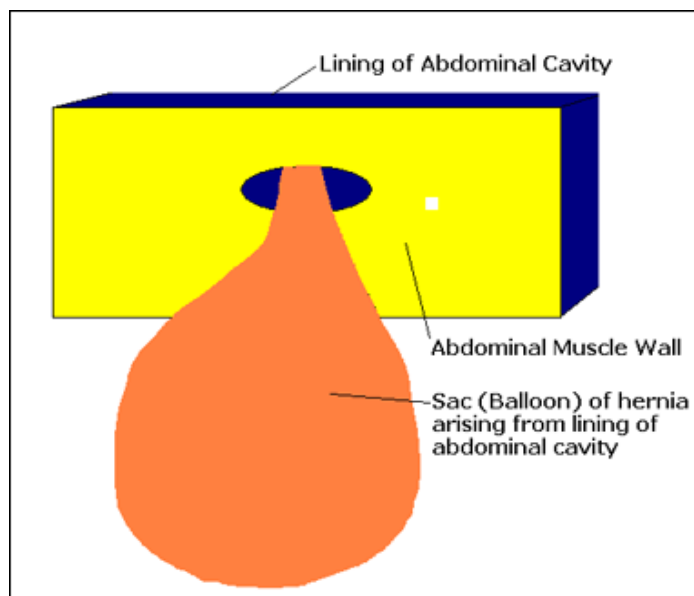


Laparoscopic (keyhole) groin surgery for hernia

This leaflet gives you information that will help you decide whether to have keyhole surgery to repair your hernia.

What is a hernia?

The abdominal wall is composed of a flat sheet of muscle running between the ribcage and the pelvic bone. A hernia is a weakness within this muscle, usually within the groin. Through this weakness appears a 'sac' (rather like a small balloon), which originates from the inner lining of the abdominal cavity. Sometimes the sac is empty; sometimes it contains fat or intestines.



Are there any alternatives to keyhole surgery?

A hernia is a mechanical weakness. No pills or exercise can restore the hole within the abdominal muscle so surgery is really the only treatment option. Some hernias are uncomfortable. Given time, a hernia may enlarge or, more importantly, a piece of bowel may lie within the hernial sac causing obstruction to the bowel and the need for emergency surgery. In some circumstances, keyhole surgery may not be suitable and an 'open' operation may be necessary. Open surgery has a longer recovery time and causes more visible scarring.

What happens during hernia repair surgery?

A piece of synthetic nylon mesh is placed over the muscular defect. This is called a 'mesh repair'.

There are two ways of having this operation:

- A. **Traditional open repair:** An incision (cut) is made (approximately 3-4 inches) over the groin skin and the muscles are exposed. The mesh is then sewn into the muscles.
- B. **Keyhole surgery:** In this method, three small holes are made in the abdominal wall. A camera is inserted into the abdominal cavity or wall, and the mesh is placed from within. It is held in place by several dissolvable plastic staples or biological glue. The mesh will remain in place permanently.

The operation is usually done under general anaesthetic, although the open repair can also be done under spinal anaesthetic or local anaesthetic only to the area. The decision of which kind of anaesthetic to use is made by the anaesthetist and will be discussed with you before the surgery. The surgery usually takes just under an hour.

What are the benefits of keyhole surgery?

There are three small incisions in keyhole surgery as opposed to one longer incision with traditional surgery. This means:

- The need for pain-relieving drugs is reduced
- The return to normal activities, including driving, sport and work is more rapid
- If a hernia repair is required on both sides, these can be performed at the same time through the same three small incisions.

Recurrent hernias are also best dealt with by keyhole methods.

Risks of keyhole hernia repair surgery

There is a potential for instruments to cause inadvertent damage to the blood vessels or intestine. The risk is about 1 per 2000 cases. If inadvertent injury does occur, an incision into the abdomen may be needed to repair any injuries.

Keyhole surgery may not be recommended in some patients who have had previous abdominal surgery or have severe chest problems, as a general (full) anaesthetic is essential.

What happens if complications occur during keyhole surgery?

It is highly unlikely that any complications will occur but if necessary, the surgeon can revert to an 'open' operation – the traditional type of hernia repair.

If you have the open operation, your wound may be quite swollen and uncomfortable for a number of days.

For male patients:

- The wound may bleed a little causing swelling and bruising of the scrotum.
- You may notice some numbing of sensation around the base of the penis and top of scrotum this may last for several months.
- There is a very low incidence (1 per 100 000 cases) of inadvertent damage to the blood supply of the testicle, which may result in a rather small and sometimes uncomfortable testicle. In rare instances the testicle may have to be removed.

For female patients:

- The wound may bleed a little causing swelling and bruising. There may be some numbness in the area or around your labia.
- Both procedures are usually done as day case procedures (you usually go home the same day), and would not routinely require outpatient follow up.

After the operation

- After the keyhole operation, you will wake up very quickly and you may drink almost immediately. Dissolvable stitches are used on the skin.
- It is normal to feel some discomfort in the shoulders for up to 48 hours after surgery (due to the carbon dioxide gas used to inflate your abdomen during the procedure) and you can

expect some groin ache. There may be some bruising around the incisions or over the scrotum/lower abdominal wall.

- Refrain from sport/heavy lifting for 2-4 weeks but walking is encouraged.
- You may return to normal domestic activities as soon as you feel able and you may drive when you feel comfortable wearing a seatbelt and are able to perform an emergency stop safely.

Further information

- www.nhs.uk/conditions/inguinalherniarepair/
- For further information about the Trust, visit our website www.royalberkshire.nhs.uk

Useful numbers

Clinical Admin Team 3:	0118 322 6890 or email rbb-tr.cat3@nhs.net
Pre-operative Assessment:	0118 322 6546
Adult Day Surgery Unit:	0118 322 7622
GSU (General Surgical Unit)	0118 322 7535 / 7539
Royal Berkshire Hospital	0118 322 5111
West Berkshire Community Hospital	01635 273300

If you have any concerns during the 24 hours following your discharge from hospital, please phone the ward to which you were admitted. After 24 hours, please seek advice from your GP.

To find out more about our Trust visit www.royalberkshire.nhs.uk

Please ask if you need this information in another language or format.

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