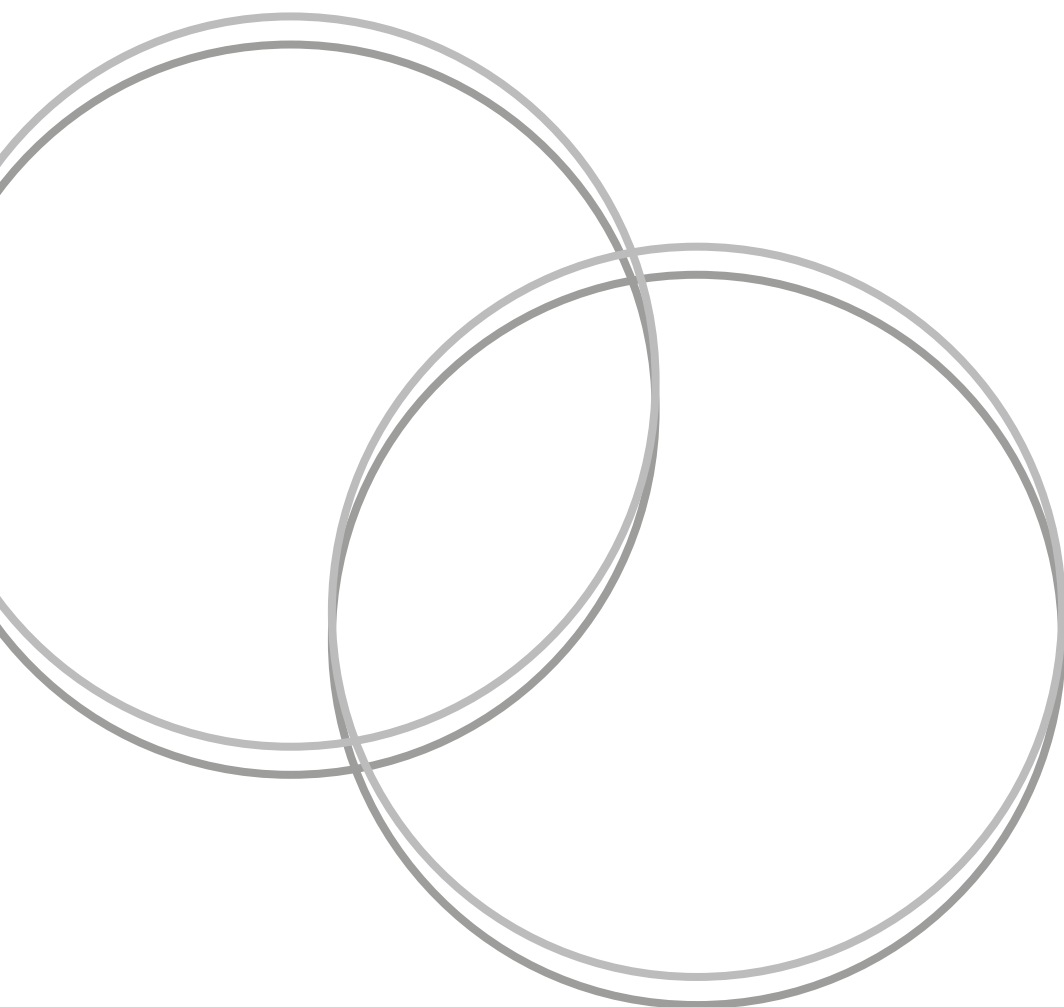




Oxford University Hospitals
NHS Foundation Trust

Hernia Repair

Information for patients



Surgery is the only way to repair a hernia.

You will receive a letter in the post with the date of your surgery and the day surgery unit you will need to come to. This will also include details of when to arrive and a fasting information sheet, if you are having a general anaesthetic.

You will need to come for a pre-operative assessment before your surgery. During this appointments we will carry out tests and checks to make sure you are fit to have the surgery.

We are in the process of streamlining the pre-operative assessments, which means that if you are fit and healthy and having a straightforward procedure (such as a hernia repair), we may be able to carry out your pre-operative assessment over the telephone.

How is the operation carried out?

If your hernia repair is for a primary hernia then this will be performed using open or laparoscopic (key hole) surgery. This is when a cut is made, through which the surgeon can see the hernia and repair it. This may be done either under a general anaesthetic (with you asleep) or using a local anaesthetic (to make the area numb), depending on the size and type of hernia you have. We can discuss the different anaesthetic options with you at your pre-operative assessment appointments.

If you have a bilateral or recurrent hernia we may be able to carry out the surgery laparoscopically. This type of operation just uses a small cut (or cuts) through which the surgeon can use narrow tools to repair the hernia. This will be carried out under a general anaesthetic (with you asleep).

Each of these hernia repair operations are usually carried out as a day case procedure. This means that you should not need to stay in hospital overnight.

On the day of your surgery

The surgeon will visit you to talk about your operation and to answer any remaining questions you may have.

The surgeon will then ask you to sign a consent form. This details the risks and benefits of the operation. If you have any further questions, please ask them before signing the consent form.

The anaesthetist will also visit you before your operation. They will talk to you about the anaesthetic.

The operation site will then be marked with a pen.

Going to the operating theatre

Your surgery will be scheduled between 8:30am and 4:30pm. If you would like to know the time your operation has been scheduled for, please speak to your nurse. However, please note that this time can change depending on whether the theatre is needed for an emergency operation.

You will be asked to put on a gown and will also be fitted with a pair of support stockings. These help to prevent blood clots during the operation.

If you are having a general anaesthetic, the nurse may give you a pre-medication (such as an anti-sickness medicine), if prescribed by the anaesthetist. You will then walk to theatre with an anaesthetic nurse.

Theatre staff will do a safety checklist with you. You will then be connected to a heart monitor and a blood pressure cuff will be put on your arm.

If you are having a general anaesthetic, you will be given this into a vein in the back of your hand. The anaesthetist will be there to reassure you as you go to sleep.

Recovery

After your operation you will be taken back to the recovery area to gradually wake up.

You may have an oxygen mask over your mouth and nose until your oxygen levels are back to normal.

A nurse will check your blood pressure and wound site regularly.

When you are comfortable and your blood pressure is stable a nurse will take you back to the day surgery unit.

Back on day surgery unit

You will be made comfortable in your bed and the nurses on the ward will check on your blood pressure, temperature and wound.

You will gradually be allowed to sip small amounts of water. Once you can tolerate good amounts without feeling sick you will be able to have a hot drink and something light to eat.

You may have an intravenous drip in your arm which will be removed once you are able to drink enough liquid.

We will encourage you to start to move around soon after you return to the unit, as this will help to speed up your recovery. A nurse will help you get out of bed for the first time in case you feel light headed or dizzy.

The nurses can offer you pain relief if you need it. Ask for this as soon as you start to feel any discomfort, rather than waiting for any pain to get worse.

You will need to stay on the unit for a minimum of 2 hours after your operation before you can go home.

If you have had a local anaesthetic as part of your operation, this will last for 4-6 hours. The area may feel tingly when this starts to wear off.

Discharge from the ward

You will need to have a responsible and able adult to take you home. If you have had a general anaesthetic they will also need to stay with you overnight. We recommend bringing in some loose clothing to wear home, as this will be more comfortable for you.

You should not go home on public transport after this procedure. You will need to be taken home by car. This will be more comfortable for you and also quicker for you to return to the hospital if there are any complications on the journey home.

- Do not drink alcohol, operate any machinery or sign any legal documents for 48 hours after your general anaesthetic.
- You can return to driving only when you feel confident you can do an emergency stop.
- It is advisable to check with your motor insurance company for any specific regulations following your surgery.

You will be sent home with a small supply of wound dressings and some painkillers.

After your operation

Most people have no problems after this procedure. However, you may experience the following:

- temporary bruising or swelling where you have had your surgery
- numbness of the skin below and around the wound
- chronic pain that can interfere with your lifestyle. This affects 15% of people who have this procedure.

If you experience any complications such as bleeding or increasing uncontrollable pain after you return home, or within 24 hours of your operation, please telephone one of the numbers below. Alternatively, go to your nearest Accident and Emergency department.

Horton General Hospital, E Ward

Tel: 01295 229 216
(24 hours)

Horton General Hospital, Day Case Unit

Tel: 01295 229 383
Tel: 01295 229 767
(9.00am to 5.00pm)

If, after 24 hours, you have any other complications following this procedure, please contact your GP. If you are unable to contact your GP go to your nearest Accident and Emergency department.

Aftercare

GP appointment

See your GP straight away if you have any concerns about your wound, for example, if it is swollen, red, painful, hot or if you are feverish.

Stitches

You are most likely to have dissolvable stitches which will gradually disappear. If your stitches are not dissolvable and need to be removed you will need to make an appointment for your GP's Practice Nurse to do this 7-10 days after your operation.

Wound care

You need to keep your wound dry for the first 48 hours after your operation. After this time you can have a bath or shower whilst still wearing your dressings. Do not use any scented or perfumed wash products or talcum powder, as these may irritate your wound. Try to avoid rubbing the area with soap or anything rough (such as a flannel/towel).

You will need to remove the damp dressings after showering/ bathing to reduce the risk of infection. Replace the dressings if you have been advised to do so (you will be given replacement dressings when you leave hospital).

Pat the wound dry with a clean towel. You can use a hairdryer on a cool setting to dry it further if you wish.

Getting back to normal

It is important that you do not stay in bed. Gentle exercise such as walking is beneficial and will help you to recover.

Do not lift any object that weighs more than 5kg in weight (such as bags of shopping or children).

Do not do anything that involves strenuous pushing, pulling or stretching for 4 - 6 weeks (such as lawnmowing). It is safe to do tasks like ironing or vacuuming, as long as you are careful. You can return to sexual activity as soon as you feel comfortable.

We recommend that you follow a high fibre diet as this will help you to avoid becoming constipated and will reduce the strain on your wound.

Returning to work

The length of time you take off work depends on your job:

- If your job is mainly desk based you may be able to return to work after 7 days.
- If your job is physical you are likely to need to be off work for about 6 weeks.

Follow-up

You are not likely to need to come back to hospital for a follow up visit. If you have any concerns after your operation, please contact your GP.

Call your GP if:

- You develop a high temperature (fever)
- the pain after surgery gets worse and becomes unbearable, despite taking regular painkillers
- you start to feel sick, are sick and cannot eat properly

If you develop a problem overnight or during the weekend and cannot wait until the next working day, **please call NHS 111**, the out-of-hours emergency care service.

Telephone: **111** (Freephone from landlines and mobiles)

Alternatively you can call:

Oxford University Hospitals' switchboard

Telephone: 0300 3047777

Ask for the Emergency Surgical Registrar On-call (bleep 4049).

Other useful contact numbers

Pre-operative Assessment clinic appointments:

- Churchill Hospital
Telephone: 01865 226 982
- Horton General Hospital
Telephone: 0300 304 7777

Day Surgery Unit:

- Churchill Hospital
Telephone: 01865 225 283
- Horton General Hospital
Telephone: 01295 229239

Further information

If you would like an interpreter, please speak to the department where you are being seen.

Please also tell them if you would like this information in another format, such as:

- Easy Read
- large print
- braille
- audio
- electronic
- another language.

We have tried to make the information in this leaflet meet your needs. If it does not meet your individual needs or situation, please speak to your healthcare team. They are happy to help.

Author: Surgery Team
December 2025
Review: December 2028
Oxford University Hospitals NHS Foundation Trust
www.ouh.nhs.uk/information



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