

Abdominal Wall Hernia

Patient Information

Mr James Francombe, Consultant Surgeon.

Definition

Your abdominal wall comprises layers of muscle and fibrous tissue beneath the skin which protect and conceal the contents (your bowels and organs) of your abdomen.

An abdominal wall hernia results when there is a weakness or defect in these layers such that the contents of your abdomen protrude through and appear as a lump under the skin. The symptoms are:

1. an unsightly lump
2. discomfort or pain
3. obstruction or strangulation

Choice of operation

There are two main ways of repairing these hernias. Both ways require a skin incision which will result in a permanent scar, the size of which very much depends on the location and size of the hernia. For small hernias the abdominal wall defect is repaired with sutures (stitches). For bigger hernias I may choose to use a piece of nylon mesh. This mesh is permanent and incorporates itself into your own body tissues and makes a reoccurrence of the hernia less likely.

Admission

The vast majority of these operations today are performed as day cases where you are discharged home on the same day as the operation. Sometimes this is not possible and if you are not suitable for day care surgery you should expect to be in hospital for one or two nights. If your operation is in the morning you should fast from midnight and if it is in the afternoon usually a light breakfast at 8am is permitted.

Anaesthetic

Most hernias are repaired under a general anaesthetic. Sometimes, for various reasons, the operation is performed under anaesthetic whilst you remain awake (local anaesthetic). This will have been decided in clinic.

The operation

Anterior abdominal wall hernia operations are intermediate operations (ie less than major but more than minor). Sometimes when the hernia is extremely large or caused by previous surgery (an incisional hernia) the surgery can be more extensive and may be classed as a major operation. I will make an incision over the lump approximately which may vary in size as discussed. The abdominal contents which are in the lump are returned to the abdomen. The defect through which the hernia occurred is repaired either with sutures or with mesh. The skin is closed usually with a dissolvable stitch but sometimes with a stitch that needs to be removed. This is done a week later by your family doctor's practice nurse. There will always be a scar where the incision was but with time this will become white and less noticeable.

Problems that can occur during the operation

Transfer to inpatient

Problems occurring during surgery are rare. Very occasionally if you are booked as a day case you may be asked to remain in hospital for a short period after the operation.

After the operation

As soon as you awake from the anaesthetic you can have something to eat or drink. After a short while a nurse will run through a checklist to ensure you are fine to go home. A responsible adult will have to

remain with you for 24 hours after the procedure as it takes this time to fully recover from the anaesthetic. You may experience some pain over the operation site but you will have been given pain killers. It is important that you take these regularly in the first 48 hours even if you are not experiencing pain.

Problems that can occur after the operation post-operative complications)

The vast majority of patients have no problems following this type of operation. However it is important that you are aware of some of the rare complications prior to undergoing surgery.

1. Bleeding

Whilst every attempt is made to stem all bleeding during the operation sometimes excessive bleeding afterwards can occur. We will check for this prior to your departure. Occasionally a blood clot can form under the skin (haematoma). This manifests itself as a painful swelling under the wound. This is more likely to happen if you take aspirin or other blood thinners. More often than not this will settle of its own accord but sometimes requires further intervention to remove the clot and stop the bleeding.

2. Infection

Superficial wound infections may occur. You may notice the wound becoming progressively more painful, red or swollen. Occasionally you may notice a discharge. It is important that you see your family doctor who will prescribe appropriate antibiotics. This is usually all that is needed. Occasionally it is necessary to remove the skin sutures early. This may make the final scar more noticeable. If mesh has been used and it itself becomes infected (this is exceptionally rare) then we may be forced to remove the mesh and repair the hernia a different way until we can replace a new mesh.

3. Recurrence

With today's modern techniques the chances of your hernia coming back in the same place in your lifetime is not likely but it does depend on the original size of the hernia, its cause or location. I will tell you approximately how likely it is that your hernia will reoccur. If you are unlucky enough to experience a recurrence then your hernia can usually be re-repaired.

4. Fluid collection over scar

Sometimes, if mesh has been used and whilst the mesh is incorporating into your own tissues, fluid is produced. This can settle as a non-painful pocket of fluid under the scar termed a seroma. These settle with time. Sometimes the seroma may need to be drained in the clinic room with a syringe and needle.

After discharge

Any pain will subside fairly rapidly and you should be able to get back to normal activities within 1 to 4 weeks. It is preferable that you do not do any heavy lifting during the first 2 to 6 weeks, whilst this should not affect the repair it may be painful. When you do start heavy lifting again it is advisable to do it gradually. If you are concerned that you may be developing a complication you should either contact your GP or my secretary.

Follow up

I will see you for follow up in approximately six weeks time.