SURGICAL PROCEDURES

Laparoscopic Inguinal Hernia Repair (TEP)

Sussex Surgical Specialists

A Laparoscopic Inguinal Hernia repair is an operation where a defect in the abdominal wall that allows a bulge to form in the groin or scrotum is repaired. This is achieved by the insertion of a nylon mesh between the inner muscle layer and the lining (peritoneum) of the abdominal wall. The operation is a “key-hole” procedure performed under general anaesthetic.

A two to three centimetre long hole (port-site) is made in the abdominal wall just below the belly button and the space between the muscle and peritoneum distended with carbon dioxide gas allowing a camera to be inserted. Two further smaller ports are then placed to allow the surgeon to operate. The main part of the operation involves pulling back the hernia sac back through the weakness or defect within the abdominal wall and clearing sufficient space to allow insertion of a large (12x15cm) mesh. The mesh is then fixed in position using tacks or glue behind the pubic bone and the peritoneum and hernia sac replaced in a normal anatomical position over the top. The operation is performed as a day case or occasionally with an overnight stay.

Surgery is performed laparoscopically in over 95% of cases. Conversion to an open operation may occur if the surgeon has difficulty opening up the space required to insert the mesh. This is usually a result of previous surgery. Where this occurs a groin incision is made to complete the operation in a standard open fashion.

What happens before the operation?

At a pre-assessment visit you will be seen by a doctor or nurse. You will have specific tests to ensure your fitness for surgery, which will depend upon your general medical health. The purpose of this visit is to spot any abnormalities well in advance of surgery and to make sure that there are no delays prior to timely, successful completion of your operation.

What happens just before the operation?

You will be admitted to a surgical unit. A senior nurse will complete the admission process detailing your current condition, ongoing medical problems and medications as well as personal details such as next of kin. You will be permitted to eat up until six hours before surgery and drink clear fluids at the discretion of the doctors, usually up to two hours before the operation. An Anaesthetist will visit you prior to your surgery to discuss the nature of your anaesthetic and methods of pain control both during and after the operation. Your surgeon will visit you and discuss the operation again, asking you to sign a consent form once you are happy that all your questions have been answered and the risks and benefits have been explained to you.

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What are the complications of the operation?

Although there are infrequent risks attached to this operation the nature of the surgery means that these may be significant.

Infection – Wounds and Mesh

The nature of the surgery means that infections are uncommon. They are usually no more complicated than a skin infection (usually around the umbilicus) which is easily treated with antibiotics. Mesh infection in all types of hernia repair is very uncommon, should it occur, reoperation and removal of the mesh may be required. This complication is less common in laparoscopic hernia repair.

Bleeding

Hernia surgery involves the division of many minor blood vessels. Although meticulous care is taken to prevent bleeding it is a recognised but small risk of such operations. It may require a return to the operating theatre but more usually a small haematoma (or bruise) develops which resolves with time.

Recurrence

All types of hernia repair are measured by their recurrence rate. This is usually described as a percentage of all repairs that recur over a five year period after operation. Modern open hernia repair techniques with mesh have a quoted recurrence rate of around 5%. The recurrence rate of laparoscopic repair is likely to be slightly higher and should it occur it is usually apparent within a few months of operation.

Chronic Groin Pain

This is an often under-reported phenomenon in hernia surgery. The incidence of this in laparoscopic hernia repair is recognised to be significantly less than that of standard open mesh hernia repair at less than 1%.

Skin Numbness

A small area of numbness usually beneath a groin wound in open hernia repair is an under-reported phenomenon and is reasonably common. This is not seen in laparoscopic groin hernia repair.

What will happen after the operation?

- Wounds on your abdomen will be closed with absorbable stitches and/or paper strips and covered with a dressing. Dressings should be left in place for 5 days then removed. Usually they do not need to be replaced.
- You will be able to start drinking and eating immediately after surgery.
- You will be given a combination of pain killers by mouth on waking f rom surgery. Stronger intravenous painkillers are always available if required.
- Some discomfort after surgery is normal but pain is usually minimal and treated easily. Most patients take regular pain relief for only four or five days.

What happens next?

You may stay in hospital overnight or be able to go home as long as you have no significant pain or nausea. A capable adult must remain with you for 24hours after the operation.

What happens after hospital?

How soon you go home after the operation depends on how quickly you recover from surgery and who is at home to help you. Before discharge you will be advised how to care for your wounds. There are no limitations on showering. Bathing should be avoided for a week. Stitches in some larger port-sites are absorbable and may be ignored. Sticky paper strips are used to close the smaller wounds; these will fall off after a few days. Most people are largely back to normal at a week after such surgery but it may take up to three weeks before you can say that you are fully recovered from the operation. As you leave hospital your General Practitioner will be informed of your treatment and the plans for your follow up. You may be given or sent an appointment to be seen in the outpatient department by your surgeon between two and six weeks after discharge.

How will I feel when I go home?

Initially it is not unusual to feel a little tired following your operation. Discomfort should be minimal and controlled with simple pain killers used in combination. You will be prescribed these on discharge. If you feel that pain is increasing around your wounds then you should contact your surgeon. It is important to rest initially when getting home, but it is equally sensible to slowly increase your level of activity. Listen to your body and stop when you begin to tire. You are advised not to do any heavy lifting for six weeks after the operation. Driving should be avoided for at least a week. The main area of concern is your ability to perform an emergency stop. Check with your car insurance company regarding the cover you have following an operation.

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