

WHAT IS A HERNIA?

A hernia is a protrusion of an organ through any abnormal opening. It is most commonly the bowel that protrudes through a weakness or defect in the lining of the abdominal muscles. When it occurs in the upper groin it is called an inguinal hernia. Most inguinal hernias occur in men. You can be born with it or it may develop with time due to straining. Eventually the defect is large enough for the intestine to push through the opening and a visible bulge results. Other hernias occur at the navel, in the upper abdomen, lower in the groin or where there has been a surgical incision.

WHAT DOES A HERNIA FEEL LIKE?

A hernia appears as a lump which enlarges with increasing abdominal pressure. Coughing, straining or any physical activity will make the hernia larger and as it pushes its way through the abdominal muscles it hurts. The bulge and the pain may be relieved by lying down. If the opening is narrow, the contents of the hernia may be difficult to force back into the abdomen.

HOW IS A HERNIA TREATED?

Although a truss can be worn to hold the bulge in, they are not very effective and surgical repair is the only cure. Hernias never go away. Sometimes the hernia contents get stuck and emergency surgery is required. Virtually all symptomatic patients should have surgical repair.

THE ESSENTIALS OF A REPAIR

- The hernia contents must be returned to the abdomen.
- The opening must be closed over, without further weakening the tissues but ideally strengthening the wall to prevent recurrence.

LAPAROSCOPIC REPAIR

Laparoscopic repair consists of inserting a piece of mesh behind the weakened area after drawing back the contents of the hernia bulge. This is possible by using a small telescope (called a laparoscope) connected to a video camera.

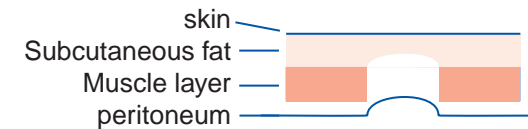
A space is created with a balloon behind the defect but in front of the abdominal lining (the peritoneum). Two further small incisions are used to insert tubes or trocars through which is passed a piece of polypropylene mesh. The mesh is placed over the whole inguinal canal and then a specially devised tacker is introduced. Its (permanent) titanium tacks hold the mesh in place. This method works with the natural outward pressure of the abdomen to secure the repair. The incisions are between 5 and 12mm long and require one or two absorbable sutures to close.

Traditional repair uses sutures, usually nylon, to close the defect by stitching the muscle layer.

LAPAROSCOPIC REPAIR ADVANTAGES

- **Less Pain.** Because there is no tension on the repair, it hurts less and recovery is faster. Time to return to work and normal activities is much reduced.
- **Reduced wound problems.** Instead of one *large* wound (or two if both sides need repair), there are three small ones and so wound infections, blood clots and nerve damage are all much less frequent.
- **Bilateral (double-sided) hernias** can be repaired through the same three incisions. During the operation I routinely check for double hernias and repair both at the same time.

BEFORE



AFTER



- **Strength.** Research has shown that laparoscopic repair is the strongest repair available.
- **Testicular damage.** There is less chance of damage to the spermatic cord during hernia repair and thus less chance of damaging the testis.
- **Recurrent hernia.** For patients with a recurrent hernia, laparoscopic repair is through fresh tissue rather than weaker scarred tissue.
- **Other operations** can be performed at the same time often through the same incisions eg vasectomy
- **Less chronic wound pain.** There is less chance of long term pain than with open surgery

WHO CAN HAVE A LAPAROSCOPIC REPAIR?

Laparoscopic repair is available to anyone who can have a *general anaesthetic*. If there is extensive scarring in the lower abdomen from previous surgery the technique may have to be modified.

For some patients the traditional repair is recommended. Children and teenage boys are often in this group. However recurrent hernias and bilateral (double-sided) hemias are definitely best repaired laparoscopically.

PRE-OPERATIVELY

Sometimes routine blood and ECG tests are required. You need to fast for six hours except for a glass of water three hours before operation. You will be admitted to hospital one to three hours prior to surgery. The anaesthetist will meet you prior to operation. The operation takes 45 to 60 mins or 75 mins for a bilateral procedure.

POST-OPERATIVELY

Patients are discharged the morning after surgery but you may choose to go home the same day. Some pain is usual for the first day or so but decreases dramatically after 24' hours in most cases. You will be given a prescription for Voltaren. Individual requirements vary from nil to a week's course.

The dressings are waterproof. However if water does get underneath the dressing it should be removed immediately and replaced with a new dressing. Dressings should be removed after one week. There will be NO sutures to remove.

Sometimes after a large hernia has been repaired, a lump reappears in the same area. This is a small blood clot. It is harmless and will disappear after several weeks. A little scrotal and penis bruising is also common and will also disappear with time.

Puffiness around the abdomen and scrotum is common.

Unlike traditional repair, post-operatively there are no special restrictions on your physical activity. You are able to resume work or play sport whenever you feel comfortable. You will not do any damage as long as you are not in pain. Avoid very heavy lifting for three weeks (50kg plus)

FOLLOW UP

A follow-up appointment is required three weeks after surgery.

If you are in pain, or have any doubts or queries after the operation do not hesitate to call me. My mobile phone is the most direct contact - 0274 434 994

RESULTS

I was the first surgeon in Wellington to perform laparoscopic hernia repair. In the fifteen years that I have been using the technique my recurrence rate has been very low - approximately two percent.. This compares well with overseas statistics. Of these, any problems usually show up in the first few weeks after surgery. For the majority the repair remains trouble-free.

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LAPAROSCOPIC HERNIA REPAIR



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