

# The Hernia Clinic

## Incisional Hernias

Your doctor has diagnosed an incisional 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 an incisional 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.

An incisional hernia is a bulge or weakness that has developed within a scar from previous surgery. They can occur when there has been a complication such as a wound infection or after major bowel surgery. Sometimes they can develop years after surgery, after a period of straining or heavy lifting.

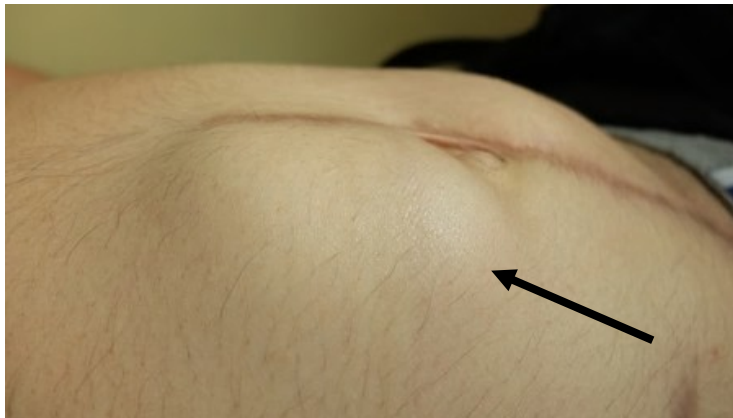


Photo of a patient with a bulge of an incisional hernia (arrowed)

### **How do these hernias occur?**

An incisional hernia is a bulge or weakness that has developed within a scar from previous surgery. They can occur when there has been a complication such as a wound infection or after major bowel surgery. Sometimes they can develop years after surgery, after a period of straining or heavy lifting.

### **Do I need an operation to fix it?**

Incisional hernias are nearly always repaired due to the risk of strangulation. However, the operation may be long and very complex, especially if there are a number of defects within the abdominal wall. The operation is always performed under general anaesthetic.

### **What happens if I choose not to have it repaired?**

Over time a hernia may become bigger and more troublesome. Without a repair, the risk is that some bowel may become trapped inside the hernia. This is a strangulated hernia and is a surgical emergency. If this occurs the hernia is often warm, red and tender.

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 is the operation performed?**

Many patients need additional tests prior to any surgery. This often involves a CT scan to examine the abdominal wall and defect in detail and to assess the size of the holes to be repaired.

For some patients a laparoscopic (keyhole) approach might be suitable, but for others, the original scar is opened. The hernia defects are cleared and the holes repaired using a mesh placed underneath the abdominal muscles. Sometimes additional, permanent stitches are also used. In some patients a small tube (a drain) is placed into the scar. This remains in place for up to a few days. Absorbable stitches are used to close the skin. Most patients remain in hospital for a day or two.

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

**How long am I in hospital?**

Most people will need a day or two in hospital after an incisional hernia repair operation. Often it may take a number of weeks before you feel as though you are back on your feet after this surgery. Your specialist will help advise you what to expect after an incisional repair operation.

**What is the success rate of the operation?**

Incisional hernia repair operations can be complicated procedures. There is a risk of infection or of the hernia coming back. The risks of these complications vary between patients and your specialist will advise you of these risks before any decisions about surgery might be made. Typically, the chance of a hernia coming back (a recurrence) is about 5%. 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 typically 5%. Hernia operations may cause some bleeding and bruising near the 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 comfort allows. After six weeks you can start more demanding exercise although you must build up to full strength gradually. Most people need one or two months off work after an incisional hernia operation. Patients with strenuous manual work may need even longer 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.

Mr Nathan Coombs BSc FRCS FRCS (Gen Surg)  
Consultant General Surgeon

The Hernia Clinic at The Shalbourne  
Great Western Hospital  
Marlborough Road  
Swindon, SN3 6BB

Tel: 01793 646059 or 01793 940093  
Email: [info@theherniaclinic.com](mailto:info@theherniaclinic.com)  
[www.theherniaclinic.com](http://www.theherniaclinic.com)