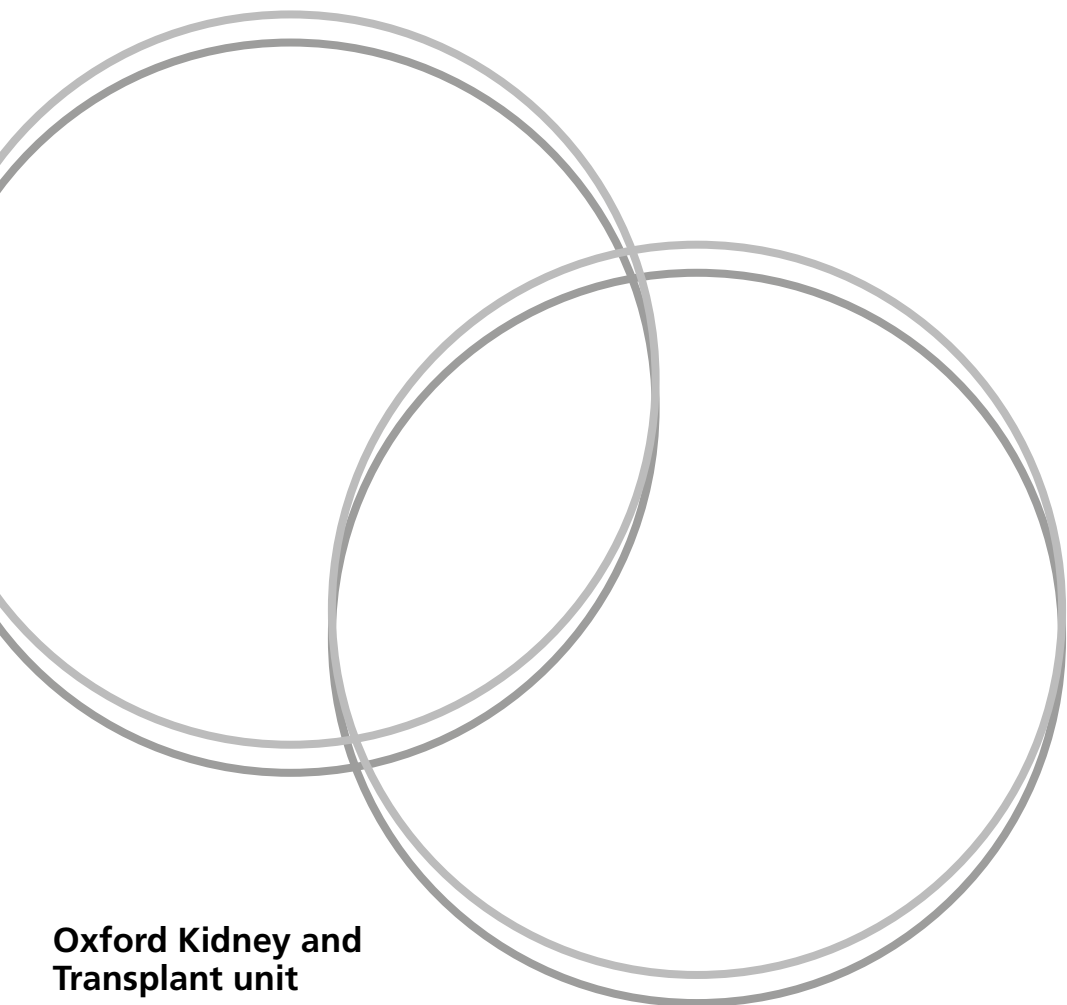




Oxford University Hospitals
NHS Foundation Trust

Hernia repair

**Information for Renal
and Transplant patients**



**Oxford Kidney and
Transplant unit**

You have been given this leaflet because you have a hernia and need an operation to repair it. This leaflet tells you what happens before and after the operation. If you have any questions after reading this leaflet please speak to your kidney or transplant team.

What is a hernia?

A hernia occurs when part of your intestine or a fatty lump sticks out through a weak area in the muscle of your abdomen. It often causes a soft lump or bulge, which you can feel under your skin.

You can usually push the lump back into your abdomen but it pops back out again. It may disappear when you lie down and reappear when you cough or strain. A hernia may be uncomfortable and feel tender.

What causes a hernia?

A hernia usually develops because of increased pressure in the abdomen or a weakness in the abdominal wall. This may be because:

- you were born with it (congenital)
- strenuous activity or excessive straining when lifting heavy items
- pregnancy
- previous abdominal surgery
- peritoneal dialysis, the extra fluid in your abdomen increases the pressure on your abdominal wall muscle
- a medical condition such as Autosomal Dominant Polycystic Kidney Disease.

Types of hernia

An inguinal (groin) hernia

This is the most common type of hernia. It occurs when fatty tissue or a part of the bowel pokes through into the groin at the top of the inner thigh. It is much more common in men than women.

Men are more likely to notice this quite soon after starting peritoneal dialysis as the dialysis fluid leaks down the inguinal canal in the groin causing swelling of the scrotum (often just one testicle) and sometimes the penis.

Femoral hernia

This is more common in women than men. It is usually seen as a lump lower in the groin, near the skin crease towards the top of the thigh. Femoral hernias are also associated with ageing and repeated strain on the abdomen.

Hiatus hernia

This occurs when part of the stomach moves up into the chest. It is caused by a weakening of the muscles in the middle of the upper abdomen. It's very common in over 50 years of age. It does not normally need treatment if it's not causing any problems.

Umbilical hernia

This may occur near the umbilicus (belly button). It tends to be more common in women who have had children.

Incisional hernia

These occur near, or, on a scar where a cut has been made from a previous operation.

When should I seek urgent medical advice?

You should go to the nearest emergency department immediately if you develop any of the following symptoms:

- sudden, severe abdominal pain
- being sick
- difficulty opening your bowels or passing wind
- the hernia becomes firm or tender, or cannot be pushed back in.

These symptoms may suggest that the blood supply to the lump trapped in the hernia has been cut off (strangulation), or a piece of bowel has entered the hernia and become blocked (obstruction). This usually needs an urgent operation.

What happens if I have a hernia?

If a hernia can be pushed back easily or flattened, it is not an immediate threat to your health. An untreated hernia will not get better on its own.

If you are a patient at the Oxford Kidney and Transplant Unit you will be referred to a Transplant Surgeon at the Churchill hospital.

The Surgeon may suggest you have a CT scan to assess the size and exact site of the hernia. Your doctor or nurse will talk to you about this.

If you are on peritoneal dialysis (PD) a PD nurse will need to change your dialysis treatment so that the volume of PD fluid in your abdomen is reduced, or you may need to stop PD. Your PD nurse or kidney doctor will talk to you about the best option.

Are there any alternatives?

If your health is not good and surgery may make your health worse, the Surgeon may suggest you don't have an operation and talk to you about how to care for your hernia. If the hernia gets larger or becomes more painful surgery may be the only option.

How is a hernia repaired?

You will need a pre-operative assessment a week or two before the operation. This involves a 1 ½ hour visit to the Churchill hospital to make sure you are safe to have the operation. At the pre-operative assessment you will have an ECG (test on your heart), a physical examination, blood test and we will check your medications. We will also give you more information about your operation.

A hernia can be repaired either by **open surgery** or **laparoscopic (keyhole) surgery**. The operation takes between 45 and 60 minutes.

Open surgery

A cut is made about 7.5 and 15cm in length. The hernia is pushed back through the gap (weakness) into its proper place in the abdomen. The abdominal wall muscle is sewn back together using dissolvable stitches. These will gradually dissolve over the next few weeks.

Most hernia repairs will need a mesh to hold everything in its proper place. The mesh is sewn in place with lots of small stitches around the outside of it. As the stitches dissolve your own tissue grows around it to keep the mesh in place. It is very rare to reject the mesh. If this does happen you would need another operation to remove it.

A surgeon will talk to you more about this.

Laparoscopic repair

A surgeon will use a camera to look inside your abdomen. Several small cuts are made near the umbilicus (belly button) about 8-10mm in length, the lump is pushed back through the gap and the abdominal wall muscle is sewn back together. The cuts are usually glued together.

Which type of surgery is best for me?

The National Institute for Health and Care Excellence (NICE), which assesses medical treatments for the NHS, says that both keyhole and open surgery for hernias are safe. Therefore a surgeon will talk to you about which operation is better for you.

How long will I be in hospital?

Most hernias can be repaired as a day case so you will go home the same day as your operation. If you have a large hernia you may need to stay in hospital for up to five nights. The length of time depends on the size of your hernia and your health. The surgeon will let you know how long you need to stay in hospital at your surgical assessment appointment.

Will I be asleep for the operation?

The operation is usually done under a general anaesthetic (you are asleep). If a general anaesthetic is worse for your health, an anaesthetist or surgeon will talk to you about which type of anaesthetic is best for you. Your surgeon or nurse will give you a leaflet about anaesthesia called 'anaesthesia explained'.

Are there any risks with the operation?

You may experience:

- Bruising and swelling. This is very common and usually only last a few days.
- In men, swollen testicles and bruising are common for a few days after an inguinal hernia repair. Rarely the testes may become smaller due to a reduced blood supply to the testes.
- Scarring at the site of surgery. Although the cut will fade you will be left with a scar.
- Difficulty in passing urine, this can last for 12 to 24 hours. You may require a urinary catheter if you are unable to pass any urine (rare).
- Infection, you may get an infection deep inside your abdomen or at the cut skin (rare).
- Bleeding, if you have a lot of bleeding you may develop a haematoma (a bruise under the skin, this is rare). You may need a second operation to stop the bleeding (very rare).
- Damage to your blood vessels or other organs (rare).
- Damage to your nerves, causing numbness to the area which is short-lived. About 11 in 100 people have numbness in their groin area a year after the operation. Numbness is more common after an inguinal hernia repair.
- Developing another hernia, between 3 and 6 hernias in 100 reappear.

What happens after the operation?

- You will not be able to drive until you are happy to perform a painless emergency stop. You will need to discuss this with your insurance company as they may have a fixed no driving period after surgery.
- You will probably need to take time off from work. How long you take off work will depend on your job. If you have a job that doesn't involve lifting we often say a week. If you have a manual job you will need to take longer off. If you work please ask the Day Surgery Unit or Ward for a fit note for your employer before you leave the hospital.
- Don't lift anything that weighs more than 5kg for 4 to 6 weeks.
- Avoid strenuous pushing, pulling or stretching for 4 to 6 weeks (such as vacuuming).
- Avoid constipation, if you are struggling to open your bowels speak to a pharmacist.
- If you have any dressings over your wounds you will be advised how to care for these before you leave the hospital.
- It is normal to have some discomfort after an operation, take mild painkillers such as paracetamol as advised on the packet if you have pain.

If you are on peritoneal dialysis (PD) you will need to stop PD for a few days and then start smaller volumes. It is rare to change to haemodialysis. Your renal team will talk to you about what is the best option for you.

Once you go home you will not need to see the surgeon again. If you have any problems please speak to your kidney or transplant nurse.

Call the transplant ward (see page 10) if you develop any of the following symptoms;

- a high temperature over 38°C, or feeling hot, cold and shivery
- bleeding at the wound
- increased swelling or pain in your abdomen
- pain that isn't relieved by painkillers
- feeling sick or vomiting
- coughing or shortness of breath
- increasing redness surrounding your wound
- difficulty passing urine.

Contact numbers

Transplant ward Churchill hospital

Tel: **01865 253 010**

24 hours a day, including bank holidays and weekends

Renal Ward Churchill hospital

Tel: **01865 225 780**

24 hours, including weekends and bank holidays

Oxford Peritoneal Dialysis (PD) Unit

Tel: **01865 225 792**

(8am to 6pm, Monday to Friday)

Email: **pd.team@ouh.nhs.uk**

(between 8.30am and 4.30pm)

Other information

Oxford Kidney Unit

The website has lots of information about the Oxford Kidney Unit for patients and carers.

Website: **www.ouh.nhs.uk/oku**

NHS website

This website has lots of useful information about hernias

Website: **www.nhs.uk/conditions/hernia/pages/introduction.aspx**

Further Information

If you need an interpreter or would like this information leaflet in another format, such as Easy Read, large print, Braille, audio, electronically or another language, please speak to the department where you are being seen. You will find their contact details on your appointment letter.

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Oxford University Hospitals NHS Foundation Trust
www.ouh.nhs.uk/information



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