoms.

Wound care

The wound does not require any special care. You can wash or shower yourself as normal. We recommend that you do not go swimming, visit a sauna or have baths for one to two weeks. Wearing tight underpants will often feel more comfortable.

Work

There are no special rules to stick to after surgery. We recommend that you do not make any excessively major effort for the first two weeks, and that you simply listen to your own body. You will soon notice that you are gradually able to do more and more. Once the wound has healed (after one to two weeks), you can resume all of your normal activities. Please discuss any work-related matters with your employer.

Contact

If you still have questions after reading this leaflet, or if you develop any complaints after your procedure that worry you, feel free to call the Surgery Outpatient Clinic. The telephone number is +31 88 125 42 37. Outside of working hours, you can call the main Adrz number: +31 88 125 00 00.

Scheduling an appointment

If you would like to schedule, cancel or reschedule an appointment, please contact the Appointment Centre by calling +31 88 338 84 44.