

GS12 Laparoscopic Inguinal Hernia Repair (TAPP)

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Local Information

You can get information locally from:
Ealing Hospital main switchboard on 020 8967 5000

- Central Middlesex Hospital main switchboard on 020 8965 5733
- Northwick Park and St Mark's Hospitals main switchboard on 020 8864 3232
- Our website – www.lnwh.nhs.uk

Patient Advice and Liaison Service (PALS)

PALS is a confidential service for people who would like information, help or advice about the services provided by any of our hospitals.

To contact PALS:

At Northwick Park, St Mark's and Central Middlesex Hospitals on 020 8869 5118 or email PALS at LNWH-tr.PALS@nhs.net

At Ealing Hospital and community services on Freephone 0800 064 1120 or 020 8967 5221 between 9.30 am and 4 pm or email PALS at LNWH-tr.ehPALS@nhs.net

Please note that this service does not provide clinical advice so please contact the relevant department directly to discuss any concerns or queries about your upcoming test, examination or operation.

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What is an inguinal hernia?

An inguinal hernia is a common type of hernia, causing a lump and sometimes pain in your groin.

Your surgeon has suggested a transabdominal preperitoneal (TAPP) hernia operation. However, it is your decision to go ahead with the operation or not. This document will give you information about the benefits and risks to help you to make an informed decision.

If you have any questions that this document does not answer, it is important that you ask your surgeon or the healthcare team. Once all your questions have been answered and you feel ready to go ahead with the procedure, you will be asked to sign the informed consent form. This is the final step in the decision-making process. However, you can still change your mind at any point.

How does a hernia happen?

Your abdominal cavity contains your intestines and other structures. These are protected by your abdominal wall, which is made up of four layers. The inner layer is a membrane. The second layer is a wall made of muscle. A layer of fat separates the muscle from the outer layer of skin. Weak spots can develop in the layer of muscle, resulting in the contents of your abdomen, along with the inner layer, pushing through your abdominal wall. This produces a lump called a hernia.

An inguinal hernia happens at the inguinal canal. This is a narrow passage through your abdominal wall.

The inguinal canal is prone to hernias, which can be caused by a defect from birth or from gradual weakening of the muscles.

What are the benefits of surgery?

You should no longer have the hernia. Surgery should prevent the serious complications that a hernia can cause and allow you to return to normal activities.

Are there any alternatives to surgery?

You can sometimes control the hernia with a truss (padded support belt) or simply leave it alone. It will not get better without surgery.



An inguinal hernia

What will happen if I decide not to have the operation or the operation is delayed?

Occasionally, the hernia can get larger with time. It can also be dangerous because your intestines or other structures within your abdomen can get trapped and have their blood supply cut off (strangulated hernia). The symptoms that may suggest a strangulated hernia are:

- severe pain;
- a hernia that will not disappear when you lie down;
- vomiting.

If you have any of these symptoms you must call your healthcare team immediately as you may need an urgent operation.

What does the operation involve?

The healthcare team will carry out a number of checks to make sure you have the operation you came in for and on the correct side. You can help by confirming to your surgeon and the healthcare team your name and the operation you are having.

The operation is performed under a general anaesthetic and usually takes about 30 minutes (less than an hour for a repair to both sides). You

may also have injections of local anaesthetic to help with the pain after the operation. You may be given antibiotics during the operation to reduce the risk of infection.

Your surgeon will use laparoscopic (keyhole) surgery as this is associated with less pain, less scarring and a faster return to normal activities.

Your surgeon will make a small cut on or near your belly button so they can insert an instrument in your abdominal cavity to inflate it with gas (carbon dioxide). They will make two small cuts on your abdomen so they can insert tubes (ports) into your abdomen. Your surgeon will insert surgical instruments through the ports along with a telescope so they can see inside your abdomen and perform the operation.

Your surgeon will return the part of your abdomen that is causing the hernia, and insert a synthetic mesh to cover the weak spot. In up to 2 in 10 people there is a hernia on the opposite side that does not cause any symptoms. Your surgeon will check and if they notice a hernia on the opposite side, they will repair it.

Your surgeon will close the small cut and holes with stitches or glue.

For about 1 in 100 people it will not be possible to complete the operation using keyhole surgery. The operation will be changed (converted) to open surgery, which involves a larger cut on your groin.

Your surgeon will remove the instruments and close the cuts.

What should I do about my medication?

Make sure your healthcare team knows about all the medication you take and follow their advice. This includes all blood-thinning medication as well as herbal and complementary remedies, dietary supplements, and medication you can buy over the counter.

How can I prepare myself for the operation?

If you smoke, stopping smoking now may reduce your risk of developing complications and will improve your long-term health.

Try to maintain a healthy weight. You have a higher risk of developing complications if you are overweight.

Regular exercise should help to prepare you for the operation, help you to recover and improve your long-term health. Do not do exercises that involve heavy lifting or make your hernia painful. Before you start exercising, ask the healthcare team or your GP for advice.

You can reduce your risk of infection in a surgical wound.

- In the week before the operation, do not shave or wax the area where a cut is likely to be made.
- Try to have a bath or shower either the day before or on the day of the operation.
- Keep warm around the time of the operation. Let the healthcare team know if you feel cold.
- If you are diabetic, keep your blood sugar levels under control around the time of your procedure.

If you have not had the coronavirus (Covid-19) vaccine, you may be at an increased risk of serious illness related to Covid-19 while you recover. Speak to your doctor or healthcare team if you would like to have the vaccine.

What complications can happen?

The healthcare team will try to reduce the risk of complications.

Any numbers which relate to risk are from studies of people who have had this operation. Your doctor may be able to tell you if the risk of a complication is higher or lower for you. Some risks are higher if you are older, obese, you are a smoker or have other health problems. These health problems include diabetes, heart disease or lung disease.

Some complications can be serious and can even cause death. Using keyhole surgery means it may be more difficult for your surgeon to notice some complications that may happen during the operation. When you are recovering, you need to be aware of the symptoms that may show that you have a serious complication.

You should ask your doctor if there is anything you do not understand.

Your anaesthetist will be able to discuss with you the possible complications of having an anaesthetic.

General complications of any operation

- Bleeding during or after the operation. It is common for your groin to be bruised and, for men, for your penis or scrotum to be bruised. You will not usually need a blood transfusion or another operation.
- Infection of the surgical site (wound). It is usually safe to shower after 2 days but you should check with the healthcare team. Let the healthcare team know if you get a high temperature, notice pus in your wound, or if your wound becomes red, sore or painful. An infection usually settles with antibiotics but you may need special dressings and your wound may take some time to heal. In some cases another operation might be needed. Do not take antibiotics unless you are told you need them.
- Allergic reaction to the equipment, materials or medication. The healthcare team is trained to detect and treat any reactions that might happen. Let your doctor know if you have any allergies or if you have reacted to any medication or tests in the past.
- Blood clot in your leg (deep-vein thrombosis – DVT). This can cause pain, swelling or redness in your leg, or the veins near the surface of your leg to appear larger than normal. The healthcare team will assess your risk. They will encourage you to get out of bed soon after the operation and may give you injections, medication, or special stockings to wear. Let the healthcare team know straight away if you think you might have a DVT.
- Blood clot in your lung (pulmonary embolus), if a blood clot moves through your bloodstream to your lungs. Let the healthcare team know straight away if you become short of breath, feel pain in your chest or upper back, or if you cough up blood. If you are at home, call an ambulance or go immediately to your nearest Emergency department.

- Chest infection. If you have the operation within 6 weeks of catching Covid-19, your risk of a chest infection is increased (see the 'Covid-19' section for more information).

Specific complications of this operation

Keyhole surgery complications

- Damage to structures such as your bowel, bladder or blood vessels when inserting instruments into your abdomen (risk: less than 3 in 1,000). The risk is higher if you have had previous surgery to your abdomen. If an injury does happen, you may need open surgery. About 1 in 3 of these injuries is not obvious until after the operation.
- Developing a hernia near one of the cuts used to insert the ports (risk: 1 in 100). Your surgeon will try to reduce this risk by using small ports (less than a centimetre in diameter) where possible or, if they need to use larger ports, using deeper stitching to close the cuts.
- Injury to your bowel during surgery or if your bowel becomes trapped between the mesh and your abdominal wall, causing bowel obstruction (risk: 1 in 200). You may need another operation.
- Surgical emphysema (a crackling sensation in your skin caused by trapped carbon dioxide), which settles quickly and is not serious.
- Gas embolism. This is when gas (carbon dioxide) gets into the bloodstream and blocks a blood vessel. This is very rare but can be serious.

Hernia repair complications

- Developing a collection of blood (haematoma) or fluid (seroma) at the site of the original hernia (risk: 1 in 10). This usually settles within a few weeks.
- Continued discomfort or pain in your groin.
- For men, discomfort or pain in your testicle on the side of the operation.
- For men, difficulty passing urine. You may need a catheter (tube) in your bladder for 1 to 2 days (risk: 1 in 100).

- For men, damage to the blood supply of your testicle (risk: less than 1 in 1,000). Your testicle on the same side as the operation may shrink and not work.

Covid-19

A recent Covid-19 infection increases your risk of lung complications or death if you have an operation under general anaesthetic. This risk reduces the longer it is since the infection. After 7 weeks the risk is no higher than someone who has not had Covid-19. However, if you still have symptoms the risk remains high. The risk also depends on your age, overall health and the type of surgery you are having.

You must follow instructions to self-isolate and take a Covid-19 test before your operation. If you have had Covid-19 up to 7 weeks before the operation you should discuss the risks and benefits of delaying it with your surgeon.

Consequences of this procedure

- Pain. The healthcare team will give you medication to control the pain and it is important that you take it as you are told so you can move about and cough freely. After keyhole surgery, it is common to have some pain in your shoulders because a small amount of carbon dioxide gas may be left under your diaphragm. Your body will usually absorb the gas naturally over the next 24 hours, which will ease the symptoms.
- Unsightly scarring of your skin.

How soon will I recover?

In hospital

After the operation you will be transferred to the recovery area and then to the ward. You should be able to go home the same day or the day after. However, your doctor may recommend that you stay a little longer.

You need to be aware of the following symptoms as they may show that you have a serious complication.

- Pain that gets worse over time or is severe when you move, breathe or cough.
- A high temperature or fever.

- Dizziness, feeling faint or shortness of breath.
- Feeling sick or not having any appetite (and this gets worse after the first 1 to 2 days).
- Not opening your bowels and not passing wind.
- Swelling of your abdomen.
- Difficulty passing urine.

If you do not continue to improve over the first few days, or if you have any of these symptoms, let the healthcare team know straight away. If you are at home, contact your surgeon or GP. In an emergency, call an ambulance or go immediately to your nearest Emergency department.

Returning to normal activities

If you had sedation or a general anaesthetic and you do go home the same day:

- a responsible adult should take you home in a car or taxi and stay with you for at least 24 hours;
- you should be near a telephone in case of an emergency;
- do not drive, operate machinery or do any potentially dangerous activities (this includes cooking) for at least 24 hours and not until you have fully recovered feeling, movement and co-ordination; and
- do not sign legal documents or drink alcohol for at least 24 hours.

To reduce the risk of a blood clot, make sure you carefully follow the instructions of the healthcare team if you have been given medication or need to wear special stockings.

You may return to normal activities when you feel comfortable to do so, usually after a week.

You do not need to avoid lifting but you may find it uncomfortable if you lift heavy weights during the first 2 to 4 weeks.

Do not play sports or do strenuous exercise for 3 weeks.

Regular exercise should help you to return to normal activities as soon as possible. Before you

start exercising, ask the healthcare team or your GP for advice.

Do not drive until you can control your vehicle, including in an emergency, and always check your insurance policy and with the healthcare team.

The future

Most people make a full recovery and can return to normal activities.

However, the hernia can come back (risk: less than 3 in 100). This depends on the size of the hernia, the strength of your abdominal muscles, if you are overweight or if you have underlying medical problems. The hernia can come back many years later and you may need another operation.

Summary

An inguinal hernia is a common condition caused by a weakness in your abdominal wall, near the inguinal canal. If left untreated, an inguinal hernia can cause serious complications.

Surgery is usually safe and effective but complications can happen. You need to know about them to help you to make an informed decision about surgery. Knowing about them will also help to detect and treat any problems early.

Keep this information document. Use it to help you if you need to talk to the healthcare team.

Some information, such as risk and complication statistics, is taken from global studies and/or databases. Please ask your surgeon or doctor for more information about the risks that are specific to you, and they may be able to tell you about any other suitable treatments options.

This document is intended for information purposes only and should not replace advice that your relevant healthcare team would give you.

Acknowledgements

Reviewer

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Illustrator

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