

GS23 Laparoscopic Incisional Hernia Repair

Expires end of April 2025

Local Information

For further information locally you can contact the Patient Advice & Liaison Service (PALS) Team who will be able to put you in contact with the relevant department.

Basildon: Tel 01268 394440
Email mse.pals.btuh@nhs.net

Broomfield: Tel 01245 514130
Email mse.public.response@nhs.net

Southend: Tel 01702 385333
Email mse.pals.suhft@nhs.net

Their opening times are Monday to Friday 11:00am-2.00pm

What is an incisional hernia?

An incisional hernia is a weakness in your abdominal wall which happens at the site of a cut (incision) made during a previous operation.

Your surgeon has suggested a hernia operation. However, it is your decision to go ahead with the operation or not. This document will give you information about the benefits and risks to help you to make an informed decision.

If you have any questions that this document does not answer, it is important that you ask your surgeon or the healthcare team. Once all your questions have been answered and you feel ready to go ahead with the procedure, you will be asked to sign the informed consent form. This is the final step in the decision-making process. However, you can still change your mind at any point.

How does a hernia happen?

Your abdominal cavity contains your intestines and other structures. These are protected by your abdominal wall, which is made up of four layers. The inner layer is a membrane. The second layer is a wall made of muscle. A layer of fat separates the muscle from the outer layer of skin.

Any operation on your abdomen needs a cut that is closed with stitches. Sometimes your wound does not heal properly and a weakness happens in the muscle layer. This results in the contents of your abdomen, along with the inner layer, pushing through your abdominal muscles. This produces a lump under your skin called a hernia.

What are the benefits of surgery?

You should no longer have the hernia. Surgery should prevent serious complications and allow you to return to normal activities.

If you are female, let your surgeon know if you are planning to become pregnant. Pregnancy increases the size of your abdomen and may undo the hernia repair.

Are there any alternatives to surgery?

You can sometimes control the hernia with supportive clothing or simply leave it alone. It will not get better without surgery.

An incisional hernia



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What will happen if I decide not to have the operation?

The hernia will get larger with time. It can also be dangerous because your intestines or other structures within your abdomen can get trapped and have their blood supply cut off (strangulated hernia). This is uncommon, but you will need an urgent and larger operation, with a higher risk of developing serious complications. If left untreated, a strangulated hernia can be life-threatening.

If you are female and are planning to become pregnant, it is usually better to wait until after your pregnancy before having the operation. Pregnancy increases the size of your abdomen and may undo the hernia repair. Your surgeon will tell you the risks of delaying having the operation.

What does the operation involve?

The healthcare team will carry out a number of checks to make sure you have the operation you came in for and on the correct side. You can help by confirming to your surgeon and the healthcare team your name and the operation you are having.

The operation is performed under a general anaesthetic. You may also have injections of local anaesthetic to help with the pain after the operation.

You may be given antibiotics during the operation to reduce the risk of infection.

The operation can take several hours. Your surgeon will use laparoscopic (keyhole) surgery as this is associated with less pain, less scarring and a faster return to normal activities. Your surgeon will make several small cuts on your abdomen so they can insert tubes (ports) into your abdomen. Your abdominal cavity will be inflated with gas (carbon dioxide). Your surgeon will insert surgical instruments through the ports along with a telescope so they can see inside your abdomen and perform the operation.

Your surgeon will free up the structures from your abdomen that are stuck in the hernia, and insert a synthetic mesh to cover the weak spot.

For about 5 in 100 people it will not be possible to complete the operation using keyhole surgery. The operation will be changed (converted) to open surgery, which involves a larger cut at the site of your scar.

Your surgeon will remove the instruments and close the cuts.

What should I do about my medication?

Make sure your healthcare team know about all the medication you take and follow their advice. This includes all blood-thinning medication as well as herbal and complementary remedies, dietary supplements, and medication you can buy over the counter.

What can I do to help make the operation a success?

If you smoke, stopping smoking now may reduce your risk of developing complications and will improve your long-term health.

Try to maintain a healthy weight. You have a higher risk of developing complications if you are overweight.

Regular exercise should help to prepare you for the operation, help you to recover and improve your long-term health. Do not do exercises that involve heavy lifting or make your hernia painful. Before you start exercising, ask the healthcare team or your GP for advice.

You can reduce your risk of infection in a surgical wound by taking the following steps:

- In the week before the operation, do not shave or wax the area where a cut is likely to be made.
- Try to have a bath or shower either the day before or on the day of the operation.
- Keep warm around the time of the operation. Let the healthcare team know if you feel cold.
- If you are diabetic, keep your blood sugar levels under control around the time of your procedure.

Speak to the healthcare team about any vaccinations you might need to reduce your risk of serious illness while you recover. When you come into hospital, practise hand washing and wear a face covering when asked.

What complications can happen?

The healthcare team will try to reduce the risk of complications.

Any numbers which relate to risk are from studies of people who have had this operation. Your doctor may be able to tell you if the risk of a complication is higher or lower for you. Some risks are higher if you are older, obese, you are a smoker or have other health problems. These health problems include diabetes, heart disease or lung disease.

Some complications can be serious and may even cause death. Using keyhole surgery means it may be more difficult for your surgeon to notice some complications that may happen during the operation. When you are recovering, you need to be aware of the symptoms that may show that you have a serious complication.

You should ask your doctor if there is anything you do not understand.

Your anaesthetist will be able to discuss with you the possible complications of having an anaesthetic.

General complications of any operation

- Bleeding during or after the operation. It is common for the area around your wound to be bruised. Rarely, you will need a blood transfusion or another operation.
- Infection of the surgical site (wound) (risk: 1 in 100). It is usually safe to shower after 2 days but you should check with the healthcare team. Let the healthcare team know if you get a high temperature, notice pus in your wound, or if your wound becomes red, sore or painful. An infection usually settles with antibiotics but you may need special dressings and your wound may take some time to heal. In some cases another operation might be needed. Do not take antibiotics unless you are told you need them.
- Allergic reaction to the equipment, materials or medication. The healthcare team are trained to detect and treat any reactions that might happen. Let your doctor know if you have any allergies or if you have reacted to any medication, tests or dressings in the past.
- Blood clot in your leg (deep-vein thrombosis – DVT). This can cause pain, swelling or redness in your leg, or the veins near the surface of your leg to appear larger than normal. The healthcare team will assess your risk. They will encourage you to get out of bed soon after the operation and may give you injections, medication, or special stockings to wear. Let the healthcare team know straight away if you think you might have a DVT.
- Blood clot in your lung (pulmonary embolus), if a blood clot moves through your bloodstream to your lungs. Let the healthcare team know straight away if you

become short of breath, feel pain in your chest or upper back, or if you cough up blood. If you are at home, call an ambulance or go immediately to your nearest Emergency department.

- Chest infection. Your risk will be lower if you have stopped smoking and you are free of Covid-19 (coronavirus) symptoms for at least 7 weeks before the operation.

Specific complications of this operation

Keyhole surgery complications

- Damage to structures such as your bowel, bladder or blood vessels when inserting instruments into your abdomen (risk: less than 3 in 1,000). The risk is higher if you have had previous surgery to your abdomen. If an injury does happen, you may need open surgery. About 1 in 3 of these injuries is not obvious until after the operation.
- Developing a hernia near one of the cuts used to insert the ports (risk: 1 in 100). Your surgeon will try to reduce this risk by using small ports (less than a centimetre in diameter) where possible or, if they need to use larger ports, using deeper stitching to close the cuts.
- Injury to your bowel during surgery or if your bowel becomes trapped between the mesh and your abdominal wall, causing bowel obstruction (risk: 1 in 200). You may need another operation.
- Surgical emphysema (a crackling sensation in your skin caused by trapped carbon dioxide), which settles quickly and is not serious.
- Gas embolism. This is when gas (carbon dioxide) gets into the bloodstream and blocks a blood vessel. This is very rare but can be serious.

Hernia repair complications

- Developing a collection of blood (haematoma) or fluid (seroma) under your wound (risk: 6 in 100). This usually settles within a few weeks.
- Difficulty passing urine. You may need a catheter (tube) in your bladder for 1 to 2 days.

- Injury to structures that come from your abdomen and are within the hernia. This is rare but you may need another operation.
- The problem coming back (risk: 5 in 100). You may need another procedure to fix it.

Consequences of this procedure

- Pain. The healthcare team will give you medication to control the pain and it is important that you take it as you are told so you can move about and cough freely. After keyhole surgery, it is common to have some pain in your shoulders because a small amount of carbon dioxide gas may remain under your diaphragm. Your body will usually absorb the gas naturally over the next 24 hours, which will ease the symptoms.
- Unsightly scarring of your skin. You will still have the original scar.

How soon will I recover?

In hospital

After the operation you will be transferred to the recovery area and then to the ward. You should be able to go home on the same day or after 1 to 2 days. However, your doctor may recommend that you stay a little longer. This will depend on the size and position of the hernia.

You need to be aware of the following symptoms as they may show that you have a serious complication.

- Pain that gets worse over time or is severe when you move, breathe or cough.
- A high temperature or fever.
- Dizziness, feeling faint or shortness of breath.
- Feeling sick or not having any appetite (and this gets worse after the first 1 to 2 days).
- Not opening your bowels and not passing wind.
- Swelling of your abdomen.

If you do not continue to improve over the first few days, or if you have any of these symptoms, let the healthcare team know straight away. If you are at home, contact your surgeon or GP. In an emergency, call an ambulance or go immediately to your nearest emergency department.

Returning to normal activities

To reduce the risk of a blood clot, make sure you carefully follow the instructions of the healthcare team if you have been given medication or need to wear special stockings.

Increase how much you walk around over the first few days. You may need to take painkillers to help you.

Your doctor will tell you when you can return to work. Your doctor may tell you not to do any manual work for a while. Do not lift anything heavy for at least 6 weeks.

Regular exercise should help you to return to normal activities as soon as possible. Before you start exercising, ask the healthcare team or your GP for advice.

Do not drive a car or ride a bike until you can control your vehicle, including in an emergency, and always check your insurance policy and with the healthcare team.

The future

Most people make a full recovery and can return to normal activities. However, the hernia can come back (risk: 1 in 20). This depends on the size of the hernia, the strength of your abdominal muscles, if you are overweight or if you have underlying medical problems. Your surgeon will be able to give you an idea of how likely it is that the hernia will come back.

Summary

An incisional hernia is a weakness in your abdominal wall, which happens when previous wounds do not heal properly. If left untreated, an incisional hernia can cause serious complications.

Surgery is usually safe and effective but complications can happen. You need to know about them to help you make an informed decision about surgery. Knowing about them will also help to detect and treat any problems early.

Keep this information document. Use it to help you if you need to talk to the healthcare team.

Some information, such as risk and complication statistics, is taken from global studies and/or databases. Please ask your surgeon or doctor for more information about the risks that are specific to you, and they may be able to tell you about any other suitable treatments options.

This document is intended for information purposes only and should not replace advice that your relevant healthcare team would give you.

Reviewer

James Catton (FRCS)

Illustrator

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