

# Hernia: Inguinal and Femoral

## What to expect



# Medical Information Guide

## Inguinal & Femoral

This guide provides information for Medibank Private members and their families about surgery to repair inguinal and femoral hernias.

It is important that you are well prepared for your healthcare experience, and know what to expect at key stages prior to, during and following this procedure.

It is also important that you discuss your particular circumstances in detail with the healthcare professionals who will be treating and caring for you. You should be confident in the treatment choices you make with your healthcare team and ensure that they are aware of your individual needs.

## What is a hernia?

A hernia is an opening or weakness in the abdominal wall through which organs, such as intestines, may be protruding. The weakness may be present from birth or can develop over time. Risk factors which may contribute to development of a hernia include:

- obesity
- pregnancy
- constipation
- heavy lifting

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Call us on 13 23 31 before you go to hospital to find out what you're covered for, any likely additional costs you may have to pay as well as for any other advice you may need. The information provided in this guide is current at the time of issue, July 2008.

Symptoms of a hernia will vary according to location and severity but may include:

- visible lump or swollen area
- lump disappears when lying down
- lump enlarges when coughing, straining or standing up
- heavy or uncomfortable feeling in the abdomen, particularly when bending over
- pain or aching especially when lifting or carrying heavy objects
- digestive upsets such as nausea or constipation

The abdominal wall is made up of different layers. Certain areas are structurally weaker than others and more likely to develop hernias. Types of hernia include:

- **Inguinal** hernia occurs when there is an increase in intra-abdominal pressure causing a tear (rupture) in the abdominal wall.

There are two types of Inguinal hernias:

- direct: which goes straight through the muscle layers of the abdominal wall and;
- indirect: which is one that goes through the inguinal ring into the groin along the inguinal canal

Inguinal hernia is the most commonly occurring type, is more frequent in men than in women and particularly common in middle age. There are also three other abdominal hernias such as: Umbilical, Ventral and Incisional which are less common.

- **Femoral** hernia occurs in the femoral canal, high on the thigh where the leg joins the body. Intestines force their way through the weak muscle of the femoral canal until they protrude. While femoral hernia is not very common there is a high risk of complication if untreated. Femoral hernia tends to occur in older people and is more frequent in women than in men.

## Why is hernia repair surgery performed?

If the lump can be gently pushed back through the abdominal wall, it is known as a reducible hernia. If the lump resists manual pressure, it is a non reducible hernia and can have serious complications. While most hernias are harmless, permanent repair of both reducible and non reducible forms requires surgery.

In particular, there is risk that a non reducible hernia will become strangulated, that is, the portion of the bowel pushed through the opening becomes cut off from its blood supply and will die. Femoral hernia is the type most likely to become strangulated and requires urgent medical attention.

## Referral to a specialist

Hernia repair surgery is a specialised procedure usually performed by a general surgeon. Your GP can recommend and refer you to a suitable specialist.

As well as advice from your GP, you may wish to know more about the procedure and what you can expect from your specialist. The following website provides further information about hernia repair surgery: **[www.surgeons.org](http://www.surgeons.org)** Royal Australasian College of Surgeons.

Cost of treatment may also be an important consideration when selecting a specialist. A list of general surgeons who have participated in Medibank Private's GapCover Scheme in the past can be found on our website **[medibank.com.au](http://medibank.com.au)**

Note: Specialists can choose to participate in GapCover on a **case-by-case** basis.

More information about GapCover can also be found on our website or in our '*Going to Hospital*' booklet.

## What should I discuss with my doctor or specialist?

- discuss the treatment options for your condition and why hernia repair surgery is being recommended
- what are the possible outcomes for each of the options you have discussed
- what is the likelihood of each of these outcomes occurring
- why your doctor has recommended a particular specialist in your case
- what experience does the specialist have, for example number of hernia procedures performed and outcomes for patients, including complication rates
- possible risks and outcomes associated with the procedure
- when any pathology results will be known
- typical recovery time
- arrangements for getting home and after care
- possible further treatment

Ideally, you should make sure that you fully understand the procedure that is going to be performed. Your specialist should explain in detail how the hernia repair surgery is done, and what preparation you should make. Your doctor may provide you with written material to read at home.

Your Medibank Private *'Going to Hospital'* booklet contains further questions that you may wish to ask your doctor, including information on obtaining informed financial consent.

## Where is it done?

Hernia repair surgery is performed in either a day surgery or hospital.

## How long will it take?

Time required for the procedure will vary with individual circumstances, but typically takes one to two hours, with a couple of hours recovery time following the procedure.

## Who is involved?

Healthcare professionals usually involved in the procedure are:

- your general surgeon
- an assistant surgeon may be involved depending on extent of the operation
- an anaesthetist will administer the anaesthetic and remain with you throughout the procedure. Hernia repair is generally done under a general anaesthetic
- a pathologist may also be involved for blood tests
- specialised nurses will assist with the procedure and your recovery

## How to prepare

Your specialist should provide detailed advice on the preparation required in your particular case, but in general:

You will need to fast (have nothing to eat or drink) for six hours prior to the procedure

You should obtain medical advice about taking prescribed medications prior to the procedure

## What happens on arrival at the day surgery or hospital?

When you arrive at the day surgery or hospital, you will be admitted. Necessary paperwork will need to be completed.

Prior to the procedure your specialist will ask you to sign a consent form, indicating that you give him or her permission to perform the procedure and that you understand all potential risks and complications.

## What to expect during hernia repair surgery

Following admission, you will be taken to the procedure room and prepared for surgery. An anaesthetist may see you during this time to discuss the anaesthetic which will be given and pain relief following the procedure.

A small plastic tube called a cannula will be placed in a vein in your hand or arm. If you are having a general anaesthetic, the cannula is used to administer intravenous sedation, which is the first stage of the anaesthetic. You will not remember anything from then until you wake up in the recovery unit.

The surgical procedure used for hernia repair will depend on the type and location of the hernia. **Open repair** is used in a range of medical circumstances and involves opening the abdomen and using stitches and nylon mesh to close and reinforce the weakened section of muscle.

**Laparoscopic repair** is most frequently used in hernia procedures. Three tiny cuts are made in the wall of the abdomen. A slender instrument called a laparoscope is inserted and the hernia repaired from the inside. A piece of flexible mesh is tacked into place to cover the weak areas and prevent the repair from pulling apart. The small incisions are then closed with dissolving stitches.

Laparoscopy eliminates the need for large abdominal incisions, carries less risk of damage to other organs of the stomach, is less painful and has shorter recovery time than open repair.

### What happens after hernia repair surgery?

After hernia repair surgery you will be closely monitored in the recovery area, and then taken to the ward area to rest until you are well enough to go home. In most cases, people are able to go home the same day.

You should arrange for a friend or relative to accompany you when discharged, as you should not drive yourself home.

The day surgery or hospital should give you specific instructions about your ongoing treatment, any side effects you may experience once home and any symptoms for which further assistance should be sought.



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