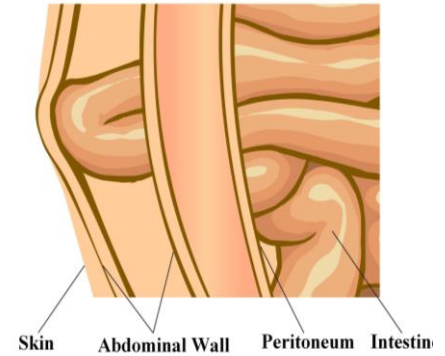


## Operation Information

### Hernia Repair

#### Introduction

A hernia is formed when a part of an organ, usually the intestines, protrude through a weak part of the abdominal wall. This may be caused by chronic coughing, constipation, dysuria or frequent heavy lifting. Hernias usually occur in the groin area, around the umbilical or previous incision wounds. In fact, an irreducible hernia is also known as an incarcerated hernia. It can lead to bowel strangulation. It might cause life threatening situation in some cases and therefore, treatment is needed. There are two methods to repair the hernia – traditional open hernia repair or laparoscopic hernia repair (minimally invasive).



#### Outcomes

This operation is a surgical intervention to repair a hernia in order to prevent further complications. Eventually, the protruding part of the organs is pushed back into the abdomen and the defect of the abdominal wall is repaired with a mesh.

#### Procedures

1. The operation can be performed under general, local or regional anaesthesia
2. The operation can either be an Open or Laparoscopic Herniorrhaphy:
  - i) Traditional open hernia repair
    - An incision is made near the hernia (8-10cm)
  - ii) Laparoscopic hernia repair
    - Three small incisions are made to insert the instrument (0.5-1cm)
    - If complications arise during the procedure, the doctor will switch to the open method
3. The protruding part of the organs is pushed back into the abdomen
4. A synthetic mesh is placed in the weakened area for support
5. The wound is closed with sutures

#### Possible Risks and Complications

1. Wound infection
2. Hematoma formation
3. Swelling
4. Wound pain and numbness
5. Bruising of the skin and scrotum
6. Damage to nearby organs
7. Scrotal Edema
8. Difficult urination
9. Hernia recurrence
10. Testicular atrophy (very rare)

\*\* The risks listed above are in general terms and the possibility of complications is not exhaustive. Please understand that even though all operations are carried out with utmost professionalism and care this does not rule out the possibility of complications arising. In the event of peripheral organ damage or post-operative haemorrhage or leakage, further operation may be necessary.

## **Pre-operative Preparations**

1. Good hygiene can prevent surgical wound infection. Therefore, we advise you to clean up yourself on the day of operation.
2. The procedure and possible complications will be explained by the doctor and a consent form must be signed prior to the operation.
3. Please inform the doctor and nurse all your past medical history, previous surgical operations, current medication and any complication with drug or anaesthesia.
4. For open herniorrhaphy, shaving of the abdominal and pubic hair may be required. For laparoscopic herniorrhaphy, the nurse(s) will guide you in cleansing the umbilicus and abdomen with an antiseptic wash.
5. No food or drink six hours before operation.
6. Please change into a surgical gown after removing all clothing including undergarments, dentures, jewellery and contact lenses.
7. Please empty your bladder before the operation.
8. Pre-medication or intravenous infusion may be necessary.

## **Post-operative Instructions**

### **General**

1. After general anaesthesia, you may:
  - experience discomfort in the throat after tracheal intubation.
  - experience side effects of anaesthesia including feel tired, drowsy, nausea or vomiting. Inform the nurse if symptoms persist or worsen.
2. Please inform the nurse of wound pain. Proper pain relief treatment by injection or oral medication may be prescribed by the doctor.
3. You may be advised to wear supportive underwear to support scrotum or testicle if necessary.

### **Wound Care**

1. The wound will be covered with a sterile waterproof dressing which must be kept dry.
2. Stitches will be absorbed gradually after operation, removal of stitches is therefore not necessary. If removal of stitches is required, please attend follow-up visit(s) as arranged.
3. Please take a bath or shower as usual. Please keep the wound clean and dry afterwards.
4. The wearing of loose-fitted clothing is encouraged to avoid irritation of the wound

### **Diet**

1. A normal diet may be resumed as instructed after recovering from anaesthesia.
2. To avoid constipation, increase water consumption and high fiber diet as advised.

## **Advices on Discharge**

1. You may experience abdominal / groin pain or discomfort during the first week. It is normal and will subside gradually. The prescription pain medication may be taken as needed.
2. Activities:
  - Only light activities are allowed within 48 hours after the operation. Vigorous exercise (e.g. climbing, cycling, swimming, etc) or lifting heavy objects should be avoided in the first six weeks.
  - Please hold the wound while sneezing, coughing or laughing to prevent the wound from bursting open and to relieve pain.
  - Resume sexual activity only if wound pain subsides.

3. Immediately consult your doctor or return to hospital for professional attention in the event of severe wound pain associated with redness and swelling, tenderness, draining pus or blood oozing, shivering, high fever over 38°C or 100°F, or any other unusual symptoms etc.
4. Any follow-up consultations should be attended as scheduled.

Should there be any enquiries or concerns, please consult the attending doctor.

Under the professional care of the doctor, you will gradually recover. We wish you all the best during your treatment and recovery.

If you have any questions after reading the entire leaflet, please write them down in the spaces provided in order for the doctor to further follow-up.

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Compiled by Union Hospital Operating Theatre (OT) Governance Committee

The above information is for reference only, please enquire your physician for details  
Our Hospital reserves the RIGHT to amend any information in this leaflet without prior notification

