

Laparoscopic Inguinal Hernia Repair

Laparoscopic inguinal hernia repair is being used with increasing frequency over the older, established open repair because of the significant decrease in post-operative pain that it affords. It also makes it possible to repair double hernias through the same three small incisions and to repair recurrent hernias without having to go back through the scar tissue of the previous operation.

The procedure entails making a ½ inch incision at the belly button and two ¼ inch incisions between the belly button and the pubic bone. A space is created between the abdominal wall and the abdominal cavity and a laparoscope with a video camera attached to it is inserted into this space so that the hernia(s) can be seen from the inside. The protrusion is reduced and the weakness is then repaired by placing a mesh material (a synthetic material that looks a bit like porch screen and is not rejected by the body) behind it and tacking it into place with 6-10 metal fasteners made of titanium. These will show up on any future abdominal xray that you might have but are otherwise incorporated into the tissues and will not migrate anywhere. The mesh is cut in the shape of an oval and measures approximately 3” by 5”. Think of your hernia like a weak spot on a tire tube – instead of placing the patch on the outside, it is placed on the inside.

Because the incisions are quite small, the post-operative pain is considerably less, but it is not painless and there will be pain in the groin area even though there is no incision. That is because the mesh and the tacks holding it into place underly that area. Usually you can resume the normal activities of daily life within 2 or 3 days including driving as long as you are no longer taking narcotic pain medicine. Increased activity will be associated with more discomfort and is to be expected. I ask that you avoid activities that strain the abdominal muscles until I see you about a week after the procedure. After that just follow the “if it hurts don’t do it rule” for about a month. After a month there are no restrictions though occasional pain may persist. You can walk jog, climb stairs, ride a bike and resume exercises that don’t make you strain as soon as you are comfortable. Remember, you may have very brief pain in your groin for up to six months following your hernia repair when you perform a sudden or unaccustomed movement. This is normal. It may take 6-8 months before you forget that you have had a hernia repair.

Sometimes a small knot will develop under any one of the incisions. This is almost certainly a small hematoma, or collection of blood, that will resolve with time. Very often the testicles or penis may turn black and blue in men and bruising may extend down into the labia in women. Once again, this is normal unless accompanied by significant swelling. It is not uncommon to experience difficulty urinating after surgery in this area, particularly in men who have prostate problems. Soaking in a warmth of may help relax the muscles causing this restriction of urine flow, but if you become quite uncomfortable, do not wait too late to call because it may be necessary to have you come to the emergency room to have your bladder drained. Pain medicine can be very constipating. Feel free to take a laxative of choice. Dulcolax tablets or suppositories or milk of magnesia usually work well. Patients can usually bathe or shower on the day following surgery unless I instruct you otherwise.

After any hernia repair, there is always the risk of a recurrent hernia. This should be in the 1-2 % range over the course of your lifetime. And occasional patient has chronic pain in the groin following a hernia repair that can be troublesome and annoying. About one patient in 100 develops a fluid collection, or hydrocele, around the testicle following hernia repair. This can be very annoying and may require surgery to correct the problem. In general, however, once your hernia is fixed I expect that you will be able to resume all of your presurgical activities including heavy exertion and straining without fear of causing a recurrent hernia.

I am available most weekdays and many weekends for problems that you may be experiencing. If not, one of my partners will be available to respond to your concerns. Try to call during regular office hours, 8:30 AM to 5 PM If Barbara cannot answer your questions, she will let me know what I will call you back. Please be patient, unless it is urgent it may be at the end of the office day. Remember, the on-call doctor is usually very busy. If you think that your problem can wait until the next office day, it would be appreciated.

Best wishes for a speedy recovery.

Dr. Mac

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