

PATIENT INFORMATION SHEET

ENDOSCOPIC EXTRAPERITONEAL HERNIA REPAIR

A hernia is a hole or weakness within the muscle wall of the abdomen that allows the abdominal contents to protrude through, particularly when straining. Hernias develop at certain sites that have a natural tendency to be weak: the groin, umbilicus (belly button) and previous surgical incisions.

Traditionally we have approached the hernia by making a large incision through the skin and muscle layers to expose the weakness and close the defect with stitches. The repair is then reinforced with a synthetic mesh material, which is permanent and allows the body's natural fibrosis to aid the repair.

Over the last 20 years, we have been able to perform this surgery through much smaller incisions by using a telescope and camera (endoscopic hernia repair). The main proven advantages of this technique over the traditional 'open' approach are less pain and earlier return to normal activities.

Under general anaesthesia, an incision is made just below the umbilicus where the laparoscope (thin telescope with a light on the end) is inserted and passed just inside the muscle wall but *outside* the abdominal cavity (extra-peritoneal). The protruding abdominal contents are reduced and the weakness or hole in the muscle wall is repaired with permanent synthetic mesh fixed in place with absorbable staples. This is all done through three small incisions through the skin and these are closed with Steri-Strips. Rarely (approx. 1%), there is no space between the muscle and peritoneum and therefore the traditional 'open' operation is performed instead.

Patients should not take anticoagulants such as Aspirin, Pradaxa, Warfarin or Plavix for one week prior to surgery. Please shower and clean your umbilicus thoroughly the night before surgery. Whilst complications are uncommon, patients do experience discomfort, bruising and swelling around the back of the penis and scrotum (males)/labial region (females) due to blood tracking from the site after the operation. This is common and appears a few days after surgery and resolves after several weeks. Most patients are discharged on the same day. Some patients may experience some pain and swelling at the site of the hernia and about the small incisions for several weeks after the operation.

Complications after any operation include:

- *Heart attack, blood clots forming in the brain (stroke), legs or lungs (pulmonary embolism) – which can be fatal.*
- *Infection of the wound*
- *A keloid or raised scar*

Rarer Complications specific to hernia surgery include:

- *Injury to major blood vessels, bowel, bladder or nerves, which may require a major re-operation to repair.*
- *A new hernia at incision sites, or recurrence of the old hernia.*
- *Chronic infection in the mesh repair, which may require its removal.*

After Surgery:

Patients should not drive for five days after surgery. I recommend that you refrain from lifting anything heavier than a bucket of water (10 kg) for two weeks following the operation to allow the mesh to firmly fix in place. Normal heavy lifting can resume after two weeks. Recurrence of hernia following surgery is usually related to early lifting of heavy weights and may occur in up to 5% of cases by five years following surgery.

MALE PATIENTS - It is normal for swelling and the scrotal and base of penis skin to show bruising several days later. This may last for several weeks.

FEMALE PATIENTS - It is normal for the labial region to show bruising several days later. This may last for several weeks.

If any problem is experienced following discharge from hospital it is best to contact me immediately.

