

## Groin Hernias

### **What is a groin (inguinal) hernia?**

An hernia is a weakness in the wall of the lower abdomen, allowing a bulging out of internal organs. This results from a stretching or tearing of the tissues and is not the result of weak muscles. You can be born with a hernia or acquire one during the course of your life. Intestines, the bladder, or an ovary can be squeezed into the hernia.

Hernias can be uncomfortable, and the bulge can grow to a large (huge if neglected) size. The main reason to treat hernias, that is to repair them, is to prevent entrapment of intestine in the hernia. Trapped intestine can even get choked-off (strangulated), which is a true life threatening emergency. Surgery is most often needed to correct hernias.

### **How does it happen?**

Some people, more often males, are born with a weakness in the layers of the abdominal wall. The testicle descends through the groin into the scrotum before birth, and the path it takes can fail to seal up well. Wear and tear and increased abdominal pressure can lead to herniation. Many factors can contribute to the formation of hernias:

- heavy lifting, pushing or shoving
- coughing (emphysema, bronchitis)
- Difficulties with constipation
- pregnancy
- difficulty passing urine (prostate troubles)
- previous incisions for lower abdominal surgery

### **What are the symptoms?**

Symptoms associated with a groin hernia may include:

- discomfort or aching in the lower abdomen or groin
- a bulge in the groin which may go down at night and pop back out during the day
- a bulge that cannot be pushed back in (an incarcerated hernia potentially serious-call your doctor)

### **Do I have a hernia?**

Hernias are diagnosed by an interview (history) and physical examination. Usually, lab tests, xrays and scans are not needed. Your doctor will be able to tell you if you have an hernia, or be able to refer you to a specialist for diagnosis. General surgeons, such as Dearborn Surgical Associates, excel in the diagnosis and treatment of hernias.

## **Can a hernia be prevented?**

Yes and no. Some hernias will occur suddenly- some call this a rupture- with lifting a heavy load or an accident at work. There are general measures one can take to reduce the risk of a hernia:

- Lift and carry with correct technique
- Reduction in weights lifted
- Lose weight if over weight
- Avoid constipation
- Quit smoking to reduce coughing; use asthma medications as directed by your doctor
- See you doctor if you are having difficulty passing urine (decreased force of stream, dribbling of urine, waking up to urinate several times a night)

## **Do I need an operation?**

Small hernias, with no symptoms can be watched. Larger or more symptomatic ones usually require repair. Some employers will encourage their employees to have a hernia repaired to prevent on-the-job incarceration. Trusses or groin supports are generally not helpful, and can actually worsen some hernias. We do not recommend them. Hernias are structural problems (a hole) and require a structural solution (patching the hole).

## **What types of inguinal (groin) hernia repair are there?**

There are basically two types: the traditional kind through a groin incision and the laparoscopic type, done with a small optical telescope and small incisions higher up on the abdomen. The idea is to fix the defect but not damage the nerves in the area nor the cord which nourishes the testicle in men. Stitches inside or patches of plastic mesh (polypropylene) can be used for repair.

There is no "one size fits all" for hernia surgeries. Ask you surgeon which technique is best for you.

## **Risks and Benefits**

There are risks, as well as benefits, in every operation. Even though the risk of complications is small, it is real. Risks of hernia surgery include, but are not limited to: bleeding, bruising, infection, wound abscess, reoccurrence of the hernia, swelling of the testicle, pain and sensory nerve injury. Please discuss risks of the operation and the anesthesia required with your doctor.

The benefit is relief from the discomfort of the hernia and elimination of the risk of intestine entrapment.

### **How do I prepare for a hernia operation?**

Plan ahead of time for time off work, a ride to and from the Surgery Center or hospital, and help at home for a few days. Everyone reacts differently. Some people have very little discomfort, need only a short time off work. Others require more. Ask your surgeon for an estimate of the time you may need to take off from work.

Follow the instructions that your doctor, his staff and hospital staff give you. Do not eat, nor drink anything after midnight the night before your operation. You may be directed to take some of your usual medications with a sip of water- please do so. Persons undergoing operations need to have an empty stomach in case they become nauseous and vomit. That does not usually happen, so this is a precaution. Your operation will be delayed or cancelled if you do eat or drink.

You may also be asked to shave or clip hair from the operative area the night before your operation. It is a good idea to shower the night before or morning of surgery.

### **What happens on the day of the operation?**

Please arrive at the hospital or Surgery center at the appointed time. You will register and then be taken into "pre-op". A nurse or aide will help you change into a gown, and then a nurse will interview and examine you. He or she will start an IV and ask questions about your health, and allergy status. He or she will ask you to mark the side and site of your operation with a surgical skin marker. Please feel free to ask questions or express any concerns you might have. Your surgeon will speak to you and examine you. The anesthesia team will also introduce themselves. Your surgeon and the anesthesiologist will recommend the best anesthesia option for you. The nurse anesthetist will administer the anesthetic as well as monitor you and make sure you are safe and comfortable. Each person, each operation and each anesthetic are unique. Laparoscopic hernia repairs require general anesthesia. Conventional repairs may be done with local, regional or general anesthesia.

### **The Operation**

An information booklet can be provided during your office visit. During a conventional operation, an incision (a cut) is made in the groin after anesthesia is established. The bulge is identified, pushed in and the defect or hole repaired with stitches or mesh screen. The layers of the cut are then repaired. The skin is usually repaired with staples or a

continuous stitch.

The laparoscopic technique involves sliding a balloon behind the muscles of the lower abdomen (the “washboard muscles” of body builders) and creating a space there. The balloon is removed and the space held open with gas under pressure. A small telescope is inserted into this space, as are other instruments. The hernia defect is identified and repaired with mesh.

### **What happens after the procedure?**

You will be taken to post-anesthesia recovery. Ice may be applied to the site of surgery. You will be given medication for pain or nausea, if need be. Many patients can go home the same day, but some patients are more comfortable if they stay overnight.

Avoid lifting, pushing or shoving anything heavier than 10 pounds for the next week (a jug of milk weighs 8 pounds). Follow your usual diet. You may walk, climb stairs and shower normally. Avoid constipation. All the pain medication you will receive during and after the operation has the side effect of constipation. Take a mild laxative, such as milk of magnesia, if your bowels are not moving by the second day after the operation.

### **When should I call the doctor?**

- Call if you develop a fever over 100.5 degrees by mouth.
- Call if you cannot urinate.
- Call if the wound becomes red, increasingly tender, or if drainage develops.
- Call if you cannot control your pain.