KRAMES

# LAPAROSCOPIC HERNIA REPAIR

## Treating Your Hernia with Laparoscopy

# When You Have a Hernia

Anyone can have a hernia. This is a weakness or tear in the wall of the abdomen. It often results from years of wear and tear. Or, it may be due to a weakness in the abdominal wall that is present at birth. Most hernias aren't life threatening. But most require care. If you think you have a hernia, see your doctor right away. Treatment can rid you of discomfort and prevent further problems.

## How Surgery Can Help

A hernia will not heal on its own. Surgery is needed to repair the abdominal wall. A common method of surgery to repair a hernia is called **laparoscopy.** A **laparoscope** (thin tube with a small light and camera) is put into the abdomen through one small incision. The scope sends images from inside the body to a monitor. This lets your doctor see inside your abdomen. Surgical tools are put through other small incisions.

During laparoscopic surgery, images on a video monitor help your surgeon repair the hernia.

## Be Informed

Laparoscopic surgery can offer many benefits compared to **open surgery** (where one larger incision is used to reach the hernia). There may be less pain and faster healing. Laparoscopy leaves a few small scars instead of a long scar. Before surgery, be sure to talk to your doctor about other options. If you have laparoscopy, be aware that the surgeon may need to switch to open surgery during the procedure. (See page 8 to learn more.) By being informed, you can help your doctor ensure that your needs are met.

## Risks and Complications

*As with any surgery, laparoscopic hernia repair has risks and possible complications. These include:*

- **Bleeding**
- **Infection**
- **Numbness or pain in the groin or leg**
- **Damage to the nerves or blood vessels**
- **Bowel or bladder injury**
- **Return of the hernia**
- **Damage to the ovaries, testicles, or function of the testicles**
- **Risks of anesthesia**

# Weakness in the Abdominal Wall

**Normally, the abdomen and groin are kept apart by a wall of muscle and tissue. This wall helps protect the intestines and other organs. Most often, a hernia happens when tissues in the abdomen bulge through an opening in this wall.**

## Noticing a Bulge

It's often easy to tell if you have a hernia. You may notice a bulge under the skin. The bulge may or may not be painful. You may feel pain when you lift or cough. Straining during urination or bowel movements can also cause pain. The pain may be sharp or sudden—or both. In some cases, it may feel like a dull ache. Pain may get worse near the end of the day or after you stand for a long time.

## When the Abdominal Wall Is Weak

The wall of the abdomen contains areas that may become weakened. With time and physical stresses, these sites may weaken further and tear. This can allow the intestines or other tissues to bulge through the torn area.

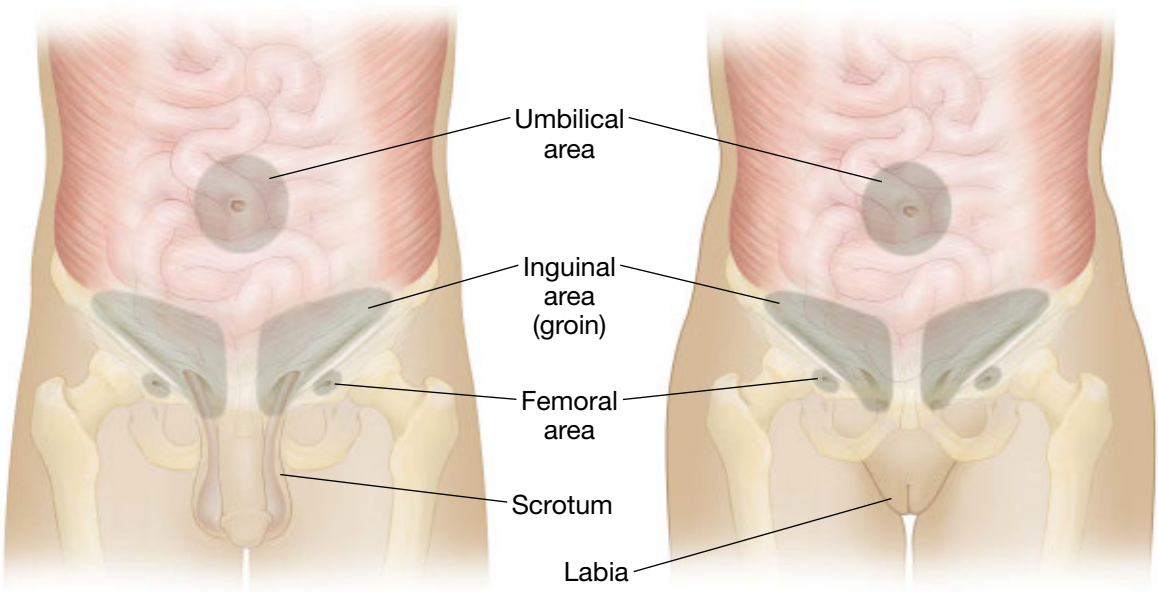
### Weak Areas in Men and Women

Hernias can occur at or near the inguinal canal. This is where nerves and vessels pass between the groin and abdomen. Both men and women are most likely to get hernias in the inguinal area. But women are more likely than men to have femoral hernias. Weakened areas of the abdominal wall can be caused by:

- Aging or injury
- An old incision
- A weakness present from birth

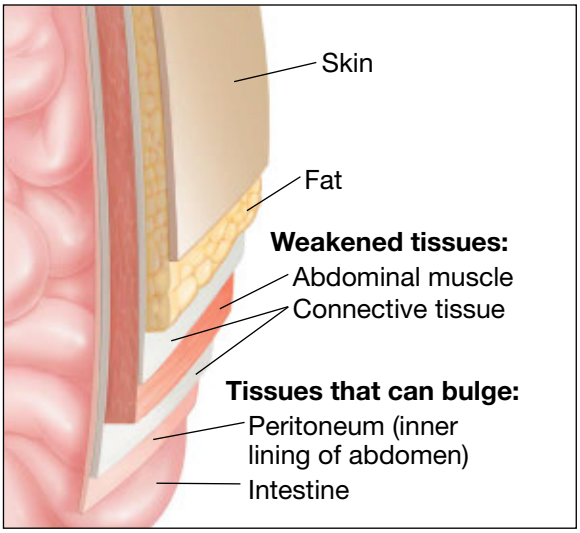
## Weak Areas in Men

## Weak Areas in Women



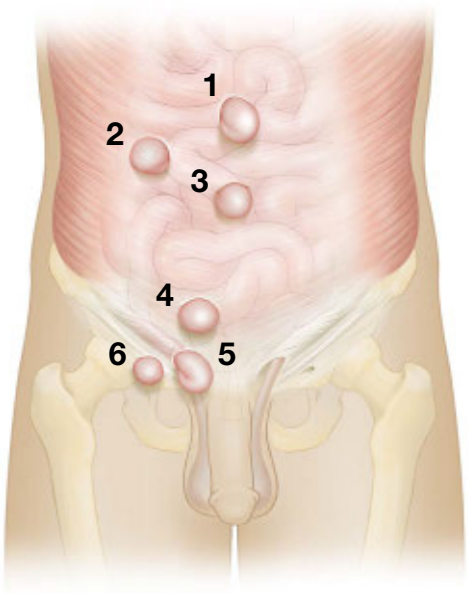
# Where Hernias Happen

**The type of hernia you have depends on its location. The most common types of hernias form in the groin or near the navel. Others form in the abdomen. They may also occur at the site of previous surgery. Hernias can form on both sides of the body (bilateral hernias). They can also recur in the same spot (recurrent hernias). Some people have more than one type at a time.**




## Layers of the Abdominal Wall

The abdominal wall is made up of layers of muscle, fat, and other tissues. Together they strengthen the abdominal wall. Hernia surgery repairs a weakness in the muscle and connective tissue. This prevents the intestines or other tissue from bulging out again.




## Locating Your Hernia

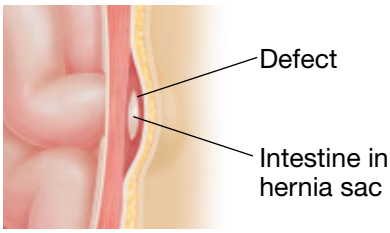
1. **Epigastric hernias** occur in the upper abdomen at the midline.
2. **Incisional hernias** occur at the site of a previous surgical scar.
3. **Umbilical hernias** occur at the navel.
4. **Direct inguinal hernias** occur in the groin near the opening of the inguinal canal.
5. **Indirect inguinal hernias** occur in the groin at the opening of the inguinal canal.
6. **Femoral hernias** occur in the femoral canal.

## How a Hernia Develops

A hernia bulge may appear suddenly. More often, they take years to form. They grow as pressure inside the body presses the intestines or other tissues through a weakness in the abdominal wall or groin. If left untreated, a loop of intestine may become trapped by the hernia defect **(incarcerated).** This can cause severe pain. If the intestine becomes **strangulated,** emergency surgery is needed.

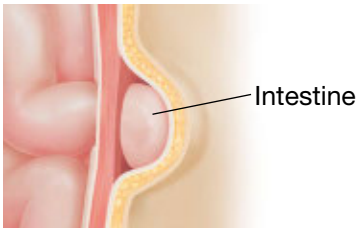
### The Wall Weakens or Tears

The abdominal lining bulges out through a weak area. It begins to form a **hernia sac.** The sac may contain fat, intestine, or other tissues. At this point, the hernia may or may not cause a visible bulge.



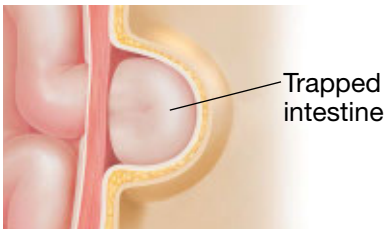

### The Intestine Pushes into the Sac

The intestine pushes further into the sac. It forms a visible bulge. The bulge may flatten when you lie down or push against it. This is called a reducible hernia. It doesn't cause immediate danger.



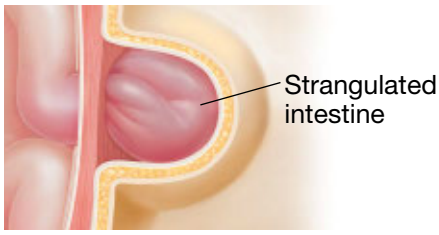

### The Intestine May Become Trapped

The contents of the sac may become incarcerated. If this happens, you won't be able to flatten the bulge. You may also have pain. Prompt treatment may be needed.




### The Intestine May Become Strangulated

If the intestine is tightly trapped, it becomes strangulated. The strangulated area loses blood supply and may die. This can block the intestine and cause severe pain. Emergency surgery is needed to relieve the blockage.



# Laparoscopic Hernia Repair

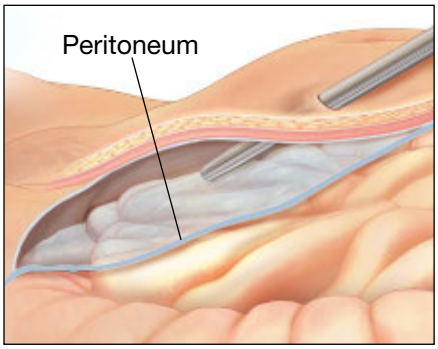
**Your surgery will be done in a hospital or surgery center. It may take 1 to 2 hours. Follow your surgeon's advice on how to get ready for the procedure.**

## Before the Procedure

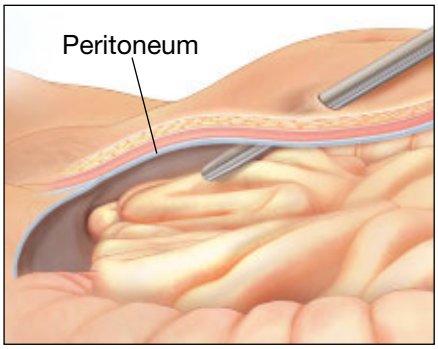
- Tell your surgeon about any medications, supplements, or herbs you take. This includes prescription and over-the-counter medications. You may need to stop taking some or all of them before surgery.
- Arrange to have an adult family member or friend give you a ride home after surgery.
- Stop smoking. Smoking affects blood flow, slows healing, and increases the risk of infection.
- Stop eating and drinking before surgery as instructed.

## Choosing the Best Approach

Your surgeon may repair your hernia using one of two approaches. The first is called the **extraperitoneal approach.** The laparoscope and other tools are used under your skin, but outside the peritoneum. The second is the **transabdominal approach.** With this approach, the tools are extended past the peritoneum. Your surgeon will explain the type of repair that's best for you.




**Extraperitoneal** laparoscopic repair

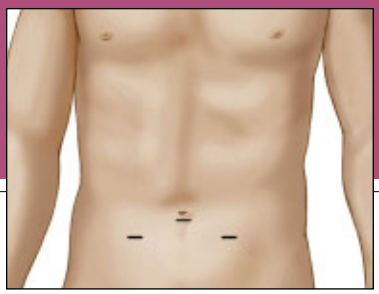



**Transabdominal** laparoscopic repair

### If Open Surgery Is Needed

During surgery, the surgeon may switch from laparoscopy to an open procedure. This does NOT mean that something has gone wrong. Instead, a larger incision is needed to complete the surgery safely. Having open surgery means a longer hospital stay and recovery.

Possible incision sites.

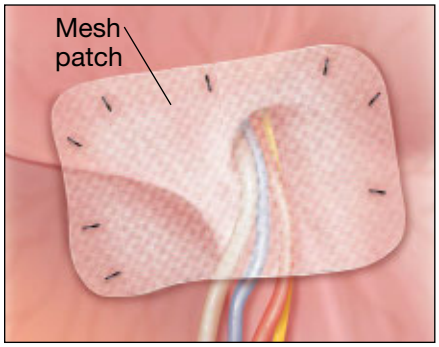


## Getting Ready

Right before surgery, you'll be asked your name and procedure more than once. This is for your safety. You'll be given general or regional anesthesia. This is medication to keep you free from pain. Depending on the approach used, the number of incisions and their placement will vary. The laparoscope and other tools are inserted through the incisions.

## During the Procedure

Carbon dioxide gas is put into your abdomen through one incision. The gas inflates your abdomen. This will allow the surgeon space to work. Then, the laparoscope is put through an incision. Its tiny camera sends images to a monitor. A light beam shines inside your abdomen, which allows the surgeon to see the hernia. Small cutting and stapling tools are put through other incisions.




### Patching the Weak Spot

Strong mesh is placed over the weak spot in the abdominal wall. The mesh is secured with surgical staples, tacks, clips, or sutures. These will remain in place. Neither the mesh nor staples are harmful to your body. Other support methods besides mesh may be used. After the mesh is applied, the gas is released from your abdomen.

# Your Recovery

**You may go home the same day as your surgery. Or, you may stay one or more nights. At home, be sure to manage pain as instructed. Ease back into your normal routine over time. Keep all follow-up visits. You can help make surgery a success by taking an active role in recovery.**

## Right After Surgery

After surgery, you'll be given medication to relieve pain. You'll have small bandages over your incisions. You may also have an **IV (intravenous)** tube in your arm. This is used to give you fluids for a few hours. In most cases, you'll be able to go home as soon as you're able to eat, drink, urinate, and walk. Ask your doctor about limiting activity while you heal.

## Recovering at Home

You may notice swelling, bruising, or soreness near your incisions. You may feel bloated, constipated, or more tired than usual. These effects go away with time. To ensure a smooth recovery:

- Take prescribed medications for pain and constipation as directed. Be sure to take them on time—don't wait for pain to get bad.
- Reduce any swelling or discomfort. Put an ice pack or bag of frozen vegetables in a thin towel. Place the towel on the swollen area. Do this 3 to 5 times a day for 15 to 20 minutes at a time.
- Ask your doctor how soon you can shower, bathe, or wash near the surgical site.
- Schedule a follow-up visit in about a week. During the visit, your doctor will check how well you're healing. Your stitches or staples may be removed or bandages replaced. More visits may be needed.

## Getting Back to Normal

You can start getting back to your normal routine as soon as you feel able. Take it easy at first. Follow your doctor's advice for recovery. These tips may help:

- During the week after surgery, lift only light objects that are easy to manage. When you do, keep your back straight. Allow your legs to do most of the lifting.
- Don't drive for 1 or 2 days after surgery. Also, don't drive until you stop using pain medication.
- Expect some soreness and discomfort. Light exercise can improve circulation and help with constipation. So, walk as much as is comfortable. It's also okay to climb stairs. Just take them slowly, one at a time. If you're worried about your activity level, talk with your doctor.
- To help with constipation, eat a healthy, high-fiber diet. Drink plenty of fluids. Ask your doctor about using a laxative or stool softener, if needed.
- You'll be able to have sex as soon as it feels comfortable. Ask your doctor how soon this might be.
- You may be able to return to work within a few days for office jobs and within 2 weeks for more active jobs. Talk with your doctor about when you can go back to work.

## When to Call the Doctor

*Call your doctor if you notice any of the following during recovery:*

- **Fever of 100.4°F (38°C) or higher**
- **Excessive swelling or bruising (some swelling and bruising of the testicles is common)**
- **Numbness or pain in the groin or leg**
- **Difficulty urinating or severe constipation**
- **Increasing pain, redness, swelling, bleeding, or drainage at an incision site**
- **Increasing abdominal pain**
- **Nausea or vomiting**

## Work with Your Surgeon

Don't let a hernia limit what you do. Surgery now can help prevent worse problems later. Talk with your surgeon to learn about your treatment options. Find out if laparoscopy might be the best choice for you.

## Be Prepared

The better prepared you are, the smoother your recovery is likely to be.

- Follow all instructions from your surgeon.
- Arrange for support at home.
- Be sure to have all your questions answered.

**Also available in Spanish**

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