

## Patient information

### Laparoscopic Inguinal Hernia Repair (TAPP Procedure)

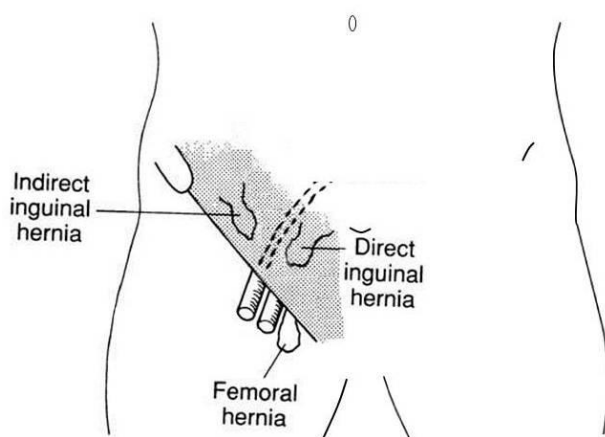
General Surgery – Aintree Hospital

#### What is an inguinal hernia?

- An inguinal is a bulge which appears in the groin, when the inside layers of the abdominal muscle have weakened. The weakened area of the abdominal wall stretches out to form a small balloon-like sac. This may allow a loop of intestine or abdominal tissue to push into the sac.

A hernia can cause discomfort in groin and other potentially serious problems, such as strangulation of bowel that could require emergency surgery.

- Hernia can occur in both men and women.
- You may be born with a hernia (congenital) or develop one over time.
- A hernia is a result of mechanical defect and does not get better over time, or go away by itself.



#### How do I know if I have a hernia?

- Groin is a common area to have hernia.
- It is often easy to recognize a hernia. You may notice a bulge under the skin.
- You may feel pain when you lift heavy objects, cough, strain during urination or bowel movements, or during prolonged standing or sitting.

- The pain may be sharp and immediate or a dull ache that gets worse toward the end of the day.
- Severe, continuous pain, redness, and tenderness are signs that the hernia may be entrapped or strangulated.
- These symptoms are cause for concern and you should contact your doctor for immediate referral to a surgeon.

### **What causes a hernia?**

The wall of the abdomen has natural areas of potential weakness.

Hernias can develop at these or other areas due to heavy strain on the abdominal wall, aging, injury, an old incision or a weakness present from birth.

Anyone can develop a hernia at any age. Most hernias in children are congenital.

In adults, a natural weakness or strain from heavy lifting, persistent coughing, difficulty with bowel movements or urination can cause the abdominal wall to weaken or separate.

### **What are the advantages of laparoscopic hernia repair?**

Laparoscopic Hernia Repair is a technique to fix weakness or tears in the abdominal wall (muscle) using small cuts, telescopes and a patch (mesh).

It may offer a quicker return to work and normal activities with a decreased pain for some patients.

This technique is especially useful in patients having suspected or proven bilateral (both groins) hernias or recurrent hernias.

### **Are you a candidate for laparoscopic hernia repair?**

Your surgeon will examine you and then offer you options of various ways of repair.

A key-hole procedure may not be best for some patients who have had previous abdominal surgery or underlying medical conditions.

You may need to be assessed by the anaesthetist regarding your fitness for appropriate surgery.

### **What preparation is required?**

- Most hernia operations are performed on an outpatient basis, and therefore you will probably go home on the same day that the operation is performed.
- Investigations for evaluation will be decided at a preoperative visit to the hospital.

Certain standard tests such as blood tests, ECG etc will be done at this visit. Further tests and/or review by an anaesthetist may also be requested/performed at this stage.

- Written, informed consent for surgery will be done by the surgeon in the clinic, after discussing with you the potential risks and benefits of the operation.
- It is recommended that you shower the night before or morning of the operation.
- After midnight the night before the operation, you should not eat or drink anything except medications that your surgeon has told you are permissible to take with a sip of water the morning of surgery.

You may be allowed a light breakfast before 7.00 am if your surgery has been planned for the afternoon (after 1.00 pm).

- Drugs such as aspirin, blood thinners, anti-inflammatory medications (arthritis medications) and Vitamin E will need to be stopped temporarily for several days to a week prior to surgery.

Appropriate advice will be given to you at the preoperative visit.

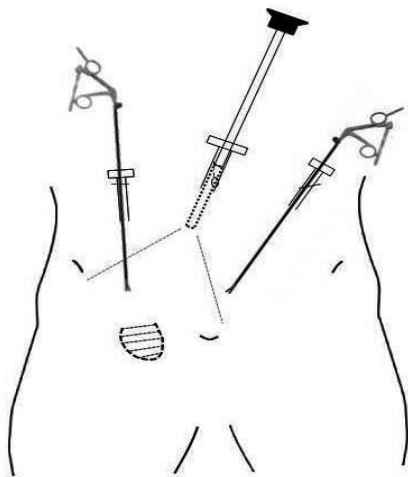
Quit smoking and arrange for any help you may need at home.

### **How is the procedure performed?**

This operation is performed under general anaesthesia.

In this approach, a small cut (one cm) is made near the belly button.

A telescope (laparoscope) connected to a special camera is inserted through a small, rigid hollow tube (port), allowing the surgeon to view the inside of your abdomen and sites of hernia on a video screen.



Two other similar tubes (ports) are inserted on either side of the belly button (through five mm cuts), which allow your surgeon to work "inside."

The hernia is repaired from behind the abdominal wall.

A small piece of surgical mesh is placed over the hernia defect and held in place with small surgical staples.

All the gas is removed at the end of the repair and the cut on the abdomen are closed.

## **What happens if the operation cannot be performed or completed by the laparoscopic method?**

In a small number of patients the laparoscopic method cannot be performed.

Various factors may increase the possibility of choosing or converting to the "open" procedure, such as obesity, a history of prior abdominal surgery causing dense scar tissue, inability to visualize organs or bleeding problems during the operation.

The decision to perform the open procedure is a judgment decision made by your surgeon either before or during the actual operation.

Conversion to open technique is not a complication, but rather it is a change in the approach of repair based on sound surgical judgment.

The decision to convert to an open procedure is strictly based on patient safety.

## **Open surgery**

The operation is the same but it is performed through a single, larger cut, usually just over the groin area.

## **What should I expect after surgery?**

- Following the operation, you will be transferred to the recovery room where you will be monitored for one-two hours until you are fully awake.
- Once you are awake and able to walk, you will be sent home or to the ward for a short while before being allowed home.
- With any hernia operation, you can expect some soreness mostly during the first 24 to 48 hours.
- You are encouraged to be up and about the day after surgery.
- With key-hole hernia repair, you will probably be able to get back to your normal activities within a short amount of time. These activities include showering, driving, walking up stairs, lifting, working and engaging in sexual intercourse.

Post-operative follow up visit to the hospital will be arranged by your surgeon.

## **What complications can occur?**

Any operation may be associated with complications.

The healthcare team will try and make your operation as safe as possible, however some complications can happen, some of these can be serious and can even cause death.

You should ask your doctor if there is anything you don't understand.

Your doctor may be able to tell you if your risk of complications is higher or lower for you.

## **The complications fall into three categories:**

1. Complications from anaesthesia.
2. General complications of any operation.
3. Specific complications for this operation.

### **1 Complications from anaesthesia**

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

### **2 General complications of any operation**

- **Pain** – It is normal to have pain after surgery. The healthcare team will try and reduce your pain by giving you medication to control it. It is important you take your medication as advised so that you can move about and cough freely.

After a laparoscopy, it is common to feel bloated. Your body will usually absorb the gas naturally over the next 24 hours, which will ease the symptoms.

You may also notice that you have a slightly sore throat. This is due to the 'breathing' tube which is placed in your throat during surgery and should subside in a day or two.

- **Bleeding** – This is rare and can happen during or after surgery. This occasionally requires blood transfusions or further surgery.
- **Infection in the surgical wound** – This may require treatment with antibiotics or occasionally further surgery.
- **Developing a hernia in the scar** – If you have open surgery, the deep muscle layers may fail to heal causing an incisional hernia. This appears as a bulge or rupture and if it causes problems may require a further operation.
- **Blood clots** – In the legs (deep vein thrombosis). This can occasionally move through the bloodstream to the lungs causing a pulmonary embolism (PE), making it difficult for you to breathe.

The nurses will encourage you to mobilise soon after surgery and may give you injections to reduce the risk of blood clots.

### **3 Specific complications for this operation**

#### **A. Laparoscopy-related complications**

- **Damage to internal organs** – When placing instruments into the abdomen (risk 1 in 1,000). The risk is higher in people who have previously had surgery to the abdomen. If an injury does happen, you may require open surgery, which involves a much larger cut.
- If you have been in pain which does not improve each day after surgery, you should let your doctor know.
- **Developing a hernia near one of the cuts used to insert the ports** – (Risk 2 in 10,000).

## B. Other complications

- There is a slight risk of injury to abdominal organs such as bowel, urinary bladder, blood vessels, nerves or the sperm tube going to the testicle. These complications are rare.
- Difficulty in passing urine after surgery is not unusual and may require a temporary tube (catheter) into the urinary bladder (once - 'in and out' or more than a day, depending on individual situation).
- Recurrence (coming back) of hernia is possible (about 2%).

## How soon will I recover?

### In hospital

Following your operation you will be transferred to the recovery area and then to the ward.

You should be able to go home later that day or the following day.

However, your doctor may recommend that you stay a little longer.

### At home

- **Returning to normal daily activities** – After a week or so you should be able to resume most of your normal daily activities. It is normal to feel tired after surgery, so take some rest, two to three times a day and try and get a good night sleep.

You should avoid heavy lifting and vigorous exercise for at least two weeks.

- **Driving** – You should not drive for at least one week. Before driving you should ensure that you can perform a full emergency stop, have the strength and capability to control the car, and be able to respond quickly to any situation that may occur.

Please be aware that driving whilst unfit may invalidate your insurance.

- **Returning to work** – You can return to work as soon as you feel well enough. This will depend on how you are feeling and the type of work you do. Typically you will need between two and three weeks off work.
- **Eating** – There are no dietary restrictions.
- **Bowels** – It may take three or four days to have normal movement. If you have not had a bowel movement in three days following surgery, an over-the-counter mild laxative should help.

## When to seek advice from your doctor after surgery

Be sure to call your doctor (GP) for advice if you develop any of the following:

- Persistent fever over 101 degrees F/39 C with/without chills.
- Bleeding (excessive bruising) in the area of operation.
- Abdominal or groin swelling.

- Pain that is not relieved by your medications.
- Persistent nausea or vomiting.
- Difficulty in passing urine.
- Persistent cough or shortness of breath.
- Pus draining from any incision.
- Redness surrounding any of your incisions that is worsening or getting bigger
- You are unable to eat or drink liquids.

## Feedback

Your feedback is important to us and helps us influence care in the future.

Following your discharge from hospital or attendance at your outpatient appointment you will receive a text asking if you would recommend our service to others. Please take the time to text back, you will not be charged for the text and can opt out at any point. Your co-operation is greatly appreciated.

## Further information

### General Surgery Department

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