

Inguinal hernia repair

Definition

Inguinal hernia repair is surgery to repair a [hernia](#) in your groin. A hernia is tissue that bulges out of a weak spot in the abdominal wall. Your intestine may bulge out through this weakened area.

Alternative Names

Herniorrhaphy; Hernioplasty - inguinal

Description

During surgery to repair the hernia, the bulging tissue is pushed back in. Your abdominal wall is strengthened and supported with sutures (stitches), and sometimes mesh. This repair can be done with open or laparoscopic surgery. You and your surgeon can discuss which type of surgery is right for you.

Your surgeon will decide which kind of anesthesia you will receive:

- [General anesthesia](#) is medicine that keeps you asleep and pain-free.
- [Regional anesthesia](#), which numbs you from the waist to your feet.
- [Local anesthesia and medicine to relax you](#).

In open surgery:

- Your surgeon makes a cut near the hernia.
- The hernia is located and separated from the tissues around it. The hernia sac is removed or the hernia is gently pushed back into your abdomen.
- The surgeon then closes your weakened abdominal muscles with stitches.
- Often a piece of mesh is also sewn into place to strengthen your abdominal wall. This repairs the weakness in the wall of your abdomen.
- At the end of the repair, the cuts are stitched closed.

In laparoscopic surgery:

- The surgeon makes three to five small cuts in your lower belly.
- A medical device called a laparoscope is inserted through one of the cuts. The scope is a thin, lighted tube with a camera on the end. It lets the surgeon see inside your belly.
- Other tools are inserted through the other cuts. The surgeon uses these tools to repair the hernia.
- The same repair will be done as the repair in open surgery.
- At the end of the repair, the scope and other tools are removed. The cuts are stitched closed.

Why the Procedure Is Performed

Your doctor may suggest hernia surgery if you have pain or your hernia bothers you during your everyday activities. If the hernia is not causing you problems, you may not need surgery. However, these hernias most often do not go away on their own, and they may get larger.

Sometimes the intestine can be trapped inside the hernia. This is called an incarcerated or strangulated hernia. It can cut off blood supply to the intestines. This can be life-threatening. If this happens, you would need emergency surgery.

Risks

Risks for anesthesia and surgery in general are:

- Reactions to medicines
- [Breathing problems](#)
- [Bleeding](#), blood clots, or infection

Risks for this surgery are:

- Damage to other blood vessels or organs
- Damage to the nerves
- Damage to the testicles if a blood vessel connected to them is harmed
- Long-term pain in the cut area
- Return of the hernia

Before the Procedure

Tell your surgeon or nurse if:

- You are or could be pregnant
- You are taking any medicines, including drugs, supplements, or herbs you bought without a prescription

During the week before your surgery:

- You may be asked to stop taking medicines that make it hard for your blood to clot. These include aspirin, ibuprofen (Advil, Motrin), clopidogrel (Plavix), warfarin (Coumadin), naprosyn (Aleve, Naproxen), and others.
- Ask your surgeon which drugs you should still take on the day of surgery.

On the day of surgery:

- Follow instructions about when to stop eating and drinking.
- Take the medicines your surgeon told you to take with a small sip of water.
- Arrive at the hospital on time.

After the Procedure

Most people are able to get out of bed an hour or so after this surgery. Most can go home the same day, but some may need to stay in the hospital overnight.

Some men may have problems passing urine after hernia surgery. If you have problems urinating, you may need a catheter. This is a thin flexible tube that is inserted into your bladder for a short time to drain urine.

Following instructions about how active you can be while recovering. This may include:

- Returning to light activities soon after going home, but avoiding strenuous activities and heavy lifting for a few weeks.
- Avoiding activities that can increase pressure in the groin and belly. Move slowly from a lying to a seated position.
- Avoiding sneezing or coughing forcefully.
- Drinking plenty of fluids and eating lots of fiber to prevent constipation.

Follow any other [self-care instructions](#) to help speed your recovery.

Outlook (Prognosis)

Outcome of this surgery is usually very good. In some people, the hernia returns.

References

Malangoni MA, Rosen MJ. Hernias. In: Townsend CM, Beauchamp RD, Evers BM, Mattox KL, eds. *Sabiston Textbook of Surgery*. 19th ed. Philadelphia, PA: Elsevier Saunders; 2012:chap 46.

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