

Laparoscopic Hernia Repair

Your hernia is suitable for repair by laparoscopic (keyhole) surgery. The operation is essentially the same as when performed by conventional methods. In other words it will involve placing a piece of nylon mesh material over the weak area in your groin. The main difference between the two operations is the way in which this is done. The operation is done under a general anaesthetic.

With laparoscopic hernia repair the nylon mesh patch is placed over the weak area from the inside of the abdomen rather than by making a cut over the hernia itself. The operation involves making 3 very small cuts in the abdomen. One cut of 1 cm in length is made just under the umbilicus (tummy button) and the other two (each 0.5 cm in length) on either side. One of the cuts is used to introduce a telescope with a camera on the end so that the surgeon can see to operate on a television monitor. The other cuts are needed to introduce instruments into the abdomen.

What are the advantages of laparoscopic hernia repair?

Patients having laparoscopic surgery generally recover faster and experience less discomfort than those undergoing conventional surgery. Most patients with a hernia are suitable for this technique. There are particular advantages for patients who have hernias on both sides of the abdomen as both can be repaired through the same 3 small cuts. The other group of patients for whom laparoscopic hernia repair is recommended are those who have had a hernia repair in the past which has failed.

Are there any disadvantages?

Laparoscopic hernia repair is a more major procedure than conventional hernia repair because it involves entering the abdomen. However because the cuts are so small recovery is generally faster. There is a slight risk of damaging bowel or blood vessels within the abdomen and if this were to occur it might mean a more major operation to repair the damage.

Because laparoscopic hernia repair is relatively new we do not as yet know exactly what the long term results will be. With conventional surgery the risk of recurrence (return) of the hernia is about 1 in 200. Laparoscopic hernia repair is basically the same operation as conventional hernia repair. Thus we expect the results to be similar but until the operation has been performed for many years we cannot be sure of this.

Post operative care

After your operation you should be able to resume normal activities as soon as it is comfort-

able enough to do so. There need be no restriction on your activities other than driving which should be avoided for a few days. The cuts in your abdomen will be closed by either staples or stitches. These will need to be removed approximately 7 days after your operation. You may resume work as soon as you comfort allows. As with a conventional repair it is sensible to avoid strenuous physical activity or heavy lifting for 3-4 weeks. Light exercise can be resumed within a few days.

What can go wrong?

Bruising may be noticed either beneath the scars or in the groin area. It may extend into the scrotum or the penis. This will gradually settle within 2-3 weeks. Occasionally a lump may be felt in the groin within the first 2-3 weeks. This is caused by a haematoma (collection of blood) near the operation site. It may be very like the original hernia but it will disappear over a few weeks. Occasionally, if large, it may need to be drained with a needle. This will be done at your follow up outpatient visit.

Occasionally patients notice numbness or discomfort in the groin area or down the outside of the thigh. This is much less common than after a conventional hernia repair and will settle over the course of a few weeks.

Questions patients often ask

Is keyhole surgery safe?

Laparoscopic surgery is now well established and many hundreds of thousands of keyhole operations have been carried out worldwide. Laparoscopic hernia surgery has been established since the late 1980's.

What if you find a second unexpected hernia on the other side?

One of the advantages of this technique is it allows the surgeon to view both sides of the groin. In about 30% of patients a second hernia will be detected. It makes sense to repair this at the same time as it will prevent the need for a second operation in the future.

Is Laparoscopic hernia surgery recommended?

The National Institute for Clinical Excellence (NICE) is an organization set up to examine the evidence behind new techniques and drugs. Guidelines on Laparoscopic hernia repair were produced in July 2004 and details can be found on the NICE website at www.nice.org.uk. The main recommendations are:

- 1.1 Laparoscopic surgery is recommended as one of the treatment options for the repair of inguinal hernia.
- 1.2 To enable patients to choose between open and laparoscopic surgery (either by the transabdominal preperitoneal [TAPP] or by the totally extraperitoneal [TEP] procedure), they should be fully informed of all of the risks (for example, immediate serious complications, postoperative pain/numbness and long-term recurrence rates) and benefits associated with each of the three procedures. In particular, the following points should be considered in discussions between the patient and the surgeon:
 - the individual's suitability for general anaesthesia
 - the nature of the presenting hernia (that is, primary repair, recurrent hernia or bilateral hernia)
 - the suitability of the particular hernia for a laparoscopic or an open approach
 - the experience of the surgeon in the three techniques.
- 1.3 Laparoscopic surgery for inguinal hernia repair by TAPP or TEP should only be performed by appropriately trained surgeons who regularly carry out the procedure.

Where can I get more information?

You can visit the web site below for more information.

www.keyholesurgery.net