

Brochure Code:

GS23

Procedure Name:

Laparoscopic Incisional Hernia Repair



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What is an incisional hernia?

An incisional hernia is a weakness in the abdominal wall which happens at the site of a cut (incision) made during a previous operation.

Your surgeon has recommended a hernia operation. However, it is your decision to go ahead with the operation or not. This document will give you information about the benefits and risks to help you make an informed decision.

If you have any questions that this document does not answer, you should ask your surgeon or any member of the healthcare team.

How does a hernia happen?

The abdominal cavity contains the intestines and other structures. These are protected by the abdominal wall, which is made up of four layers. The inner layer is a membrane. The second layer is a wall made of muscle. A layer of fat separates the muscle from the outer layer of skin.

Any operation on the abdomen needs a cut that is closed with stitches. Sometimes the wound does not heal properly and a weakness happens in the muscle layer. This results in the contents of the abdomen, along with the inner layer, pushing through the abdominal muscles. This produces a lump under the skin called a hernia (see figures 1 and 2).

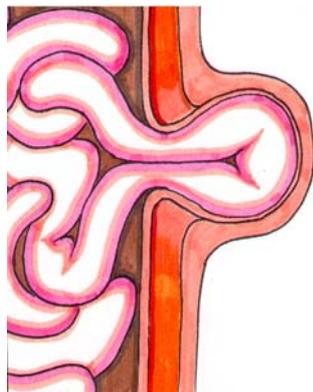


Figure 1

Hernia – bowel pushing through a weakness in the muscle wall of the abdomen

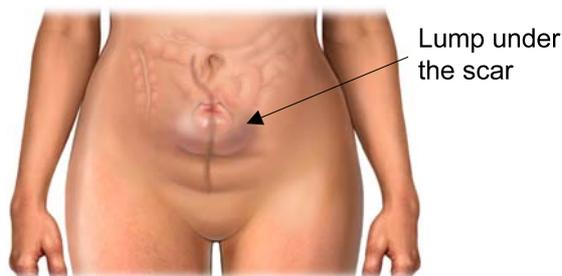


Figure 2

Incisional hernia

What are the benefits of surgery?

You should no longer have the hernia. Surgery should prevent you from having any serious complications and allow you to return to normal activities.

Are there any alternatives to surgery?

Surgery is recommended as it is the only dependable way to cure the condition. You can sometimes control the hernia with supportive clothing or simply leave it alone. It will not go away without an operation.

What will happen if I decide not to have the operation?

Hernias will get bigger with time. They can also be dangerous because the intestines or other structures within the abdomen can get trapped and have their blood supply cut off (strangulated hernia). This is serious and needs an urgent and bigger operation, with a higher risk of serious complications. If left untreated, a strangulated hernia can cause death.

What does the operation involve?

Incisional hernias can be repaired using the laparoscopic ('keyhole') technique or by an open cut at the site of your scar. Your surgeon has recommended a laparoscopic operation for you, as this is associated with less pain, less scarring and a faster return to normal activities. The healthcare team will carry out a number of checks to make sure you have the operation you came in for and on the correct side. You can help by confirming to your surgeon and the healthcare team your name and the operation you are having.

The operation is performed under a general anaesthetic. You may also have injections of local anaesthetic to help with the pain after surgery. You may be given antibiotics during the operation to reduce the risk of infection. The operation usually takes between one and two hours.

Your surgeon will make a small cut in or near your umbilicus so they can insert an instrument which inflates the abdominal cavity with gas (carbon dioxide). They will make several small cuts on your abdomen so they can insert tubes (ports) into your abdomen. Your surgeon will place surgical instruments through the ports along with a telescope so they can see inside your abdomen and perform the operation.

Your surgeon will free up the structures from the abdomen that are stuck in the hernia, and insert a synthetic mesh to cover the weak spot. They will close the small cut and holes with stitches or glue.

In about 5 in 100 people, it will not be possible to complete the operation using this technique. If this happens, the operation will be changed (converted) to an open procedure.

What should I do about my medication?

You should make sure your surgeon knows the medication you are on and follow their advice.

You may need to stop taking warfarin or clopidogrel before your operation.

If you are a diabetic, it is important that your diabetes is controlled around the time of your operation. Follow your surgeon's advice about when to take your medication.

If you are on beta-blockers to control your blood pressure, you should continue to take your medication as normal.

What can I do to help make the operation a success?

If you smoke, stopping smoking several weeks or more before an operation may reduce your chances of getting complications and will improve your long-term health.

Try to maintain a healthy weight. You have a higher chance of developing complications if you are overweight.

Regular exercise should help prepare you for the operation, help with your recovery and improve your long-term health. You should avoid exercises that involve heavy lifting or make your hernia painful. Before you start exercising, ask a member of the healthcare team or your GP for advice.

What complications can happen?

The healthcare team will try to make your operation as safe as possible. However, complications can happen. Some of these can be serious and can even cause death. You should ask your doctor if there is anything you do not understand. Any numbers which relate to risk are from studies of people who have had this operation. Your doctor may be able to tell you if the risk of a complication is higher or lower for you.

1 Complications of anaesthesia

Your anaesthetist will be able to discuss with you the possible complications of having an anaesthetic.

2 General complications of any operation

- **Pain**, which happens with every operation. The healthcare team will try to reduce your pain. They will give you medication to control the pain and it is important that you take it as you are told so you can move about and cough freely.

- **Infection of the surgical site** (wound) (risk: 1 in 100). To reduce the risk of infection it is important to keep warm around the time of your operation. Let a member of the healthcare team know if you feel cold. In the week before your operation, you should not shave the area where a cut is likely to be made. Try to have a bath or shower either the day before or on the day of your operation. After your operation, you should let your surgeon know if you get a temperature, notice pus in your wound, or if your wound becomes red, sore or painful. An infection usually settles with antibiotics but you may occasionally need another operation.

- **Bleeding** during or after surgery. This rarely needs a blood transfusion or another operation but it is common to get some bruising around the wound.
- **Unightly scarring** of the skin. You will still have the original scar.
- **Blood clots** in the legs (deep-vein thrombosis), which can occasionally move through the bloodstream to the lungs (pulmonary embolus), making it difficult for you to breathe. The healthcare team will assess your risk. Nurses will encourage you to get out of bed soon after surgery and may give you injections, medication or special stockings to wear.

3 Specific complications of this operation

- **Developing a lump** under the wound (risk: 6 in 100). This is caused by a collection of blood or fluid and normally settles over a few weeks.
- **Difficulty passing urine.** You may need a catheter (tube) in your bladder for a day or two.
- **Injury to structures within the hernia** which come from the abdomen. This is rare but may need further surgery.

How soon will I recover?

• In hospital

After the operation you will be transferred to the recovery area and then to the ward. A member of the healthcare team will tell you if you need to have any stitches or clips removed. You should be able to go home after one to two days. However, your doctor may recommend that you stay a little longer. This will depend on the size and position of the hernia.

If you are worried about anything, in hospital or at home, contact a member of the healthcare team. They should be able to reassure you or identify and treat any complications.

• Returning to normal activities

You should increase how much you walk around over the first few days after your operation. You may need to take painkillers to help you.

Your doctor will tell you when you can return to work depending on the extent of surgery and your type of work.

Your doctor may tell you not to do any manual work at first and you should avoid heavy lifting for at least six weeks.

Regular exercise should help you to return to normal activities as soon as possible. Before you start exercising, you should ask a member of the healthcare team or your GP for advice.

Do not drive until you are confident about controlling your vehicle and always check with your doctor and insurance company first.

• The future

Most people make a full recovery and can return to normal activities.

Occasionally the hernia comes back (risk: 1 in 20). This depends on the size of the hernia, the strength of your abdominal muscles, if you are overweight or if you have underlying medical problems. Your surgeon will be able to give you an idea of how likely it is that the hernia will come back.

Summary

An incisional hernia is a weakness in the abdominal wall, which happens when previous wounds do not heal properly. If left untreated, an incisional hernia can occasionally cause serious complications. Surgery is usually safe and effective. However, complications can happen. You need to know about them to help you make an informed decision about surgery. Knowing about them will also help to detect and treat any problems early.

Acknowledgements

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