

Hernia Surgery

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WHAT IS A HERNIA?

A hernia is a weakness or defect in the wall of the abdomen. Hernias often result from years of wear and tear. This weakness may also be present at birth. Most hernias are not life threatening, but most require care. Treatment can get rid of your discomfort and prevent further problems.

NOTICING A BULGE

It's often easy to tell if you have a hernia. You may notice a bulge under the skin. The bulge may or may not be painful. You may feel pain when you lift or cough. Straining during urination or bowel movements can also cause pain. The pain may be sharp or sudden –or both. In some cases, it may feel like a dull ache. Pain may get worse near the end of the day or after you stand for a long time.

WHEN THE ABDOMINAL WALL IS WEAK

The wall of the abdomen contains areas that may become weakened. With time and physical stresses, these sites may weaken further and tear. This can allow the intestines or other tissues to bulge through the torn area.

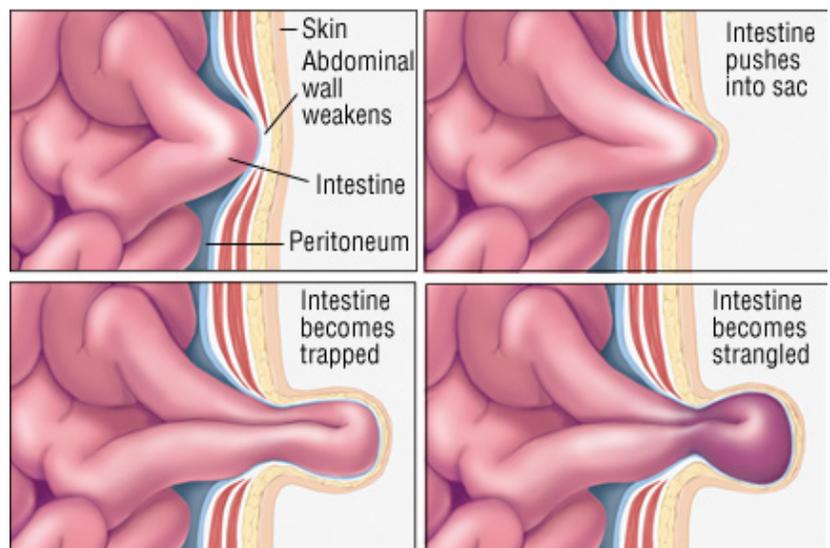
WEAK AREAS IN MEN AND WOMEN

Hernias can occur at or near the inguinal canal. This is where nerves and vessels pass between the groin and abdomen. Both men and women are most likely to get hernias in the inguinal area. But women are more likely than men to have femoral hernias. Weakened areas of the abdominal wall can be caused by:

- Aging or injury
- An old incision
- A weakness present from birth

WHERE HERNIAS HAPPEN

The type of hernia you have depends on its location. The most common types of hernias form in the groin or near the naval. Others form in the abdomen. They may also occur at the site of previous surgery. Hernias can form on both sides of the body (bilateral hernias). They can also recur in the same spot (recurrent hernias). Some people have more than one type at a time.



LAYERS OF THE ABDOMINAL WALL

The abdominal wall is made up of layers of muscle, fat, and other tissues. Together they strengthen the abdominal wall. Hernia surgery repairs a weakness in the muscle and connective tissue. This prevents the intestines or other tissue from bulging out again.

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HOW A HERNIA DEVELOPS

A hernia bulge may appear suddenly. More often, they take years to form. Hernias grow as pressure inside the body presses the intestines or other tissues through a weakness in the abdominal wall or groin. Areas that are weak and prone to hernias include former openings that have closed, such as the bellybutton or a healed surgical scar. Other areas of the abdominal wall can be weakened by injury or aging.

THE WALL WEAKENS OR TEARS

The abdominal lining bulges out through a weak area. It begins to form a hernia sac. The sac may contain fat, intestine, or other tissues. At this point, the hernia may not cause a visible bulge.

The Intestine Pushes into the Sac

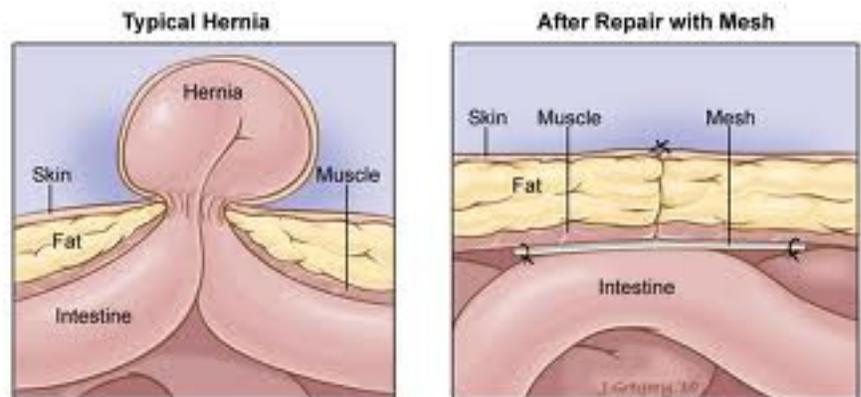
The intestine pushes further into the sac and forms a visible bulge. The bulge may flatten when you lie down or push against it. This is called a reducible hernia. It doesn't cause immediate danger.

The Intestine May Become Trapped

The contents of the sac may become incarcerated. If this happens, you won't be able to flatten the bulge. You may also have pain. Prompt treatment may be needed.

The Intestine May Become Strangulated

If the intestine is tightly trapped, it becomes strangulated. The strangulated area loses blood supply and may die. This can block the intestine and cause severe pain. Emergency surgery is needed to relieve the blockage.



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REPAIRING THE HERNIA

A hernia will not heal on its own. Surgery is needed to repair the defect in the abdominal wall. Fortunately, hernia surgery can be done quickly and safely. To fix the bulge, the hernia sac and any protruding tissue are pushed back into the abdomen. The defect can then be repaired. To repair, a thin mesh patch is often placed behind or in front of the defect. It is then secured to nearby tissues. Once the mesh is in place, the skin is closed. This is done with stitches, staples, surgical tape, or special glue. Over time, new tissue grows into the mesh. This strengthens the repair and helps prevent the hernia from recurring.

CHOOSING THE BEST APPROACH

There are two approaches used to repair hernias. There are pros and cons for each type. Both repairs have the same risk for infection and reoccurrence of the hernia. At your pre-operative appointment, Dr. Morrissey will discuss with you which approach is the best for your specific situation.

Laparoscopic hernia repair is done by making 2-4 small incisions in the skin. A device called a laparoscope is used. The laparoscope is a thin tube that contains a small light and camera. The scope sends live video from inside the body to a monitor. Surgical tools are put through other small incisions in order for the hernia

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repair to be completed on the inside. During surgery, your surgeon may be forced to switch to an open hernia repair. This does not mean that something has gone wrong. Instead, a larger incision is needed to complete the surgery safely.

The other option is an open hernia repair. For this approach, a single incision is made to the area where your hernia is present. The hernia is then fixed on the outside through this incision.

RISKS AND COMPLICATIONS

As with any surgery, each type of hernia repair has risks and possible complications. These will be explained to you prior to surgery. They include:

- Bleeding
- Infection
- Numbness or pain in the groin or leg
- Damage to nerves or blood vessels
- Return of the hernia
- Damage to the ovaries, testicles, or function of the testicles
- Mesh complications
- Bowel or bladder injury

BEFORE THE PROCEDURE

Tell your surgeon about any medications, supplements, or herbs you take. This includes prescription and over-the-counter medications. You may need to stop taking some of them before surgery.

- Arrange to have someone available to give you a ride home after surgery.
- Attempt to stop smoking; smoking affects blood flow, slows healing, and increases the risk of infection.
- Absolutely nothing to eat or drink after midnight the night before your procedure, this includes water.
- Gently wash the area with hibiclens the night before and morning of surgery – you will be given this at your consultation visit prior to surgery. Do not shave surgical areas.

YOUR SURGERY

Prior to surgery, you will be placed in a room. A nurse will get you checked in and ready for surgery. To make the check in process easier, it would be helpful to have a list of your current medications including the dosages, and your past medical history including a list of previous surgeries you have had. Follow the instructions given to you at your pre-op appointment on how to prepare for the procedure.

AFTER SURGERY

When the procedure is over, you'll be taken to the recovery area. Your vitals will be closely monitored. The type of dressing over the surgical site will depend on what type of hernia repair you had. Pain medication will be given to you to reduce discomfort. Once you are stable, you will be taken back to the room you were in prior to surgery. You'll be asked to get up and walk soon after surgery, this helps prevent blood clots in the legs. Your surgeon will release you to go home once you have been able to eat, drink, use the restroom, and have your pain under control.

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YOUR RECOVERY

Help make surgery a success by taking an active role in recovery. Expect some pain, bruising, and swelling after surgery. Follow your surgeon's instructions about caring for your incision. For best results, take short walks as soon as you can. This helps prevent blood clots and speeds healing. Be sure you keep all follow-up appointments.

Reduce swelling

For the first few days, the area around the incision may be swollen, discolored, and sore. To help reduce swelling, put an ice pack to the swollen area. Do this 3 to 5 times a day for 15 to 20 minutes at a time.

Manage pain

You may have some pain for the first few days. You may also feel bloated and tired. You will be prescribed pain medications as needed. Do not wait for pain to get bad. Take your medications as directed. Be aware that pain medications can cause constipation. You may need a laxative or stool softener. If you have trouble with constipation, call your surgeon for directions on how to use stool softeners.

Keep Follow-Up Appointments

Keep all follow-up appointments during your recovery. These allow your surgeon to check your progress and make sure you're healing well. You may also need to have your stitches, staples, or bandages removed. During office visits, tell your surgeon if you have any new symptoms.

WHEN TO CALL THE DOCTOR

Call your surgeon if you notice any of the following during your recovery:

- Fever of 101 F or higher
- Pain that doesn't go away or gets worse
- A large amount of swelling or bruising (some testicular swelling and bruising is common)
- Trouble urinating
- Incision that is warm or has increasing bleeding, redness, or drainage
- Vomiting or nausea that lasts more than 12 hours
- Shortness of breath
- Pain or swelling in your calf

We are always here to help, please do not hesitate to call with any questions or concerns: :

- Dr. Morrissey's office: 620.222.6270
- Dr. Bloedel's office: 620.221.8930
- If after 5:00 PM, call the hospital and ask them to page your surgeon