

Inguinal hernia

This condition is diagnosed by physical exam. Typically, a hernia presents with groin pain during physical activity, coughing, straining, or standing for long periods. Hernia may occur on one side or both sides. You may notice a bulge or asymmetry in the groin. This hernia occurs through a natural weak point in the abdominal cavity, sometimes exacerbated or caused by a particularly strenuous event. Hernia are typically repaired because of discomfort. They are holes in the abdominal wall and when large enough do carry some risk of entrapment of the bowel. This is rare but is life threatening if the bowel is not immediately reduced. It can cause bowel obstruction or rupture and could require emergency surgery. Some Inguinal hernia can be asymptomatic and can be safely monitored without repair. However, strong recommendation for repair is given to hernia that are enlarging, develop symptoms, and/or require manual/difficult reduction.

Surgery

Laparoscopic Inguinal hernia repair scheduled through the office is a very high benefit/low risk surgery. The surgery is performed at the hospital or surgery center and is outpatient. Hospitalization is very rarely required. The surgery is almost always completed in a minimally invasive fashion. Robotic assistance is not needed to perform this surgery and provides no advantage over traditional laparoscopic surgery. A synthetic permanent mesh is required for a meaningful durable repair. The risks of bleeding, infection, injury to surrounding bowel, vascular, urologic or nervous structures is less than 1%. The risk of hernia recurrence after the repair is less than 5% although some factors such as excess weight and smoking may increase that risk. Although no urinary catheters are used during surgery, there is about a 10% risk of urinary retention. This is more likely to happen in elderly, men, or in those with previous urinary retention history. The operation typically takes between 30-60 minutes but may be longer depending on the patient's characteristics.

What to expect the day of surgery

You will choose your surgery date with me. The exact time of your surgery is not specifically known but we will estimate this for you. This is controlled by the hospital and is also determined by the length of preceding cases on that day. I take as much time and attention as is needed for each patient, just as I will for your operation. Please be patient as the hospital will often ask you to arrive well before your actual surgery time. There can sometimes be extended waiting so bring a book or iPad. I will meet with you again before surgery to answer any questions that may have developed. You will be asked to empty your bladder just before being taken back to surgery. After your surgery I will meet with, or call, your family member. Because the risk of urinary retention is difficult to predict, all patients must prove that they can once again empty their bladders before they are discharged. If the bladder is full and you cannot empty, an "in and out" catheterization will be performed before you are discharged. The issue rarely persists beyond this. If you should continue to have trouble emptying your bladder at home, sometimes standing in a warm shower may be helpful. There is a small chance that you may have to return to the ER for catheterization. However, it never creates any permanent issues with urinary function.

What to expect after surgery

Medication. The first 2-3 days after surgery are the toughest and it is expected that you may need pain medication. Prescriptions for pain and nausea medication will be sent to the pharmacy you requested during registration. You may want to make sure this is a pharmacy that is open 24 hour as you may be discharged from the surgery center in the evening. If you can take Motrin/ibuprofen, it is often helpful to take this with or alternate with the narcotic medication. According to CDC, the likelihood of chronic opioid use increases with use after day 3 and with subsequent refills. Do not combine narcotic medication with alcohol or benzodiazepines. If you have chronic pain management by your primary care or pain clinic, you should notify them of upcoming surgery and may need to arrange post-operative pain management with them. If you are having trouble with pain control beyond that please let me know. It is normal to still be sore/uncomfortable during the next 1-2 weeks, but improvement should be noted. Home medication may be resumed after surgery except for any blood thinning medication such as Coumadin, Xarelto, Pradaxa, Plavix, Brilinta, Effient, Eliquis, aspirin. I will indicate on your discharge papers when to restart this and it is typically 2 days after surgery. If there is significant bruising or you are unsure, call before restarting those medication.

Activity. It is most important to stay active after surgery. The more you walk, the quicker you will recover. Stairs are fine but go slow. Avoid heavy lifting, straining, bending, stooping, squatting. It is difficult to get up from a lying or sitting position at first so try to have some help if you can. You will need to avoid heavy lifting and abdominal straining for 6 weeks. It takes the body this long to maximally strengthen the repair. Strenuous core activity before this time may increase your risk of hernia recurrence. Restrictions are the same if you have had one side repaired or both sides.

Wound care. You will have glue over the small incisions and no external sutures or staples. You may shower and wash with mild anti-bacterial soap the day after surgery. Avoid submersion under water for one week. It can be normal for the area around the incisions to become red or bruised from surgical trauma. In some cases of skin sensitivity, you may also develop an itchy rash from the prep used to sterilize the skin during surgery or from the surgical glue. It is fine to use topical steroid or Benadryl creams. If this does not improve, please notify me.

Diet. There are no strict restrictions. Your diet may be advanced as you feel comfortable and as symptoms permit.

Symptoms. It is normal to develop small “knots” or bumps underneath the incisions. This is a normal part of the healing process and will resolve with time. Although your incisions are in the lower midline, it is also normal to have swelling and tenderness along the lower abdominal wall. There can be bruising and swelling particularly with larger hernia that can extend to the scrotum and penis in men. Testicular sensitivity may also occur. All of this is normal and will resolve.



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When to call. Surgery can be stressful so please call if you just forget something, are uncomfortable or unsure. It can be normal to have low grade fevers after surgery and this is usually related to decreased activity after surgery. Please be sure to walk and practice deep breathing to keep your lungs exercised. Persistent fevers over 101 should be reported. Call for nausea that is not well controlled with medication and causing potential issues with dehydration. Pain will not be completely resolved with medication but should be tolerable enough that you can move. Please call if pain is not well controlled or progressive despite medication.

Follow up. You will have a follow up appointment approximately 2 weeks after surgery. This is scheduled at the same time you schedule your surgery. If you are not sure, please call to confirm this appointment. This is usually a very quick appointment as you are usually recovered and getting back into your normal routine. You may still have some swelling and tenderness at this point, but this is normal if it continues to improve and then resolve. Additional appointments are not usually necessary but can certainly be arranged if needed.

Return to work. I do recommend taking a full week off from work. If you have non physically strenuous job you may return to work as you feel comfortable. If there is no light duty and you have a physically strenuous job, you will need to be off for 6 weeks. You may return to driving when no longer taking pain medication, when you can look over your shoulder without discomfort, and when your reaction time is normal. This is variable, but typically is 2-3 days.