

## What is a Hernia ?

*Generally defined a hernia in the abdomen is the protrusion of the lining of the abdominal cavity through one or more muscular layers of the abdominal wall. There are a number of different locations where these can potentially occur. The abdomen can be thought of as a large container with muscles for its walls. Anywhere that a structure from within the abdomen crosses to the outside becomes a potential weak spot and therefore a potential hernia site. This brochure will deal with hernias of the inguinal (groin) region .*

*Hernias may be referred to as :*

***Reducible***- can be pushed back in

***Incarcerated***- cannot be pushed back in

***Strangulated***- The blood flow to the contents are interrupted like a tourniquet and the contents of the sac may die. This is a surgical emergency!

***Repair involves removing or replacing the hernia sac and then repair of the defect -often by reinforcing with a sheet of plastic mesh.***

Your procedure has been scheduled for

\_\_\_\_ - \_\_\_\_ - \_\_\_\_ at \_\_\_\_\_

You have an In Office pre-op appt. on \*

\_\_\_\_ - \_\_\_\_ - \_\_\_\_ at \_\_\_\_\_

You have a Hospital Pre-Op on \*

\_\_\_\_ - \_\_\_\_ - \_\_\_\_ at \_\_\_\_\_

\* Bring a current list of your medications to this appointment

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## INGUINAL HERNIA REPAIR

### WHAT YOU NEED TO KNOW



# Inguinal Hernias

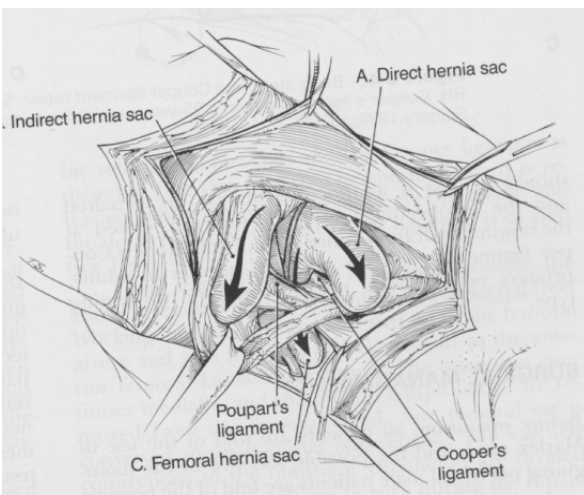
There are basically three types of inguinal hernias defined by the location of the weakened tissue.

**Indirect Hernia:** these hernias occur along side the spermatic cord in males and the round ligament in females. These most often arise as a congenital weakness.

**Direct Hernia:** these hernias are most often acquired through prolonged straining either from lifting or from medical conditions that increase abdominal pressure such as emphysema, constipation, or BPH.

**Femoral:** these hernias are the least common of the inguinal hernias and sometimes the most difficult to repair. They occur along side the major blood vessels to the leg.

The image below denotes the anatomy of the inguinal region, although it is a very difficult anatomy



## RISKS OF INGUINAL HERNIA REPAIR

Just about every procedure or test in medicine has known and unknown risks. While inguinal hernia repair is generally quite safe, complications have been known to occur. These may be related to the underlying hernia or to the procedure itself and may include bleeding, infection, injury to bowel, injury to the ilioinguinal nerve (a sensory nerve), hernia recurrence and rarely atrophy of the testicle. Additional risks with femoral hernias include blood clots in the leg that can lead to chronic swelling of the legs or break off and go to your lung. While these potential risks are infrequent, they do need to be considered in deciding to proceed with any procedure.

**Anesthesia:** The use of general anesthesia, spinal anesthesia and occasionally local anesthesia are options for this procedure. Risks associated with anesthesia are likewise infrequent but can include medication reactions, respiratory problems, cardiac arrhythmias or cardiac arrest and even death. The most frequent side effect is nausea. Additional risks specific to each type of anesthesia should be discussed with your anesthesia provider.

## ALTERNATIVES FOR INGUINAL HERNIA REPAIR

Unfortunately the non-operative options for treating hernias are generally ineffective.

**No Treatment** - this can allow the hernia to enlarge or to proceed to a life-threatening condition such as bowel obstruction or perforation. In general

once you develop symptoms you are more likely to develop these complications than you are to have an adverse event during surgery.

**Open Hernia Repair** - this is the time honored and most common approach to hernia repair. Several different approaches are available, some with and some without mesh. The approach I use typically involves a small incision in the groin and the use of mesh to reinforce the repair.

**Laparoscopic Hernia Repair** - this involves the use of several smaller incisions and the use of a laparoscope to view the hernia from the inside out. With this approach, the hernia is repaired from the inside using a piece of mesh. While the main advantage has been reported to be decreased pain initially, there are potential complications associated with an intraabdominal procedure not encountered with the open approaches.

## PREPARATION FOR INGUINAL HERNIA REPAIR

You will be required to be NPO after midnight (which means you are to take nothing by mouth after midnight) the night before your surgery. If you are taking medications review these with myself or the anesthesiologist to see which if any may be taken after midnight.

**NOTE:** If you are on aspirin or aspirin like products you should discontinue these 1 week before surgery. Likewise if you are on Coumadin, Plavix or other blood thinner, discuss this with me before surgery to see when and if they are to be held. If you develop a fever, infection or require the use of antibiotics prior to surgery, notify us as soon as possible to see if surgery needs to be delayed.

Following your operation, you will be given a sheet of postoperative instructions that I have developed. If these were not provided at the hospital, please contact my office for these instructions.