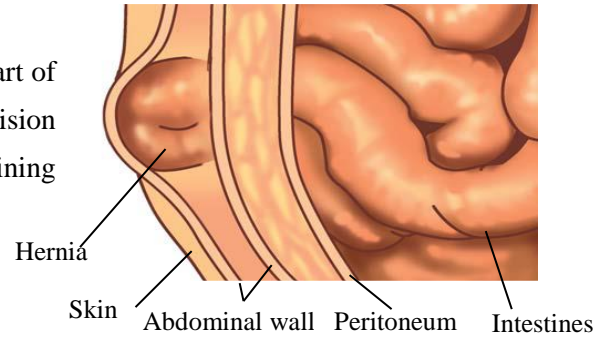


Introduction

Hernia is a protrusion of a sac or part of the bowel through a weak part of the abdominal wall (which can be inguinal, femoral, umbilical or incision wound) when intra-abdominal pressure surges up with physical straining or coughing.



The Operation / Procedure

1. Open hernia repair
 - Spinal anesthesia or general anesthesia is recommended.
 - A 5-10cm incision is made near the site of the hernia.
 - The herniated tissue is identified and pushed back into place.
 - A synthetic mesh is placed to occlude the hernia defect and strengthen the deficiency of the abdominal muscular wall.
 - The wound is closed with sutures.
2. The Laparoscopic hernia repair
 - General anaesthesia is recommended.
 - A 1cm incision is made at umbilical region for the insertion of a laparoscope connected to a camera and a light source, allowing the surgeon to visualize the hernia defect.
 - Laparoscopic instruments are inserted via two small incisions (0.5cm) at the abdominal wall to perform the repair.
 - The herniated tissue is identified and pushed back into place.
 - A synthetic mesh is placed to occlude the hernia defect and strengthen the deficiency of the abdominal muscular wall.
 - The wound is closed with sutures.

Preoperative Preparation

1. Admit 1 day before or on same day of this “elective” operation.
2. Anaesthetic assessment before operation. Inform your doctors about drug allergy, your regular medications or other medical conditions.
3. Keep fast for 6 to 8 hours before operation.
4. Empty bladder and change to operation clothes before transfer to operating room.
5. Pre-medication and intravenous line, antibiotic prophylaxis may be required.

Postoperative Instruction**A. General**

1. Mild throat discomfort or pain because of intubation.
2. Mild discomfort or pain over the operation site. Inform nurse or doctor if pain severe.
3. Nausea or vomiting are common; inform nurses if symptoms severe.
4. Inform nurses if more analgesics are required.
5. Can mobilize and get out of bed 6 hours after operation, and go home on day 2.

B. Wound care

1. Keep the dressing clean and dry till follow up.
2. If Absorbable stitches are used, removal of stitches is not necessary.

C. Diet

1. You may resume normal diet after surgery.
2. Take high fiber diet (cereals, vegetable and fruits) and drink more to prevent constipation or straining.

Common Risks and Complications**A. Anesthesia related complications**

1. Cardiovascular: myocardial infarction or ischaemia, stroke, deep vein thrombosis, pulmonary embolism, etc.
2. Respiratory: atelectasis, pneumonia, asthmatic attack, exacerbation of chronic obstructive airway disease.
3. Allergic reaction and shock.

B. Procedure related complications (not all possible complications are listed)

1. Wound pain / Wound infection.
2. Bleeding.

Things to take note after discharge

1. Can resume light, normal activity as tolerated over the first 48 hours. Restrict lifting any heavy weight and strenuous exercises for 6 weeks after operation to avoid pressure on the wound which affect wound healing.
2. Use your hand to protect the wound when coughing or sneezing to prevent wound disruption and pain.
3. Contact your doctor or a nearby Accident & Emergency Department if there is increasing pain or redness around the wound and discharge from the wound.
4. Take analgesics prescribed by your doctor if required.
5. Resume daily activity gradually. Abstain from sex life when there is still wound pain.

Remarks

This is general information only and the list of complications is not exhaustive. Other unforeseen complications may occasionally occur. In special patient groups, the actual risk may be different. For further information please contact your doctor. Evangel Hospital reserves the right to amend this leaflet without prior notice. We welcome suggestions or enquiries on the information provided in this leaflet. Please contact our Healthcare professionals so that we could follow up and make improvement.

Reference

Hospital Authority: "Inguinal Hernia Repair in Children" (2021)

Smart Patient: https://www.ekg.org.hk/pilic/public/surgery_pilic/paed surg_inguinaherniarepairinchildren_0150_eng.pdf (24-07-23)