

What should you expect after your surgery?

- Following the operation, you will be transferred to the recovery room where you will be monitored until you are fully awake
- Once you are awake and able to pass urine and walk, you will be discharged
- After discharge, you will be seen in the clinic
- With any hernia operation, you can expect some soreness mostly during the first week
- With Laparoscopic Hernia Repair, you will be able to get back to your normal activities within a shorter time
- Avoid activities that require straining such as weight lifting for at least the first 2 weeks after surgery

What complications can occur?



Any operation may be associated with complications including:

- Bleeding and infection
- Slight risk of injury to the urinary bladder, intestines, blood vessels, nerves or the sperm tube going to the testicles
- Difficulty urinating after surgery is not unusual and a temporary tube may be inserted into the urinary bladder
- Possible recurrence of a hernia
- Collection of fluid at the site of the hernia (seroma), resulting in conversion to open surgery in cases of laparoscopy

When to call your doctor?

Please call your physician or surgeon if you develop any of the following:

- Persistent fever over 38.5 degrees celsius
- Bleeding
- Increasing abdominal pain
- Pain that is not relieved by medications
- Persistent nausea or vomiting
- Inability to urinate
- Chills
- Persistent cough or shortness of breath
- Purulent drainage (pus) from any incision
- Redness surrounding any of your incisions that is worsening or getting bigger
- Inability to eat or drink

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Appointment Line: (65) 6772 5083

Opening Hours:
Monday to Friday: 8:30am - 5:30pm
Closed on Sat, Sun & Public Holidays



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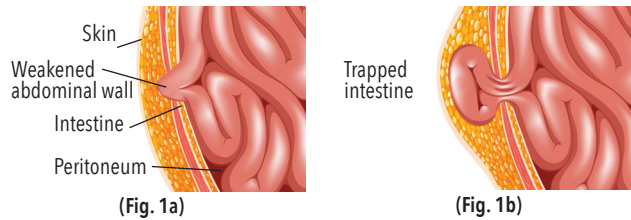
What You Need to Know About Inguinal Hernia



What is a hernia?

A hernia is a bulge in the abdomen resulting from weakness of the abdominal wall layers. It may contain a loop of intestine or abdominal fat.

The hernia can cause severe pain and other complications that could require an emergency surgery. Both men and women can get a hernia.

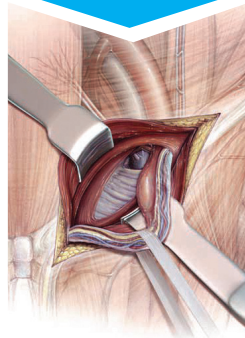


(Fig. 1a)

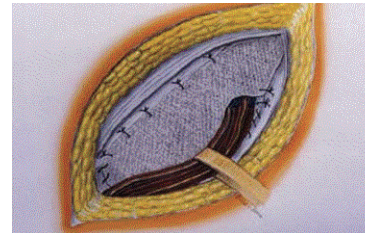
(Fig. 1b)

Open Inguinal Hernia Surgery

The hernia repair is done from the outside through an 8 –10cm incision in the groin (Fig. 4a). The surgeon reduces the bulge and repairs the weakened area (defect) using a surgical prosthesis (mesh) (Fig. 4b). Suture or synthetic glue may be used to hold the mesh in place. The procedure can be done under local, spinal or general anaesthesia.



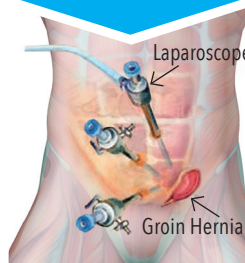
(Fig. 4a)



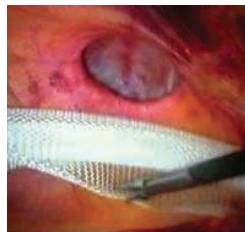
(Fig. 4b)

Laparoscopic Surgery

In laparoscopic hernia repair, a laparoscope (tiny camera) is inserted near the umbilicus (Fig. 5a), allowing the surgeon to view the hernia and surrounding tissue on a video screen. The hernia is reduced inside the abdomen and a synthetic prosthesis (mesh) is used to repair the hernia defect (Fig. 5b and c). The mesh may be held in place by staples or synthetic glue. This operation is usually performed under general anaesthesia.



(Fig. 5a)



(Fig. 5b)



(Fig. 5c)

Are you suitable for Laparoscopic Hernia Repair?

Your surgeon will determine whether a laparoscopic or open inguinal hernia repair is suitable for you after a thorough examination.

What are the advantages of Laparoscopic Hernia Repair?

Results may vary depending on the type of procedure and each patient's overall condition.

Advantages of this procedure:

- Less post-operative pain
- Shorter hospital stay
- Faster return to regular diet
- Quicker return to normal activity
- Improved physical appearance



How do you know if you have a hernia?

Some of the symptoms include:

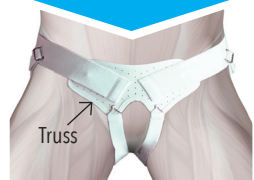
- A bulge under the skin (Fig. 2)
- Experiencing pain when lifting heavy objects, coughing, straining during urination or bowel movements, or with prolonged standing or sitting
- Hernias commonly occur in the groin (inguinal or femoral), belly button (umbilical), and at the site of a previous operation (incisional)
- Any continuous or severe discomfort, redness, nausea or vomiting associated with the bulge are signs that the hernia may be entrapped or strangulated



(Fig. 2)

How is it Treated?

The use of Truss (Hernia belt) is rarely prescribed, as it is usually ineffective (Fig. 3). Therefore, either open inguinal hernia surgery or laparoscopic (keyhole) surgery is recommended.



(Fig. 3)

What preparation is required?

Depending on your age and medical conditions, pre-operative preparations include:

- Blood tests
- Chest X-rays
- Electrocardiogram (ECG)

You are also advised on the following:

- Shower the night before or morning of the operation
- Fast the night before the operation from 12am, but continue to take the medications that are permitted by your surgeon
- Drugs such as aspirin, blood thinners, anti-inflammatory medications (arthritis medications) and Vitamin E may need to be stopped temporarily for a week, prior to surgery
- Quit smoking and arrange for any help you may need at home