

Procedure Information Sheet – Inguinal Hernia Repair or Herniotomy (Open / Laparoscopic)

Hosp No. :	HKID No.:
Case No. :	
Name :	
DOB :	M / F
Adm Date :	
Contact No.:	

1. Introduction

- 1.1. An inguinal hernia is a protrusion of abdominal contents into the inguinal canal through the defect at the deep inguinal ring. Surgical repair is always required as the condition will not heal by itself. The principle of repair is to close the defect at the deep inguinal ring region. The operation can be performed either by the traditional open inguinal hernia repair or by the laparoscopic repair.

2. Procedural Preparation

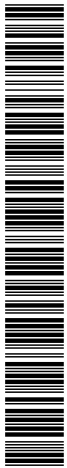
- 2.1. A written consent is required.
- 2.2. Inform your doctors about your drug allergy, current medications or other medical conditions for pre-operative assessment.
- 2.3. Fast for 6 to 8 hours before the operation.
- 2.4. Clean umbilicus for laparoscopic approach before the operation to prevent wound infection.
- 2.5. May require hair clipping near the incisional site.
- 2.6. Change operation gown and empty bladder before heading to operating theater.
- 2.7. Pre-medications, intravenous drip, or antibiotic prophylaxis maybe required according to doctor's prescription.
- 2.8. Perform tests including abdominal ultrasound, blood tests, or abdominal CT scan, etc. as suggested by the doctor.

3. Procedure

- 3.1. The operation is performed under general anaesthesia with Laparoscopic or Open approach.
 - 3.1.1. Laparoscopic inguinal hernia repair (most common approach)
 - 3.1.1.1. In general, a small incision is made at the umbilical region and a laparoscopic port is inserted. A laparoscope is then inserted into the abdomen after it is blown up by carbon dioxide.
 - 3.1.1.2. Laparoscopic instruments are then inserted via 2 small wounds at the lower abdomen to perform the repair. If present, an additional wound shall be made for the repair of an opposite defect.
 - 3.1.1.3. The wound sites are closed with sutures, surgical staples, or strips
 - 3.1.2. Open inguinal herniotomy
 - 3.1.2.1. A small incision is made over the groin region. The hernial sac is identified and separated from the adjacent structures like the vas deferens and testicular vessels. The defect is then repaired by ligating the hernia sac at the deep inguinal ring region.
 - 3.1.2.2. The wound site is closed with surgical staples, or sutures.
- 3.2. Both laparoscopic and open methods are minimally invasive and effective methods to repair inguinal hernia. The laparoscopic technique has a slightly higher recurrence rate than the open repair. In addition, not all patients are suitable to have the laparoscopic repair. Parents should discuss with their surgeons for the most appropriate repair.

4. Recovery Phase

- 4.1. After operation, you may feel dizzy, tired, or nausea. You may also have sore throat or headache but they will subside after a few days.
- 4.2. For laparoscopic surgery, shoulder pain may occur due to the gas introduced to inflate the abdominal space.
- 4.3. Pain relief medications are provided as needed for wound pain.



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8. Reference

- 8.1. Hospital Authority. Smart Patient Website.
- 8.2. Society of American Gastrointestinal and Endoscopic Surgeon. Laparoscopic Inguinal Hernia Repair Surgery Patient Information from SAGES.

I acknowledged the above information concerning the operation or procedure. I have also been given the opportunity to ask questions and received adequate explanations concerning the condition and treatment plan.

Patient/ Relative Signature: _____

Patient/ Relative Name: _____

Date: _____

