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OPEN MESH REPIAR FOR INGUINAL HERNIA

This is a general document designed to provide background information to your hernia repair. It aims to supplement verbal discussion, to answer common questions and to be readily available as an *aide memoir*. It cannot cover in detail every aspect of your individual operation and may not deal with some areas that are of particular concern to you. These can be dealt with individually but you should note down on paper any questions that you may have less you forget them.

Pre-operative preparation.

It is important that we know every medical issue that might affect you. What may appear unimportant to you may be essential for us to know. In particular, we need to know all the drugs you are taking and you should bring them to hospital in their original packet. Unless advised specifically to the contrary you should take all your drugs up to and including the morning of surgery. The exception to this are blood thinning agents, such as warfarin, and diabetic drugs. These require special arrangements. Stop any aspirin containing drugs 10 days prior to surgery.

Surgical techniques.

There are several techniques for repairing a hernia. This advice sheet describes the open mesh repair. Advice sheets on the other types of repair are available on request.

In the open mesh technique a small cut is made over the groin. The hernia is reduced and a mesh stitched into position.

Pain relief.

Proper pain relief is very important for both holistic and physiological reasons. Your post-operative recovery will be slower if you do not have adequate pain relief. Patients often have an understandable reluctance to take pain relieving drugs. This is a mistake and may increase post-operative complications. The principal that underlies all methods of pain relief is that the drugs work best if you anticipate the pain. A small quantity of the drug taken regularly (even if pain free at that time) will work better than waiting for the pain to occur and then taking a larger dose.

After the operation you may require an injection to provide you with pain relief, but after that adequate pain relief can normally be achieved by simple oral medication. Regular Panadol, regardless of whether you have pain or not, should be used to provide back ground pain relief for a week after your operation. Additional, stronger pain killers and/or anti-inflammatory drugs, should be taken on top of the Panadol for break through pain. Many stronger pain relieving drug contain morphine and this will tend to make the stool hard. You may need to take a laxative such as lactulose to counteract this. Drink plenty of water. Anti-inflammatory drugs can irritate the stomach and should be taken with food. Normally they can be stopped after five days.

Day one.

You are encouraged to be mobile as soon as you have recovered from the anaesthetic and you will definitely get out of bed the next day. You normally remain in hospital for one night and go home the following day.

At home.

You are encouraged to be as active as possible. It is better to take a short walk several times per day rather better than one long walk. Your groin will feel stiff and uncomfortable for the first week but will free up rapidly.

Bathing

The wound will tolerate a shower or a quick splash in a bath. It will need to be covered rather than rubbed dry. You should avoid a soaking bath and swimming for at least 10 days.

The wound, dressing and stitches.

All the original dressings should be removed no later than the third day. A light dressing to protect the wound from clothes *etc* may be worn. The skin stitches will be under the skin and do not have to be removed.

The general wound thickening may take up to three months to resolve. If you notice the wound becoming red and more, rather than less tender, or there is a discharge, you should seek advice.

Return to work and normal activities.

There is no fixed period before you can resume normal activities. Be guided by your pain. If your wound aches at the end of the day, you have probably overdone it. Many patients will return to work within two weeks and almost all by four weeks. You can resume sexual activity when you feel comfortable. For legal reasons you should not drive a vehicle for at least seven days.

What can go wrong?

In surgical terms this is a minor to intermittent operation. Although major complications are a rare event, other adverse events are possible, as after any surgical procedure. These include drug reactions, post-operative bleeding, deep vein thrombosis, heart and lung complications and wound infections. This list is not exhaustive and if you have any concerns about the possible side-effects or complications you should ask about them before you sign the consent form.

A specific complication of mesh repair is groin pain. This occurs as a result of damage to the ileo-inguinal or genito-femoral nerve. At three months at least half of all patients still have some pain. This gradually goes, but at one year 20-30% still have some pain. In up to 5% this pain may persist long term and can be very troublesome. If the nerve has been divided there will be an area of numbness below the scar and into the up part of the scrotum. This numbness may not fully resolve for up to two years.

Recurrence is a well recognised problem of hernia repair. The recurrence rate after an open mesh repair is less than 5%.