Gleneagles Hospital
HONG KONG
港怡醫院

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

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

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.

4.4. Placing a pillow over your abdominal wound with firm pressure before coughing or sneezing can help reduce pain.
4.5. Diet can be resumed as per doctor's order, usually from fluid diet to normal diet.
4.6. Early mobilization as tolerable is suggested to minimize the risk of pneumonia and blood clot in the legs; though vigorous exercises shall be avoided during the early postoperative period.
4.7. Stitches (if present) will be removed on day 7 to 10.

5. Possible Risks and Complications

5.1. Inguinal hernia repair is a safe operation with a low complication rate. Nevertheless, some potential complications may occur.
5.2. General complications:
- 5.2.1. Bleeding
- 5.2.2. Wound haematoma
- 5.2.3. Wound infection, abscess, dehiscence
- 5.2.4. Hypertrophic scar
- 5.2.5. Urinary retention

5.3. Specific complications:
- 5.3.1. Recurrence
- 5.3.2. Scrotal or groin edema
- 5.3.3. Reactive hydrocele
- 5.3.4. Injury to vas deferens and / or testicular vessels resulting in testicular damage
- 5.3.5. Injury to the testis or epididymis
- 5.3.6. Testicular atrophy
- 5.3.7. Injury to nerves resulting in numbness of the perineum and upper thigh

5.4. Rare complications but significant (if any):
- 5.4.1. Injury to major vessels, small bowel, large bowel, omentum, ovary, fallopian tube, urinary bladder
- 5.4.2. Torrential bleeding

6. Discharge Education

6.1. Contact your doctor or attend Accident and Emergency Department if you have:
6.2. Take the analgesics as prescribed by your doctor if necessary.
6.3. Avoid lifting heavy items and strenuous activity in the first 4 weeks.
6.4. Do not bend or extend the body excessively in the first 4 weeks.
6.5. Attend the follow-up visit in your doctor clinic.
- 6.5.1. Increased or continuous abdominal pain or swelling
- 6.5.2. Increased redness, swelling, bleeding or bad smelling drainage from the wounds
- 6.5.3. Fever more than 38oC and rigor
- 6.5.4. Inability to urinate
- 6.5.5. Unable to eat or drink liquids

7. Remark

7.1. The above mentioned procedural information is not exhaustive, other unforeseen complications may occur in special patient groups or different individual. Please contact your physician for further enquiry.

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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: _____