Wrightington, Wigan and Leigh Teaching Hospitals
NHS Foundation Trust

Repair of Femoral Hernia Operation

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Repair of Femoral Hernia Operation

Patient Information

Day Surgery - Ward 3, Leigh Infirmary

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Introduction

Welcome to:

Day Surgery

Ward 3

Leigh Infirmary

The Avenue

Leigh

WN7 1HS

Ward 3, 7:30am to 8:30pm, Monday to Friday, Telephone 01942 264260 or 264261

This leaflet aims to give you information about your operation and your stay in hospital and advice for when you go home.

If there is anything you are worried about that is not covered in this leaflet, please feel free to speak to a member of staff.

What is a Femoral Hernia?

A femoral hernia occurs when tissue (often consisting of fatty tissue or part of the bowel) pushes into the femoral canal. This is the channel through which large blood vessels travel in and out of the leg. A hernia develops because of a weakness in the abdominal wall allowing whatever is on the inside to push through the area of weakness resulting in a bulge or swelling. This type of hernia is more common in women.

Surgery involves a cut in the groin, the hernia is removed or pushed back into the abdomen and the weakness, through which the hernia came, is repaired. ‘Mesh’ repairs are where a small piece of mesh is placed over the repaired hernia to give it added strength.

What are the benefits of having an operation to repair my hernia?

Having the hernia repaired can stop it from becoming any bigger. The bigger it becomes the more likely you are to develop complications. The most serious complication is known as strangulation, where part of the intestine becomes trapped within the hernia. This can cause severe pain and vomiting. If you have any of these symptoms you should go to your local Accident and Emergency department as soon as possible.

Are there any risks involved in having an operation to repair a hernia?

Most operations are straightforward. You can expect some swelling of the wound, which may feel hard. Bruising around the wound (and in the scrotum for men) is common.

Other surgical risks include - recurrence, scarring, infection, bleeding, collection of blood (haematoma), numbness or chronic incisional pain. This is not a comprehensive list. Risks will be explained to you when you sign your consent form. If you have any worries about anything regarding this, please ask to speak to your consultant.

Alternatives

There are no alternatives to having a hernia operation, only surgery can repair a hernia.

Pre-Operative Assessment Clinic

At the clinic you will be seen by a nurse, who will complete a pre-operative screening assessment. This will include taking a nursing and anaesthetic history, organising investigations such as blood tests ECG's; as necessary. The nurse will advise you about your operation. He/she will explain to you about your pre and post operative care, how long you will need someone to take care of you when you go home and how long you will be expected to be off work, etc. If you need a sick note, please ask the nurse on arrival at hospital.

How long will I be in hospital?

Ward 3 is a day surgery ward with no overnight facilities. Your operation has been planned as a day case procedure which means that you will be able to come into hospital and be discharged later the same day. Very rarely, some patients do not recover in time to go home and will therefore need to be transferred to the Royal Albert Edward Infirmary, Wigan.

What sort of anaesthetic will I have?

Most hernia operations are carried out under a general anaesthetic and you will be fully asleep. In some cases the operation may be carried out under a local anaesthetic. (This is where the operation site is made numb by injection and you will be awake throughout the procedure.) Your anaesthetist or surgeon will let you know what is best for you.

Before you come into hospital

Please have a bath or shower. Please do not shave the operation site, as this will be done on admission prior to theatre. Loose fitting clothes will help with comfort after your surgery.

Admission to hospital

On arrival to hospital, you will need to book in at the admissions desk situated on the ground floor below Wards 2 and 3. You will then be directed to the ward; here you will meet your nurse and other members of the team who are looking after you. The facilities and general routine of the ward will be explained to you.

Getting ready for the operation

You will be asked to put on a theatre gown. Prior to theatre your surgeon will see you, you will be asked to sign a consent form if you have not already done so to say that you understand what you have come into hospital for and what the operation involves. If you have any questions, please ask. The surgeon will mark the operation site pre-operatively with a marker pen. If you are having a general anaesthetic you will be seen by your anaesthetist, this is the doctor who will give you your anaesthetic and look after you whilst you are asleep.

(Please note that you will be on a theatre list with several other patients, so be prepared for a wait).

After your operation

If you have had a general anaesthetic you will wake up in the recovery room; here specially trained nurses will monitor closely how you feel. On waking you will have a small clear oxygen mask in place, this will help the anaesthetic wear off. The nurses will check your blood pressure and pulse and make sure that you are comfortable. When the doctors and nurses are happy with your condition you will be taken back to the ward where you will be made comfortable and can rest. Refreshments will be offered as soon as it is safe for you to have these.

If you are having a local anaesthetic you will be transferred back to the ward straight after your operation, where you will be made comfortable and can rest. Refreshments will be provided as soon as you feel ready.

Pain control

Expect some discomfort/pain. You will be given strong pain killing and/or local anaesthetic drugs in theatre, which will reduce pain for the first few hours. Your pain will be closely monitored to ensure that it is kept to a minimum. You will be offered and given pain relief, as appropriate.

On discharge you may or may not be discharged with pain killers therefore, it is advised that you obtain your own analgesia prior to admission.

If you have to cough, support the wound by pressing on it with the flat of your hand.

The wound

It is essential that your wound remains clean and dry during the healing period. Your wound dressing should not be disturbed for a minimum of 48 hours. It is advised that if all is well you keep your dressing in place until your clips or stitches are removed. If you have dissolving stitches you should be able to remove the dressing after 7 days and treat the wound as normal. The dressing is shower proof, please avoid soaking in the bath until the wound is fully healed, as this may delay normal healing. If the wound does become wet, remove your dressing and pat the wound dry gently with a clean towel and redress the wound. If the dressing needs to be changed, make sure that you wash your hands and avoid touching the wound. The district nurse will remove your stitches/clips in 7 to 10 days after your operation. If dissolving stitches have been used, these do not need to be removed.

The ward will provide you with a district nurse referral form and contact numbers so that you can arrange for a wound check if you have any concerns and for removal of your stitches/clips.

Going home

You must make sure that an adult can take you home in a car or taxi. You will need to go home and rest. An adult must stay with you for the first 24 hours after your operation. Avoid alcohol for a minimum of 48 hours after surgery and whilst taking painkillers.

What to look out for

It may be several hours before you pass water. If you have difficulty, particularly if your bladder feels uncomfortably full but you still cannot pass water, you should attend your local Accident and Emergency department.

You should not experience severe pain, nausea and vomiting, excessive bruising or persistent bleeding. If you do, please seek medical advice by contacting your G.P., or your local Accident & Emergency department, Royal Albert Edward Infirmary Telephone 01942 244000

You may also ring for advice by contacting one of the numbers:

Ward 3 – 01942 264260 or 01942 264261

It is important to avoid constipation and straining after your operation, your bowels may be affected by your painkillers. To help prevent this drink plenty of fluids, water is especially good for you. Take plenty of fibre in your diet. If you are having difficulty use a mild laxative, e.g. Senokot or seek advice from your G.P.

If the wound is showing signs of infection, i.e. increased pain, redness, swelling or discharge or you have a high temperature, seek advice from your G.P.

The first few days

Gently increase your activity over the first few days, little and often until you can do more each day.

You are encouraged to move and walk as this will help prevent stiffness, soreness and help with your circulation and minimize the risk of complications such as chest infection, deep vein blood clots and clots to the lungs. Take painkillers to ease any discomfort to enable you to mobilize.

Work and activity

You can get a sick note from the ward for the first two weeks. You will need to see your GP for any further sick notes.

How quickly you get back to work depends on the type of job you have. Two to four weeks is usual.

‘Mesh’ repairs allow you to carry out all normal activities two weeks after surgery without risk of harming yourself. No heavy lifting for six weeks. You may resume sexual relations as soon as it feels comfortable to do so.

Driving

We advise that you do not resume driving until your wound has healed and you are confident that you can do an emergency stop. Two to four weeks is usual. We also advise that you check with your insurance company, as policies sometimes carry restrictions and these may vary.

Outpatients

Not all patients are given a routine follow-up appointment. This will depend on which consultant you had your operation with. If you are not provided with an appointment and encounter any problems that you feel you need to see your surgeon about, please contact your G.P. or consultant’s secretary for advice.



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