

HERNIA, INGUINAL (GROIN HERNIA): Open Repair

△ GENERAL INFORMATION

An *inguinal* hernia is a bulging out of the tissue in the groin area. One type, an indirect hernia, is a bulge through the stretched, natural opening in the groin through which blood vessels and other structures pass on the way to the *testicle* in the *scrotum* (Fig. 1).

The bulge associated with a hernia is from the intestines and some fatty tissue that has slipped into the hernia sac. Sometimes the intestine or fatty apron gets stuck in the sac. This is called an *incarcerated hernia*. Occasionally, the tissues in the hernia become twisted. This is called a *strangulated hernia*; it can develop gangrene.

COMMON SIGNS AND SYMPTOMS

- Occasionally, there is a bulge but no symptoms, or just a vague aching in the area.
- Most of the time, the bulge can be pushed back, or it goes back on its own when the person lies down.
- If there is something caught in the sac, the bulge can be painful when handled. If there is strangulated tissue in the hernia, the pain is intense and fever, abnormal laboratory findings, and other signs of infection are present.

DIAGNOSIS

The diagnosis usually can be made by taking a detailed history and doing a thorough physical examination.

○ TREATMENT

The safest, and so the best, treatment for an inguinal hernia is to repair it by an operation. There are several ways to treat an inguinal hernia:

Open Operation. Until a few years ago, practically the only technique was to make an incision over the bulge and then dissect the tissue over this bulge until the hernia was reached. The hernia sac is then repaired and the overlying tissues brought together again.

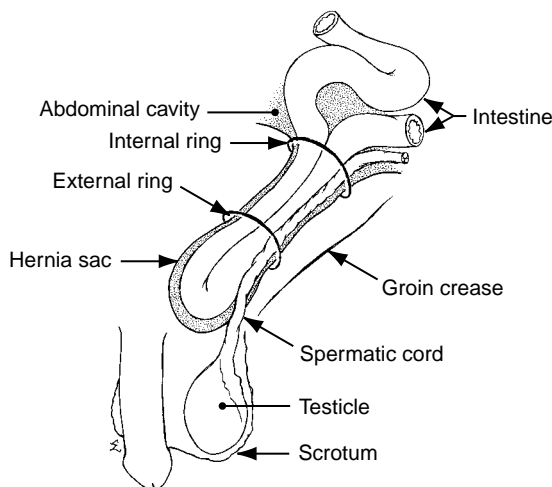


Figure 1. The incision is made in a natural crease, if possible. This results in a less obvious scar.

Advantages of the Open Technique

- It has been used by surgeons on hundreds of thousands of patients.
- It most often can be done under local anesthesia.

Disadvantages of the Open Technique

- Most of the pain and disability associated with this technique are from the cutting and dissection necessary to reach the hernia, rather than from the suturing of the hernia sac itself.

Laparoscopic Technique. More recently, and in appropriate patients, repair of the hernia is being done from inside the abdomen with a *laparoscope*. This instrument is about as big around as the tip of your little finger and has lenses in it and a light at its tip.

- The operation is done under general anesthesia.
- Three such instruments are introduced into the abdominal cavity through tiny incisions.
- The hernia is repaired from the inside and the instruments withdrawn.

Advantages of the Laparoscopic Technique

- There is less pain and disability after the operation and thus an earlier return to daily activities.
- It is more suitable for a person with a recurrent hernia in whom there is a lot of scar tissue that would need to be cut through to repair the hernia from the outside.
- It can be suitable in persons who are overweight and have a lot of fatty tissue that would need to be cut through to reach the hernia.

Disadvantages of the Laparoscopic Technique

- You need to be asleep for the operation.
- There's a little more likelihood that you will need to stay in the hospital at least overnight.

After careful consideration of all factors, the recommendation is that you have an open hernia repair from the outside.

PREOPERATIVE PREPARATION

- Any associated problems that might affect the success of the operation will be corrected as much as possible before the operation.
- If you smoke, *stop* or cut down drastically. This will help your lungs during and after the operation. Also, any coughing (as from smoking) strains the stitches.
- Do not eat or drink anything for 8 hours before the operation.
- Shower or bathe as usual on the morning of the operation.
- You may be given medicine that will make you feel drowsy before you are brought to the operating room.

□ OPERATION

- The operation will be done by injecting a local anesthetic in the groin area to make it completely numb. Also, you will be given medicine to keep you drowsy.

- The operation may be done under general anesthesia. The choice will be discussed with you beforehand.
- The operation usually takes about 1 hour.

POSTOPERATIVE CARE

- You will be taken to a recovery room and observed. When your blood pressure, pulse, and breathing are stable and you are completely alert, you probably will be able to go home that same day with a responsible adult. Otherwise, you will stay in the hospital until the next day.
- That evening, you will be helped to get out of bed and walk around.
- Pain will be controlled with medicine.
- Arrangements will be made for your medicine, follow-up office visit, and stitch or clip removal.
- As with any operation, complications are always possible. With this type of operation, they can include bleeding, infection, and possibly others.

⊕ HOME CARE

- You may walk about as you wish, even climb stairs, but don't overdo things.

- Don't lift anything heavier than 5 pounds. Ask someone to do it for you.
- Eat as you wish. Be careful that you do not become constipated.
 - Include enough roughage and plenty of liquids in your diet.
 - You may need some help with a mild laxative (example: milk of magnesia).
- You may shower if you wish and with any dressings on or off.
 - There may be narrow strips of tape across the incision. It's all right if they get wet; they will be removed in the doctor's office.
 - After you dry yourself, replace any dressings with clean, dry ones.
- You may resume sexual activity whenever you choose.
- You may return to work when you feel up to it, but let's talk about it first during a follow-up office visit.

📞 CALL OUR OFFICE IF

- You develop any unusual signs or symptoms.
- Your scrotum swells and continues to do so.
- The incisions become red or swollen, or there is drainage from them.
- You develop a temperature higher than 100°F.
- You have any questions.