

## Who can I contact if I have a problem when I get home?

If you experience any problems related to your surgery or admission once you have been discharged home. Please feel free to contact 4A, 4B or 4C ward for advice from the nurse in charge. They will assist you via the telephone, advise you return to your GP or ask you to make your way to the ED department at Whiston Hospital depending upon the nature of your concern.

4A Ward – 0151 430 1420

4B Ward – 0151 430 1637

4B Ward – 0151 430 1643

Whiston Hospital  
Warrington Road,  
Prescot, Merseyside, L35 5DR  
Telephone: 0151 426 1600



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# Open Inguinal Hernia Surgery Information

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Na żądanie ta ulotka może zostać udostępniona  
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**Author:** Surgical Care Team  
**Department:** General Surgery  
**Document Number:** STHK1026  
**Version:** 003  
**Review date:** 01 / 09 / 2024

## What is an inguinal hernia?

An inguinal hernia is an abnormal protrusion through the abdominal wall into the groin. The protrusion contains a cavity (the hernial sac) which can be empty or it can fill with abdominal contents such as bowel. Typically hernias are more obvious when standing or straining (such as coughing, heavy lifting and digging) as this forces bowel into the sac. Hernias usually develop over time for no obvious reason, although in some people there may be an inborn weakness in the abdominal wall. Occasionally a strenuous activity will cause a lump to appear suddenly. They may occur at any age and are more common in men than women.

Hernias may simply present as a painless bulge that enlarges with standing or coughing. Commonly though they cause an aching discomfort or a dragging sensation. Occasionally a piece of bowel or fat can get stuck and twisted within the hernia. This is very painful and can lead to a strangulated hernia which is a life-threatening emergency. It is generally recommended, therefore, that hernias be repaired to prevent such complications arising.

## Intended benefits

To repair your hernia. This should reduce discomfort and prevent the hernia from bulging. It should also prevent the hernia from enlarging over time.

Hernias very rarely “strangulate”. This is when the hernia comes out and gets stuck.

In the period following your operation you should seek medical advice if you notice any of the following problems:

- increasing pain,
- redness,
- swelling or discharge,
- severe bleeding, d
- difficulty in passing urine,
- high temperature over 38° or chills,
- nausea or vomiting.

## Check-ups and results

We do not make routine appointments for follow up after inguinal hernia surgery. However, please do not hesitate to contact us or your GP if you have any concerns,

## Students

There may be students present during your consultation as part of their on-going training.

Please let the staff know if you wish to be seen by a doctor only.

## Wound

There are no stitches to remove, however your surgeon may have used clips to close the skin.

These clips will need to be removed 8-10 days following your operation.

Your discharging nurse will refer you to the appropriate Treatment Room for the removal of clips.

Shower for the first five days and then you can soak in a bath and peel the plastic dressing off and leave the wound open to the air.

If the wound becomes red, hot or mucky see your GP immediately in case you have a wound infection and need antibiotics.

Expect some numbness beneath the scar - this may be temporary or permanent. Bruising around the wound or tracking down into the scrotum is sometimes seen - this looks dramatic but is harmless and will settle spontaneously.

## Pain Relief

Local anaesthetic is usually injected into the wound to minimise pain immediately after surgery and this lasts for four to six hours.

You will be given pain killers to take home and should take these regularly for the first few days. As the discomfort subsides you will need less pain relief but you may not be fully comfortable for two to four weeks.

In this situation an emergency operation is required. If your hernia has been repaired it cannot strangulate, therefore this complication is prevented by repairing your hernia electively.

## Before your operation

Most patients attend a pre-admission clinic where we will ask for details of your medical history and carry out any necessary clinical examinations and investigations.

Please ask us any questions about the procedure, and feel free to discuss any concerns you might have at any time.

We will ask if you take any tablets or use any other types of medication either prescribed by a doctor or bought over the counter in a pharmacy.

Please bring any packaging with you. Please tell us if you have any allergies or if you are allergic to any medications or dressings.

This procedure involves the use of anaesthesia. You will see an anaesthetist before your procedure.

Hernia surgery is usually performed as a day case procedure.

Sometimes we will recommend you stay in hospital overnight after your operation.

This will be discussed with you when you are seen in clinic.

## During the operation

The operation involves an incision in the groin over the hernia, freeing up of the hernia sac and replacing it inside the abdominal cavity.

Next, the abdominal muscles in the groin are strengthened with the aid of an artificial mesh which is laid over the weakness and secured with stitches to prevent the hernia returning.

The mesh is made of the same material as the stitches and does not cause any reaction from your body. You will not be aware that it is there. The wound is then closed with dissolving stitches under the skin.

The dressing is shower-proof and we ask you to keep it on for five days after surgery.

## After the operation

Once your surgery is completed you will usually be transferred to the recovery ward where you will be looked after by specially trained nurses, under the direction of your anaesthetist.

The nurses will monitor you closely until the effects of any general anaesthetic have adequately worn off and you are conscious. They will monitor your heart rate, blood pressure and oxygen levels too.

You may be given oxygen via a facemask, fluids via your drip and appropriate pain relief until you are comfortable enough to return to your ward.

It is safe to perform light duties immediately after the operation, but sensible to avoid heavy work for four to six weeks.

However, the only thing to hold you back will be discomfort and, if the wound is not hurting, you can do whatever you like.

## Driving

You are not insured to drive unless you are confident that you can brake in an emergency and turn to look backwards for reversing without fear of pain in the wound. This is usually about 10-14 days. If in doubt you should check with your insurers.

## Leaving hospital

Usually you can home later the same day. Sometimes it is recommended that you stay in overnight.

## Resuming normal activities including work

You should be able to return to office work by two weeks and manual work by about four weeks.