

# Laparoscopic and Open Hernia Surgery



Surgical treatment of hernia by either laparoscopic or open means may have a variable effect on the general well being of individual patients. This may vary between minor discomfort from a simple groin hernia (usually with little or no restriction on activity) to significant pain immobility and wound management issues for those undergoing complex abdominal wall reconstruction. Whilst every attempt is made by surgeons, anaesthetists and nurses to lessen the trauma of the insult in each case, clearly some “injury” will have been done. The degree to which an individual is “injured” will depend upon the type of condition treated, the nature of the surgery performed and the pre-existing physical condition of the patient as well as any concurrent medical conditions they may have.

The speed at which an individual patient recovers from the rigors of surgery depends upon all the factors mentioned above as well as their physical condition (often made worse by the underlying disease process itself) and psychological well being at the time of operation. In no small way, simple luck also plays a part.

### General wellbeing

Recovery is a tiring business. Preparation for surgery is often stressful and time consuming during which time patients may be in pain. The “controlled injury” that has been inflicted during the operation takes a significant amount of energy to put right. For some patients rest periods may be interrupted or insufficient usually because of stiffness and discomfort.

#### 1 - Pain.

On discharge from hospital patients may be given a variety of pain relief medications (often used in combination). Taken regularly as prescribed they should keep all but occasional discomfort at bay. None of these drugs are without side effects. The more “powerful” the drug the greater the degree and complexity of their side effects. A combination of “simple” painkillers used regularly is often more useful and less harmful than one drug alone. This is usually sufficient after virtually all hernia surgery. The degree of pain experienced should decrease rapidly within hospital and then continue to decline on discharge but at a much reduced rate. Sustained or increasing pain should mean that the attention of a surgeon is sought.

#### 2 - Diet.

It is normal to return immediately to a full and normal diet whilst recovering from surgery. Uncommonly after major abdominal wall reconstruction resolution of normal dietary intake may be delayed. Where this occurs, eating “little and often” and snacking between meals for a week or so will be necessary.

#### 3 - Wounds.

Wound problems are rare after hernia surgery. Pain and discomfort experienced is usually mild and managed with simple pain killers. Wound infections are rare and usually easily managed at home with simple dressings after review by your surgeon.

#### 4 - Sleep.

Many aspects of operations and the recovery from them affect sleep. Tiredness during recovery is common and patients will require more sleep than they are used to for a short time. Sleep may be impaired by pain and discomfort.

### Returning to Normal Activity

The most common question asked after any operation by patients is, when they can get back to doing what they do normally. This might be driving, work, leisure pursuits or sexual activity. The simple answer after hernia surgery is when a sensible individual “feels up to it” they can almost certainly do it. There is so much variation between patients in terms of their physiological and psychological construction as to make any recommendations applicable to all meaningless. Although it is true to say that it would be virtually impossible to do harm to oneself in any conceivable way after two weeks uncomplicated recovery unless engaging in full contact sports. The only other reasonable caveats would be to start anything gently and build up gradually and to respect what the body is saying if it begins to object.

The advice regarding driving therefore would be:

**Give it between 48 hours and two weeks before you try, depending upon the complexity of your operation.**

**Make sure you can perform an emergency stop.**

**Start with a short journey (perhaps with another driver as passenger) and build up.**

**Tell your insurer what you are doing.**

**It should be applicable to nearly anything else.**