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PATIENT INFORMATION FROM YOUR SURGEON & SAGES

Laparoscopic Inguinal Hernia Repair

- A hernia occurs when the inside layers of the abdominal muscle have weakened, resulting in a bulge or tear. In the same way that an inner tube pushes through a damaged tire, the inner lining of the abdomen pushes through the weakened area of the abdominal wall to form a small 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.
 - Both men and women can get a hernia.
 - You may be born with a hernia (congenital) or develop one over time.
 - A hernia does not get better over time, nor will it go away by itself.
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- The common areas where hernias occur are in the groin (inguinal), belly button (umbilical), and the site of a previous operation (incisional).
 - It is usually easy to recognize a hernia. You may notice a bulge under the skin. You may feel pain when you lift heavy objects, cough, strain during urination or bowel movements, or during prolonged standing or sitting.
 - The pain may be sharp and immediate or a dull ache that gets worse toward the end of the day.
 - Severe, continuous pain, redness, and tenderness are signs that the hernia may be entrapped or strangulated. These symptoms are cause for concern and immediate contact of your physician or surgeon.

- Most hernia operations are performed on an outpatient basis, and therefore the you will probably go home on the same day that the operation is performed.
- Preoperative preparation includes blood work, medical evaluation, chest x-ray and an EKG depending on your age and medical condition.
- After your surgeon reviews with you the potential risks and benefits of the operation, you will need to provide written consent for surgery.
- It is recommended that you shower the night before or morning of the operation.
- If you have difficulties moving your bowels, an enema or similar preparation may be used after consulting with your surgeon.
- After midnight the night before the operation, you should not eat or drink anything except medications that your surgeon has told you are permissible to take with a sip of water the morning of surgery.
- Drugs such as aspirin, blood thinners, anti-inflammatory medications (arthritis medications) and Vitamin E will need to be stopped temporarily for several days to a week prior to surgery.
- Diet medication or St. John s Wort should not be used for the two weeks prior to surgery.
- Quit smoking and arrange for any help you may need at home.

- Use of a truss (hernia belt) is rarely prescribed as it is usually ineffective.
- Most hernias require a surgical procedure.
- Surgical procedures are done in one of two fashions.

- Following the operation, you will be transferred to the recovery room where you will be monitored for 1-2 hours until you are fully awake.
- Once you are awake and able to walk, you will be sent home.
- With any hernia operation, you can expect some soreness mostly during the first 24 to 48 hours.
- You are encouraged to be up and about the day after surgery.
- With laparoscopic hernia repair, you will probably be able to get back to your normal activities within a short amount of time. These activities include showering, driving, walking up stairs, lifting, working and engaging in sexual intercourse.
- Call and schedule a follow-up appointment within 2 weeks after you operation.

- Any operation may be associated with complications. The primary complications of any operation are bleeding and infection, which are uncommon with laparoscopic hernia repair.
- There is a slight risk of injury to the urinary bladder, the intestines, blood vessels, nerves or the sperm tube going to the testicle.
- Difficulty urinating after surgery is not unusual and may require a temporary tube into the urinary bladder for as long as one week.

- Any time a hernia is repaired it can come back. This long-term recurrence rate is not yet known. Your surgeon will help you decide if the risks of laparoscopic hernia repair are less than the risks of leaving the condition untreated.

- Persistent fever over 101 degrees F (39 C)
- Bleeding
- Increasing abdominal or groin swelling
- Pain that is not relieved by your medications
- Persistent nausea or vomiting
- Inability to urinate
- Chills
- Persistent cough or shortness of breath
- Purulent drainage (pus) from any incision
- Redness surrounding any of your incisions that is worsening or getting bigger
- You are unable to eat or drink liquids

This brochure is not intended to take the place of your discussion with your surgeon about the need for laparoscopic inguinal hernia surgery. If you have questions about your need for hernia surgery, your alternatives, billing or insurance coverage, or your surgeons training and experience, do not hesitate to ask your surgeon or his/her office staff about it. If you have questions about the operation or subsequent follow-up, please discuss them with your surgeon before or after the operation.

ADDITIONAL INSTRUCTIONS:

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