

## LAPAROSCOPIC HERNIA REPAIR

### Patient Information Leaflet

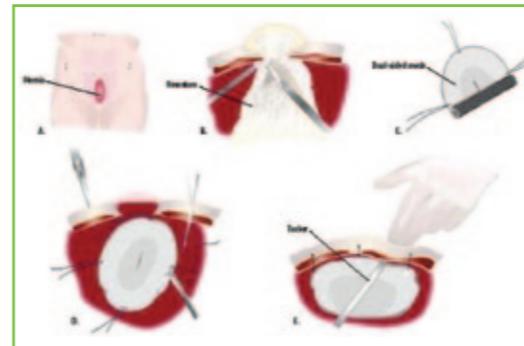
### LAPAROSCOPIC HERNIA REPAIR

The wall of the abdomen has natural areas of potential weakness. A hernia occurs when the inside layers of the abdominal muscle have weakened resulting in a bulge or tear with the inner lining of the abdomen pushing through the weakened area of the abdominal wall to form a balloon like sac. This can allow a loop of intestine or abdominal tissue to push into the sac. The hernia can cause severe pain and other potentially serious problems that could require emergency surgery.

Common areas for a hernia to occur are in the groin (inguinal), belly button (umbilical) and the site of a previous operation (incisional).

#### The Procedure

Laparoscopic hernia repair is a procedure aimed at minimising the invasiveness of surgery and is a specialised technique for performing surgery. Laparoscopic surgery uses several small incisions, typically 0.5-1cm in size. Each incision is called a 'port'. At each port site, a tubular instrument is inserted and specialised instruments and a camera are passed through these during the procedure. At the beginning of the procedure, the abdomen is inflated with gas to provide a working and viewing space for the surgeon.



The laparoscopic camera transmits images from the abdominal cavity to a high resolution video monitor in the operation theatre. During the operation, the surgeon watches detailed images of the abdomen on this monitor. This system allows the surgeon to perform the same operation as traditional surgery – where typically a larger, single incision is used to enter the abdomen – but with smaller incisions.

Most bowel operations can be performed using the laparoscopic technique; these include surgery for diverticulitis, colorectal cancer, rectal prolapse, hernia repair.

Laparoscopic surgery is as safe as traditional, open surgery. At the beginning of the laparoscopic operation, the laparoscope is inserted through a small incision near the belly button (umbilicus). The surgeon initially inspects the abdomen to determine whether laparoscopic surgery may be safely performed. If there is a large amount of inflammation or the surgeon encounters other factors that prevent a clear view of the structures, the surgeon may need to make a larger incision in order to complete the operation safely.

#### Potential Risks and Complications

Any bowel surgery is associated with certain risks, including complications related to general anaesthetic, bleeding, chest infection, infection, recurrence, deep vein thrombosis, pulmonary embolus and difficulty in passing urine. The risk of any operation is determined, in part, by the nature of the operation. An individual's general health and other medical conditions are also factors that affect the risk of any operation. Your consultant will have discussed your individual risk for any operation with you at your consultation. A hernia can recur at any time following repair. Your consultant will help you decide if the risks of laparoscopic hernia repair are less than the risks of leaving the condition untreated. Complications specific to laparoscopic incisional hernia repair include recurrence, collection of fluid (serum) where the old hernia existed which may give the impression of the hernia recurring. These specific complications are significantly reduced by wearing a corset for a period of six weeks following surgery. Usually a corset would be measured before surgery for incisional hernia repair. Other complications relate to the existence of scarring following previous operations, which include a small risk of injury to the bowel.

#### Following Consultation

Following your consultation it has been recommended that you undergo laparoscopic surgery for repair of a hernia. You will be booked in for a date to come into the Hampshire Clinic and will be given information related to this admission. You will receive information in the post from the Hampshire Clinic related to your stay. The average length of stay is as a day case or overnight stay.

You will be contacted by the pre-admission nurses to discuss any routine pre-operative tests you may require. If you need pre-operative tests such as blood tests, x-ray, ECG, swabs etc, the nurses will organise a date prior to your admission at a convenient time. Typically, this is in the week preceding your operation. This is an opportunity for you to

ask any questions you may have or any concerns related to your hospital stay. You will usually stay in hospital overnight, however, if your consultant and the nursing staff are satisfied, you may be able to go home on the same day.

### On discharge from the Hampshire Clinic

Following your operation you will be discharged from the Hampshire Clinic when your consultant and the nurses are satisfied you are ready to go home. With any hernia repair you can expect some soreness mostly during the first 24-48 hours. You will be given appropriate pain killers.

You are encouraged to mobilise following your operation. You will have a dry dressing on the wound and will be given a spare dressing before you leave. After 48 hours you can have a shower and change the dressing. If the wound is clean and dry, leave the wound exposed. Should there be any oozing from the wound, it may require re-dressing in the first week.

Following discharge from the Hampshire Clinic please contact the ward should you experience any of the following:

- Persistent high temperature
- Bleeding
- Increased abdominal or groin swelling
- Pain not relieved by your medications
- Persistent nausea or vomiting
- Inability to urinate
- Increasing soreness, swelling, redness or discharge from your wound
- You are unable to eat or drink liquids

No driving for the first ten days to two weeks. You must be able to safely do an emergency stop and have full range of movement. You must not do any heavy lifting for four to six weeks.

Depending on the nature of your work, you may be able to go back to work after two weeks. You will probably be able to return to your normal activities within a short length of time and will see your consultant following your operation to discuss returning back to full activity.

If required, you will be able to get a sick note from the ward nurses prior to discharge on request. If the hernia is a certain size, your consultant may advise you to wear an abdominal support for six weeks after your operation. If this is necessary you will be fitted with this at the time of surgery.

You will need to take regular mild pain killers for the first 48 hours following your operation and these may need to be taken for up to a week. The nurses will explain these to you prior to discharge. Please note all painkillers can cause constipation and you may need to take mild laxatives if this affects you.

In the unlikely event that you should experience severe abdominal pain or excessive bleeding, please contact the nurses on the ward at the Hampshire Clinic, your consultant secretary, GP or attend the Accident and Emergency Department immediately for assessment. Please inform them that you have recently had surgery.

Hampshire Clinic: 01256 357111  
Accident and Emergency, Basingstoke and North Hampshire Hospital:  
01256 473202 x4700

Please contact your insurance company with the dates, the expected length of your stay, details of your operation, including the specific codes related to this as advised by the secretary. You are advised at all times to contact your insurance company prior to any admission, treatment, investigation or consultation to gain pre-authorisation from the insurance company. Your care and treatment with Basingstoke Colorectal is private and it is the responsibility of the patient to ensure insurance cover is authorised. If you require any assistance with this please contact us.

### Infection Control and prevention

Infections in hospital are worrying to everyone. We need your help to reduce the risk of infection. By working as a team, healthcare workers, patients and visitors can all make a difference. We can reduce the risk. Infection control is important to us all, at home and especially in hospital. We need to be more careful in hospital as patients are vulnerable. They are more vulnerable due to their illness, treatment, age or a combination of factors.

### Hand washing

The single most important way of reducing infection is by hand washing. Bacteria and viruses, which cause infections, can be carried by hands and passed person to person or from things to people.

Please clean your hands regularly. It is especially important:-

- After using the toilet or bathroom
- Before eating (both snacks and meals)
- Between entering and leaving any ward or department

You may use soap and water, or if your hands are visibly clean you may use alcohol gel instead. You will find alcohol gel throughout the Hampshire Clinic. Patients should feel they can ask a nurse or doctor if they have cleaned their hands before an examination.

### Advice

- If you are unwell, coughing or sneezing, cold or flu like symptoms, please cancel your admission.
- If you have diarrhoea or vomiting three days before admission, please contact the nursing staff.
- Do not walk about in bare feet, wear slippers or shoes.
- Use disposable flannels.
- Use liquid soap.
- Dressings on wounds and drip sites are designed to keep them clean and dry, do not touch them.

If you have any queries, please do not hesitate to contact us.

## ALL CORRESPONDENCE AND APPOINTMENTS

The Hampshire Clinic Basing Road Basingstoke Hampshire RG24 7AL  
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