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Groin hernia

Inguinal hernia

A groin hernia may be congenital, in which case it will appear in the child's first year. In adults, groin hernia is by far the most common type of hernia. It occurs much more frequently in men than in women.

The inguinal ligament has several weak points, at which a defect can occur, resulting in a lump of tissue slipping through the peritoneum (abdominal wall). The lump is called a hernia. It comprises a sac of abdominal wall, which may also contain a length of intestine. The hernia may glide in and out. It will appear when you stand up and disappear when you lie down.

In both sexes, a hernia may develop in the groin or at the top of the thigh. Men may develop a scrotal hernia and women a labial hernia.

Causes and symptoms of groin hernia

A groin hernia may occur suddenly as a result of exertion (for example, heavy lifting), although hernias usually develop gradually. Some groin hernias cause no discomfort. However, they often do cause discomfort and pain, especially when coughing and during physical activity.

Treatment of groin hernia

As a rule, a small hernia can be pushed back into place. In time however, most hernias will grow and it may no longer be possible to push them back into place. The risk involved is that a small part of the intestine may become trapped in a narrow hernial channel, resulting in a strangulated hernia and intestinal volvulus. This is a rare but serious condition, which requires emergency surgery. The only effective treatment of hernia is an operative procedure to remove the hernial sac and strengthen the abdominal wall (in adults) with a synthetic mesh applied to the area affected by the hernia.

In the elderly, surgical procedures are often not performed until the patient begins to feel discomfort.

Preliminary examination

Before surgery, you will be invited to attend a preliminary examination by our specialist in gastro-intestinal surgery. The specialist will examine you and talk about your symptoms. In some cases, more examinations will be required to rule out the possibility of other disorders.

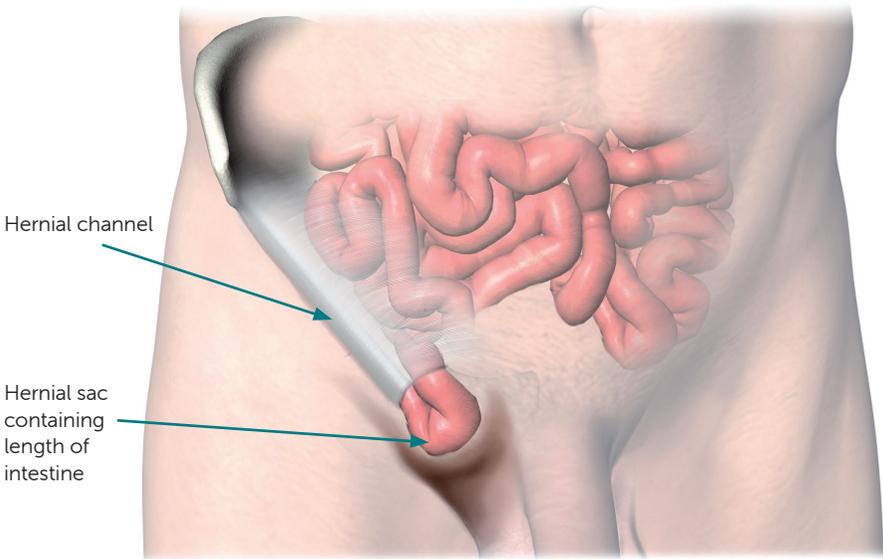
The specialist will then let you know of the treatment options available to you. The specialist will discuss whether a surgical procedure is the best treatment for you, and the type of procedure that will be performed.

You will be informed of operative and post-operative procedures, and potential side-effects and complications associated with the surgery.

You help determine the date of surgery to fit in with your plans.

Prognosis

The surgery is effective. Less than 5% of patients will experience a recurrence of the hernia. There are few complications and side-effects.



Groin hernia

Fluid retention

After keyhole surgery in particular, there may be fluid retention in the space previously occupied by the hernia. The fluid will gradually dissipate. If it is uncomfortable, your GP will be able to remove the fluid using a cannula.

Preparation

Before surgery, we recommend that you read this brochure carefully, along with "General guide for surgical patients". If the patient is a child, parents should read the brochure "Children and surgery".

Fasting

The surgery is performed under general anaesthetic, which means that you must fast before the surgery.

Pause from medication

See about this in the booklet "General guidance regarding your surgery" or "Regular medication in connection with surgery."

Bathing

On the day of your operation, you must shower. Make sure that you wash your navel well. Do not apply cream or lotion after your shower.

Same-day surgery (out-patients)

Your operation will be performed as same-day surgery. You can expect to be discharged on the same day just a few hours after surgery.

Open and keyhole surgery

Open surgery lasts about 1 hour. Keyhole surgery lasts about 1½ hours.

Children

In children, the surgeon will operate via a small incision in the groin. Contrary to the procedure in adults, synthetic mesh will not be applied to strengthen the area around the hernia.

Adults – open surgery

The surgeon makes an incision in the groin above the hernia. The surgeon pushes the contents of the hernia back into the abdominal cavity and the opening in the abdominal wall is closed. In adults, synthetic mesh is sewn in to strengthen the weak point in the abdominal wall.

Adults – keyhole surgery

Air is pumped into the abdominal cavity via a fine-gauge cannula, raising the abdominal wall to create enough space to operate in the abdominal cavity.

The surgeon works through three small holes in the abdominal wall and the hernia is repaired from inside the abdominal cavity.

The surgeon frees the tissue in the hernial area and strengthens it with synthetic mesh.

A local anaesthetic will be applied to the wounds at the end of the procedure.

The skin is stitched or closed with absorbable sutures, clips or stitches which have to be removed.

After surgery

After surgery the specialist and nurse will talk to you about what happens next and any precautions you need to observe after the operation.

After discharge

Pain

You should expect to feel moderate pain following the procedure. You may take ordinary, non-prescription painkillers. After keyhole surgery, you should expect to feel pain in your right shoulder for a day or two. This is due to air having been pumped into the abdominal cavity.

Wound/bandage

You may remove the bandage the day after the procedure (24 hours after the operation). You will only need to apply a fresh bandage if the wound is discharging.

Bathing

You may take a shower 24 hours after the operation. Swimming pool and bathtub: Wait until the sutures/stitches have been removed.

Swelling and discolouring

The operated area will often be swollen and discoloured in the first week after the operation. The swelling and discolouring will gradually disappear.

Food and drink

You may eat and drink normally.

You do not need to take laxatives. If you find that you are constipated, drink plenty of water. You can also buy non-prescription laxatives from your local pharmacy.

Physical activity

You can resume ordinary, everyday activities immediately after the operation.

Restrictions

There are normally no other restrictions following groin hernia surgery. The specialist will let you know if there are specific conditions that demand that you avoid heavy lifting for a certain period of time.

Time off work

You will normally only need a couple of days off work, although possibly a full week if your work involves strenuous physical activity.

Removal of clips/stitches and post-operative care

Your GP may remove stitches or clips 10 days after surgery. If the wound is clipped, special pincers will be supplied for this purpose.

If you have been stitched with absorbable sutures, the sutures do not have to be removed.

No further out-patient care is required.

Potential side-effects and complications

Accumulation of blood

A minor accumulation of blood may occur in a small number of patients. There is swelling and purplish-blue discolouring of the operated area, crotch and possibly also the genitals. Usually, the accumulation of blood will gradually disappear.

Infected wound

If your wound(s) are red and increasingly swollen and tender, or if you are feverish, contact Aleris.

Abscess in the wound

Fewer than 1% of patients develop an abscess in the wound, which may require that the wound is reopened and cleaned. The wound must then remain open and must be cleaned every day. The wound may be closed again under local anaesthetic after 4–5 days.

Recurrence of the hernia

After some time, less than 5% of hernia patients find that the hernia reappears. In such cases, the surgery may be repeated.

Pain in the operated area

After some time, about 10-15% of patients, particularly those who have undergone open surgery, may feel discomfort or even pain in the operated area. These patients may need to take painkillers.

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