

**DAY SURGERY UNIT INSTRUCTION SHEET  
FOR  
LAPAROSCOPIC INGUINAL HERNIA REPAIR**

You have been referred to the Day Surgery Unit for repair of your groin hernia using a laparoscopic mesh technique. This operation involves a general anaesthetic, the insertion of a camera, two long instruments and a mesh through small incisions in the tummy wall in order to repair the hernia.

On the day of your surgery you should have nothing to eat or drink from the designated time given to you by the Day Surgery Unit. This is usually midnight. If your tummy wall is hairy you will be asked to shave this in a band across the middle of the front of your tummy approximately six inches wide. The belly button should be in the middle of this band. This area is where the incisions are made for the instruments and the camera. There is no necessity to shave the groin area.

When you arrive in the Day Surgery Unit you will be taken through to the ward area where you will be seen by the nursing staff, the anaesthetic staff and the surgical staff. The medical staff will talk to you in detail about the operation and this is a further opportunity to ask questions about the procedure prior to signing the Consent Form. Sometime after this you will be taken through to the operating theatre and given a general anaesthetic to make you go to sleep.

Under the anaesthetic the whole of the tummy wall is prepared with an antiseptic solution and drapes are placed so that only the operating area is exposed. The incision for the camera is made at the bellybutton and the other two, which are slightly smaller, either side at the same, approximate level. During the operation the hernia bulge is drawn back into the tummy cavity after dividing the membrane that covers the inside of the tummy wall (the peritoneum). Doing this creates a space between this membrane and the muscles of the tummy wall. The hernia bulge is formed because an area of natural weakness in the tummy wall at the groin has become weaker and allowed this membrane to push through. To prevent this happening again, this area is reinforced with a polypropylene mesh. This is secured in place with small spiral titanium pins that fix the mesh to the tummy wall. The peritoneum is then brought back over the mesh and secured with similar pins. Both the pins and mesh are permanent. The instruments are then withdrawn and the wounds in the tummy wall closed with dissolving, invisible stitches.

After the operation you will be taken back to the ward area where you will be allowed to recover from your surgery. By the time you leave the Day Surgery Unit later that afternoon it is expected that you will be able to eat, drink and walk. You will be given a course of painkillers to take home with you that you should take regularly for the first four or five days. Over this period of time your mobility will gradually increase.

## **When you arrive home on the day of the operation after it has been done**

- You must ensure you have a responsible adult at home with you for as long as advised. This is for your safety.
- Go home and rest.
- Take the painkillers as prescribed.
- Get up only to go to the toilet.
- Normal diet and fluids.

## **The next day onwards**

There are no strict do's and don'ts about recovery from laparoscopic hernia repair. Although the recurrence rate is approximately 2%, this is not influenced by the speed at which you recover following the operation. The general rule of thumb is that if an activity you are performing does not hurt it is not doing any damage. If it does hurt you should stop and wait for another day or two before resuming that activity. As a rule of thumb most people are driving at approximately a week to ten days following the operation and are back to all normal physical activity at ten days to two weeks and strenuous physical activity between two and three weeks. You can tell whether you are ready to drive a car by sitting in the driver seat without turning the car on and placing your foot heavily on the break as if doing an emergency stop. If this action produces pain, then you should not drive your vehicle.

The main discomfort you will have will come from the wounds in the centre of the abdomen. There will be some discomfort in the groin and it is common to experience bruising in this area which may track down and be seen in the scrotum. In addition for the first 24 hours following the operation you may find that gas, used during the operation to create a working space within the tummy cavity, has tracked to the scrotum and this causes enlargement and a crackly sensation when the scrotum is touched. Although sometimes this may seem alarming, it will gradually settle causing no problems. You will not need antibiotics after the operation, although you are given antibiotics during the procedure to prevent infection of the mesh.

It is not usual to make a follow-up appointment following this operation.

**Your stitches are dissolvable and do not need to be removed.**

**You should seek advice if you have:**

Not passed urine within 24 hours.

Persistent vomiting

Continuing bleeding or leakage onto the dressings

An enlarged reddened area around the wounds or dressings  
Not had your bowels open by the third day following surgery despite a mild laxative.  
Persistent abdominal pain.

**IF YOU HAVE ANY PROBLEMS FOLLOWING YOUR OPERATION:  
CONTACT THE DAY SURGERY UNIT ADVICE LINE:**

Monday – Friday 8:00am – 7:30pm 020 8541 5370  
Evenings & Weekends: Mobile No: 07850 913965

**OR:** Contact your GP

**OR:** Come to Accident & Emergency Department

***PETER WILLSON***