

# Groin Or Inguinal Hernia

## **What is an inguinal hernia?**

An inguinal hernia occurs when internal organs – commonly part of the intestine – protrude through a weak area in your lower abdominal wall (groin) producing a bulge under the skin.

## **What causes an inguinal hernia?**

Inguinal hernias can occur at any age and seem to be more common in men than in women. Most hernias occur as a result of a pre-existing weak area in the abdominal wall and an increased pressure within the abdomen. An inguinal hernia may develop at birth because the abdominal lining (peritoneum) does not close properly leaving a weak area through which intestines can protrude. Alternately, the weakness develops later in life as a result of aging, an injury or certain operations in the abdominal cavity. Regardless of whether or not you have a pre-existing weakness, increased pressure in your abdomen can cause a hernia. This pressure may result from straining during bowel movements or urination, from heavy lifting, from fluid in the abdomen (ascites), and from pregnancy or excess weight. Even chronic coughing or sneezing can cause abdominal muscles to tear.

## **What signs and symptoms does it produce?**

Some people may not have any symptoms from an inguinal hernia and the hernia is discovered only during an examination by a doctor. More often, however, you can see a bulge in the groin that becomes more prominent on standing, coughing or straining. Other symptoms from an inguinal hernia include pain or discomfort in the groin while bending, lifting heavy objects or straining at the time of bowel movements. There may also be a dragging sensation in the groin. Occasionally, you may notice a swelling around the testicle when the hernia becomes large and the intestines descend into the scrotum. Pain in a swelling in the groin that does not reduce in size on lying down or upon applying pressure is a serious symptom and may indicate that part of the intestine has become stuck in the hernia.

## **What examination and tests will I need?**

An inguinal hernia is usually diagnosed by the doctor by performing a physical examination. You will have to undergo certain laboratory tests, x-ray of the chest and ECG as a part of workup before surgery when this is suggested by your doctor.

## **What are the possible complications of the hernia?**

An inguinal hernia once formed never goes away or becomes smaller on its own. Large hernias can extend into the scrotum, put pressure on surrounding tissues and become painful. Most serious complications of an inguinal hernia are strangulation or incarceration. When a part of the intestine or other internal organ gets caught in the hernia and become pinched the bulge in the groin becomes prominent and it does not go back in. As the blood supply of that tissue becomes compromised the person experiences severe pain. It may be accompanied by nausea or vomiting. This is a serious complication and the trapped tissues will die if surgery is not performed promptly.

## **What are the treatment options?**

There are no medicines that can treat an inguinal hernia. A truss is a belt with a large pad on it that applies pressure to the site of the hernia with the aim of keeping the bulge from popping out. Overall, a truss is not a good idea because it does nothing to repair the hernia. It just minimizes symptoms by preventing significant herniation. As a result, the hernia continues to get larger. In addition, there will be scar tissue formed that provides no

strength to the area. Both of these factors, enlargement of the hernia and scarring, make the surgical repair of the hernia more difficult and later recurrence more likely. Therefore, a truss should never be used as a treatment for an inguinal hernia. The only definitive treatment for an inguinal hernia is surgery.

### **How is a laparoscopic hernia repair performed?**

This technique of hernia repair is performed under general anesthesia. Your surgeon will make a small (1cm) cut near the navel and introduce a cannula (a tube-like instrument) inside the abdomen or between the muscles of the abdomen. He will insert a laparoscope (a telescope) attached to a miniature video camera through the cannula that gives him and the operating team a magnified view of your internal organs on a video monitor. He will then place two additional cannulas through tiny (5mm) cuts to accommodate special long instruments. The surgeon will pull the hernial sac back into the abdominal cavity and expose the weak area in the abdominal wall from inside. This area is covered with a mesh that is fixed to the abdominal wall. Following the repair, the surgeon will close the small incisions with stitches.

### **What happens after the operation?**

How soon you are allowed to drink liquids and eat food after your hernia operation depends on the type of anesthetic used. If you have had an open operation using local anesthesia, you will be allowed to eat and drink soon after the operation. You may have been kept fasting for up to six hours if the operation was carried out under spinal or general anesthesia. You may be given a saline drip for a few hours. In the first few hours after recovery you may experience some nausea, but this soon passes away.

### **What about the pain after surgery?**

After any hernia operation there is some pain at the site of the cut for a few days. With the laparoscopic operation this is much less as compared to the open repair. You will be prescribed medicines to control the pain. Also, you will be encouraged to get out of the bed soon after the operation despite the slight discomfort. Over a period of time the pain will gradually reduce and become almost negligible.

### **How soon can I resume work?**

This depends very much on the nature of the job you do and the type of operation you have had. With the open repair you may be advised to take it easy for up to six weeks and you will not be allowed to lift heavy objects for up to three months. If you have a laparoscopic repair you can return to light desk job work within 8 – 10 days after surgery and almost all activities will be permitted after about 15 days after surgery.

### **Is everyone a candidate for laparoscopic hernia repair?**

Only after a thorough examination can your surgeon determine whether laparoscopic hernia repair is right for you. The procedure may not be best for you if you have had previous abdominal surgery or have underlying medical conditions due to which you cannot be given a general anesthetic.

### **What about the cost of the laparoscopic repair?**

The cost of a laparoscopic repair of an inguinal hernia tends to be higher than the open repair as a special instrument (tacker) is used to fix the mesh from inside. However, the increased cost is more than offset by savings in terms of an earlier return to activities, to work and reduced disruption of the routine of the family caring for the patient in the hospital.

### **Advantages of laparoscopic hernia repair**

- Less pain from the incisions after surgery
- Shorter hospital stay
- Shorter recovery time
- Faster return to normal diet
- Faster return to work or normal activity
- Better cosmetic healing
- Ability to repair of hernias on both sides through the same small incisions (instead of a long cut on each side)
- Operation through an area undisturbed by previous surgery in cases of recurrent hernias
- Less chance of chronic groin discomfort as compared to an open operation

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### **Disclaimer**

This brochure is for information purpose only and no attempt to provide specific medical advice is intended. It is not intended to infer that surgery is always the best choice for a particular condition. You should always contact a specialist directly for diagnosis and treatment of your specific problem, and consider taking a second opinion if appropriate.