

GS13 Laparoscopic Inguinal Hernia Repair (TEP)

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 inguinal hernia?

An inguinal hernia is a common type of hernia, causing a lump and sometimes pain in your groin. Your surgeon has suggested a totally extraperitoneal (TEP) 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. Weak spots can develop in the layer of muscle, resulting in the contents of your abdomen, along with the inner layer, pushing through your abdominal wall. This produces a lump called a hernia.

An inguinal hernia happens at the inguinal canal. This is a narrow passage through your abdominal wall.

The inguinal canal is prone to hernias, which can be caused by a defect from birth or from gradual weakening of the muscles.

What are the benefits of surgery?

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

Are there any alternatives to surgery?

You can sometimes control the hernia with a truss (padded support belt) or simply leave it alone. It will not get better without surgery.

An inguinal hernia



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

Occasionally, the hernia can 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). The symptoms that may suggest a strangulated hernia are:

- severe pain;
- a hernia that will not disappear when you lie down;
- vomiting.

If you have any of these symptoms you must call your healthcare team immediately as you may need an urgent 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 and usually takes about 30 minutes (less than an hour for a repair to both sides). 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.

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 a small cut on or near your belly button so they can insert an instrument in your abdominal cavity to inflate it with gas (carbon dioxide). They will make two small cuts on your abdomen so they can insert tubes (ports) into your abdomen. 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 return the part of your abdomen that is causing the hernia, and insert a synthetic mesh to cover the weak spot. They will close the small cut and holes with stitches or glue.

For about 1 in 100 people it will not be possible to complete the operation using keyhole surgery. The operation will be changed (converted) to either a transabdominal laparoscopic procedure, where the instruments are inserted in your abdominal cavity, or to open surgery, which involves a larger cut on your groin.

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.

How can I prepare myself for the operation?

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 your groin to be bruised and, for men, for your penis or scrotum to be bruised. You will not usually need a blood transfusion or another operation.
- Infection of the surgical site (wound). 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

- Surgical emphysema (a crackling sensation in your skin caused by trapped carbon dioxide), which settles quickly and is not serious.
- Injury to your bowel during surgery or if your bowel becomes trapped between the mesh and your abdominal wall, causing bowel obstruction. You may need another operation.
- 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) at the site of the original hernia (risk: 1 in 10). This usually settles within a few weeks.
- Continued discomfort or pain in your groin.
- For men, discomfort or pain in your testicle on the side of the operation.
- For men, difficulty passing urine. You may need a catheter (tube) in your bladder for 1 to 2 days (risk: 1 in 100).
- For men, damage to the blood supply of your testicle (risk: less than 1 in 1,000). Your testicle on the same side as the operation may shrink and not work.
- The problem coming back (risk: less than 3 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.

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 the same day or the day after. However, your doctor may recommend that you stay a little longer.

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.
- Difficulty passing urine.

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

If you had sedation or a general anaesthetic and you go home the same day:

- A responsible adult should take you home in a car or taxi and stay with you for at least 24 hours.
- Be near a telephone in case of an emergency.
- Do not drive, operate machinery or do any potentially dangerous activities (this includes cooking) for at least 24 hours and not until you have fully recovered feeling, movement and co-ordination.
- Do not sign legal documents or drink alcohol for at least 24 hours.

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.

You may return to normal activities when you feel comfortable to do so, usually after a week. You do not need to avoid lifting but you may find it uncomfortable if you lift heavy weights during the first 2 to 4 weeks.

Do not play sports or do strenuous exercise for 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: less than 3 in 100). 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. The hernia can come back many years later and you may need another operation.

Summary

An inguinal hernia is a common condition caused by a weakness in your abdominal wall, near the inguinal canal. If left untreated, an inguinal 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

Ian Beckingham (DM, FRCS)

Illustrator

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