

Laparoscopic Groin/ Inguinal Hernia Surgery (TEP)

BUPA code T2002 (unilateral) T2012 (bilateral)

What to expect from your Laparoscopic Inguinal Hernia Surgery –

Your operation will be carried out under a General Anaesthetic and is performed as a day case (same day discharge) procedure in nearly all patients.

Incisions used:

A small 1.5 cm incision is used next to the umbilicus 'belly button' shown below, to allow insertion of a laparoscope – optical camera. Two further smaller incisions are used below the belly button. No further incisions are required if a bilateral (both sides) procedure is carried out. A balloon is used to create a space, which will allow the hernia to be easily identified from underneath the abdominal wall muscle. Once the hernia has been repaired a polypropylene lightweight mesh is used to cover the hernia and is secured in place using tissue glue. The glue is specially designed to be used in surgery and will ensure the mesh does not move. Your surgeon will discuss with you the appropriate incisions that will be used for your operation.

Incisions used for laparoscopic inguinal hernia surgery

Diagram of abdomen shown below



What are the main risks of surgery?

Your surgeon will advise on any specific complications and risks. For all types of laparoscopic hernia surgery there is always a risk of wound infection, bleeding, deep vein thrombosis (DVT) and pulmonary embolism (PE). Specifically for laparoscopic inguinal hernia surgery there is always a small risk of undergoing an open operation instead of

keyhole in <1% of patients with a risk of scrotal swelling in men and persistent groin pain and numbness in up to 2% of patients for all patients. This risk is higher if there is pain experienced prior to surgery. There is also a 1-2% risk of recurrence quoted to all patients.

What happens after surgery?

You will be able to eat and drink after your operation. The operation is usually straightforward and most people are well enough to go home within twenty-four hours. Rarely some patients describe shoulder tip pain for the first 1-2 days, this usually settles with time and is experienced in some patients after 'keyhole' surgery. Painkillers prescribed should be taken regularly for the first three to four days then as required. Walking after surgery is encouraged, patients are advised to:

- 1) Start normal day to day activities within four to five days,
- 2) Gentle exercise within two weeks and
- 3) No heavy lifting for at least one month.

Most people should be well enough to engage in gentle sporting activities in 7 to 10 days.

The advantage of 'keyhole' surgery is the quicker recovery and the reduced pain experienced after surgery.

Driving can be resumed after 7 days but do check with your insurance company first for appropriate cover.

Most patients fully recover from surgery within two to three weeks.

The surgeon will discuss with you prior to surgery all the risks as outlined below, expected length of stay in hospital and the incisions to be used.

For more information please see NICE guidelines for laparoscopic hernia surgery by visiting the web site www.manchestergeneralsurgery.co.uk