

# Inguinal hernia surgery



You will soon be admitted to HMC Bronovo for inguinal hernia surgery. This folder provides information about the cause, possible symptoms and the treatment of your inguinal hernia. It is important to know that the symptoms may vary per individual. The surgeon will adjust the treatment accordingly.

## **An inguinal hernia**

An inguinal hernia is a protrusion of the peritoneum caused by a weak spot in the abdominal wall. Sometimes, intestines are in the protruding peritoneum. An inguinal hernia is located in the groin area, just above the groin crease. Inguinal hernias are sometimes double-sided, never go away on their own and can increase in size. Symptoms that may occur with an inguinal hernia include a nagging, heavy or burning sensation and/or pain in the groin area. Sometimes, however, a person does not experience any symptoms.

## **Possible causes of an inguinal hernia:**

- congenital;
- heavy lifting;
- weight gain;
- straining with difficult bowel movements;
- heavy, persistent coughing.

## **The surgery**

At HMC, there are two types of surgeries performed to treat an inguinal hernia. For the conventional surgery (open surgery), an incision is made at the site of the rupture. The weak spot in the abdominal wall is closed with a small plastic mesh. This plastic material is safe, usually well tolerated by the body and ensures a permanently firm abdominal wall. This means that the peritoneum can no longer bulge.

For the laparoscopic surgery, the surgeon makes three small incisions in the abdominal wall. Afterwards, the abdomen is temporarily inflated with gas in order to reveal the weak spot in the abdominal wall. In this surgery, the weak spot is also closed with a small plastic mesh.

The conventional surgery can be performed under local anaesthesia, general anaesthesia or via a spinal puncture. You can specify which anaesthetic you would prefer for this surgery. Laparoscopic surgery always takes place under general anaesthesia. The surgeon will discuss with you which surgical technique is the most suitable and help you decide which surgery will be performed.

Both surgeries take approximately forty-five minutes. If you have a preference for a specific surgeon, you can indicate this during your visit to the outpatient clinic.

## **Post surgery**

Post surgery, the area around the wound can be painful and swollen. However, painkillers will be able to combat the symptoms. The wound does not require special care. You may shower the following day. You can usually return home on the day of the surgery.

Depending on the type of surgery, the scope of the intervention and individual factors, you may experience some discomfort in the surgical area after your hospital discharge. During the first weeks after the surgery, the wound area will still be painful and swollen and feel hard to the touch. This will gradually disappear. After a laparoscopic surgery, the muscles along the entire abdominal wall may feel sore for a few days, and the abdominal wall may feel less firm. This is because the abdominal cavity was filled with gas during the surgery.

In principle, there are no restrictions regarding physical activity after the surgery, but particularly applying force (for example, lifting) will be painful in the beginning. Most activities can be resumed after a few days. Heavy physical work can be resumed after one to two weeks.

Most surgeries use soluble stitches on the wound. These do not have to be removed.

## Possible complications

Generally speaking, an inguinal hernia operation is a safe procedure that carries little risk of complications. However, no surgical procedure is entirely without a risk of complications. The following complications can occur with inguinal hernia surgery:

- A bruise in the wound area: you can recognise a bruise by a blue discolouration in the area around the wound. For men, this bruise can descend to the penis and the scrotum and, for women, to the large labia. The bruise is not harmful. This discolouration will disappear within a few weeks. If the bruise is very large, which fortunately rarely happens, you will be advised to have it surgically treated.
- A wound infection: this rarely occurs and is easy to treat. To reduce the risk of contracting a wound infection, it is important that you do not shave your lower abdomen and groin before your surgery!
- Difficulty urinating: it is, therefore, sometimes necessary to insert a catheter (a flexible tube used to empty the bladder).
- The skin around the scar can be numb or it may tingle. These abnormal skin sensations usually subside in due course.
- Some nerves run through the surgical area. Damage to these nerves cannot be excluded. Fortunately, this complication rarely occurs. Damage to a nerve can cause numbness or, in some cases, permanent pain around the surgical area. This pain usually disappears by itself within a year. Sometimes, however, the pain can be persistent and cause a great deal of annoyance. Injections with a sedative effect can reduce the complaints; however, in some cases, it will be necessary to undergo a new surgery.
- Damage to the blood vessels of the spermatic cord, which runs through the groin, may cause the testicles to become smaller.
- In rare cases, over time, a rupture may occur again in the same location. The treating surgeon will examine the best way to repair such a rupture. Usually, a new surgery will be required.

## **Aftercare and check-ups**

A nurse will call you on the first working day after your discharge, at an agreed time, to find out how you are doing. When leaving the hospital, an appointment for a check-up at the outpatient clinic will be scheduled for you. This appointment will take place three weeks after your surgery.

## **Questions**

If you still have questions after reading this folder, you can contact the outpatient clinic. The outpatient clinic can be reached from Monday to Friday from 8:00 am to 5:00 pm via telephone number +31 (0)88 979 43 59.

Outside office hours, you can contact the Emergency Department via telephone number +31 (0)88 979 44 45.

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