

The Hernia Clinic

Spigelian Hernias

Your doctor has diagnosed a hernia called a Spigelian hernia. You have been given this leaflet to provide information about your condition. This guide will help answer many of the frequently asked questions about hernias.

What is a Spigelian or lateral ventral hernia?

A hernia is a weakness in the muscles of the abdomen. This allows some of the fat that sits around the bowel, or even the bowel itself, to push through and make a bulge under the skin.

A spigelian hernia is an uncommon hernia, found just to the side of the midline in the lower abdomen. Sometimes it is called a lateral ventral hernia. If untreated they can cause a painful lump and can become strangulated. This is a surgical emergency and the patient must seek immediate medical attention.



View of a spigelain hernia during laparoscopic surgery

How do Spigelian hernias occur?

Spigelian hernias are quite rare. It is seen more often in women age 30 -70 years. These hernias are due to a tear in the tissue between two groups of abdominal muscles, the rectus and oblique muscle groups.

Do I need an operation to fix it?

Once a hernia has developed, the weakness will always remain – unless it is repaired. Spigelian hernias may develop a painful lump with bowel that may become trapped. This is called a strangulated hernia and requires emergency surgery to repair it.

What happens if I choose not to have it repaired?

Over time a hernia may become bigger and more troublesome, causing more pain. Without a repair, the risk is that some bowel may become trapped inside the hernia. This is especially a problem with some types of hernia, especially spigelian hernias. These surgical emergencies can be associated with other complications and fixing these hernias can be more difficult.

What is a strangulated hernia?

If bowel becomes stuck in the hernia it may become blocked and trapped. If this happens the hernia bulge may become warm, red and painful to touch. You may also feel sick or vomit. This is a medical emergency and you should contact your GP or attend the Accident and Emergency department.

How are spigelian hernias detected?

Sometimes these spigelian hernias can be difficult to detect and often do not cause any visible swelling (except in very thin patients). Most people with these hernias will experience a vague discomfort or pain on lifting or straining. Diagnosing a spigelian hernia can be difficult. Patients need to be examined by a specialist. Often a focused ultrasound scan or CT scan might be required to help with the diagnosis.

How is the operation performed?

Spigelian hernias need to be repaired with surgery. The operation is performed under general anaesthetic (with you asleep). Your specialist will discuss with you whether a laparoscopic (keyhole) operation is possible or whether an open approach is needed.

Before your operation you will meet your specialist, he will examine you, mark your hernia, and explain the operation in detail.

When a laparoscopic operation is performed you will have a small scar near the umbilicus (tummy button) and two smaller scars lower in the abdomen. A mesh is placed inside the abdominal cavity and secured in place to plug the hole. Sometimes an open operation is necessary. This involves a scar over the site of the hernia and the weakness is repaired with a combination of permanent sutures and mesh.

How long am I in hospital?

Most people are able to go home on the day of their operation. When your operation is performed with you asleep (under general anaesthetic) a responsible adult should be with you for 24 hours after the operation. Your specialist will help advise you whether a day-case operation will be suitable for you.

What is the success rate of the operation?

Hernia operations are very successful when performed by trained specialist surgeons. The chance of a hernia coming back (a recurrence) is less than 2%. Hernias are more likely to return in patients with infections or in those who do heavy lifting too quickly.

What are the risks or complications?

The risk of the hernia recurring is less than 2%. Hernia operations may cause some swelling or bruising near the site of the hernia or scar. There is a small risk of a wound infection and antibiotics may be given.

General anaesthetics are very safe although all operations do carry a small risk. If you are concerned about an anaesthetic please speak to your specialist.

What can I do afterwards?

As a rule - "in the first month, if you can't lift it easily with one hand, you shouldn't lift it at all".

In the first four weeks you should take gentle exercise (walking) as discomfort permits. After a month you can start more demanding exercise although you must build up to full strength gradually. Most people need one or two weeks off work after a hernia operation. Patients with strenuous manual work may need 4-6 weeks before they can return to full duties.

When can I drive after a hernia operation?

Do not drive for 24 hours after a general anaesthetic. You need to be able to do an emergency stop without pain to drive safely. This usually takes 1-2 weeks after a groin hernia operation.

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