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Groin Hernia

What is an inguinal hernia?

A hernia occurs when an internal part of the body pushes through a weakness in the muscle

An inguinal hernia is the most common type of hernia.

It can appear as a swelling or lump in your groin, or as an enlarged scrotum (the pouch containing the testicles). The lump often appears when you're lifting something and disappears when you lie down.

What causes an inguinal hernia?

Inguinal hernias occur mainly in men. Most are thought to result from ageing, as you get older, the muscles surrounding your abdomen (tummy) can become weaker.

They have also been linked to having a persistent chronic cough, constipation and lifting heavy loads.

When is surgery needed?

The operation is usually recommended if you have a hernia that causes pain, severe or persistent symptoms, or if any serious complications develop.

Complications that can develop include:

* **Obstruction:** where a section of the bowel becomes stuck in the inguinal canal, causing nausea, vomiting and stomach pain, as well as a painful lump in the groin

* **Strangulation :** where a section of bowel becomes trapped and its blood supply is cut off; this requires emergency surgery within hours to release the trapped tissue and restore its blood supply so it doesn't die.

What happens during surgery?

An inguinal hernia repair can

be carried out as either **open surgery or laparoscopic (or keyhole) surgery.**

Open surgery

Open inguinal hernia repair is often carried out under local anaesthetic or a regional anaesthetic injected into the spine.

This means you'll be awake during the procedure, but the area being operated on will be numbed so you won't experience any pain.

The surgeon makes a single cut (incision) over the hernia. This incision is usually about 6 to 8cm long.

The surgeon then places the lump of fatty tissue or loop of bowel back into your abdomen.

A mesh is placed in the abdominal wall, at the weak spot where the hernia came through, to strengthen it.

Laparoscopic (keyhole) surgery

General anaesthetic is used for keyhole inguinal hernia repair, so you'll be asleep during the operation.

During keyhole surgery, the surgeon usually makes 3 small incisions in your abdomen instead of a single larger incision. A thin tube containing a light source and a camera (laparoscope) is inserted through one of these incisions so the surgeon can see inside your abdomen.

Special surgical instruments are inserted through the other incisions so the surgeon can pull the hernia back into place and place a mesh.

There are 2 types of keyhole surgery.

Transabdominal preperitoneal (TAPP)

Here the peritoneal cavity is entered.

A flap of the peritoneum is then peeled back over the hernia and a piece of mesh is stapled or glued to the weakened area in your abdomen wall to strengthen it.

Totally extra-peritoneal (TEP)

In this technique one repairs the hernia without entering the peritoneal cavity.

Once the repair is complete, the incisions in your skin are sealed with stitches or surgical glue.

Which technique is best?

Both keyhole and open surgery for hernias are safe and work well.

With keyhole surgery, there's usually less pain after the operation because the cuts are smaller. There's also less muscle damage and the small cuts can be closed with glue.

Keyhole surgery tends to have a quicker recovery time in people who:

* Have been treated before and the hernia has come back (recurrent hernia)

* Have hernias on both sides at the same time (bilateral hernias)

But the risks of serious complications, such as the surgeon accidentally damaging the bowel, are higher with keyhole surgery than with open surgery.

The risk of your hernia returning is similar after both operations.

Most people make a full recovery from inguinal hernia repair within 3 weeks, although many people can return to driving, work and light activities within 7 days.