

The Hernia Clinic

Recurrent Hernias

Your doctor has diagnosed with a recurrent 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 recurrent hernia?

A recurrent hernia is one that has returned, despite being repaired previously. About 2% to 5% of hernias will come back, but this is more likely if patients do too much in the first few weeks after their initial surgery. A hernia recurrence is also a possibility if people strain or become very constipated in the immediate post-operative period. Some hernias may recur years after the earlier operation.

Patients notice pain or a lump within the scar that may never settle despite rest or lying down. Recurrent hernias are nearly always repaired due to the risk of strangulation.

How do these hernias occur?

A recurrent hernia is a bulge or weakness that has developed within a scar from previous hernia surgery. They can occur when there has been a complication such as a wound infection or haematoma. Sometimes they can develop years after surgery, after a period of straining or heavy lifting. The groin is the most common site for a recurrent hernia.

Do I need an operation to fix it?

Recurrent hernias are nearly always repaired due to the risk of strangulation. However, the operation may be more complex than the initial hernia operation. 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?

The National Institute of Health and Clinical Excellence (NICE) recommends that where possible is a previous hernia has recurred, it should be repair, but using a laparoscopic (keyhole) technique. This is to reduce the risk of chronic pain and damage to tissues when re-operating in existing scar tissue. This method of surgery is also associated with a greater likelihood of a successful outcome.

Your specialist will discuss with you the best method of repair, but it almost always performed under general anaesthetic. If a laparoscopic operation is recommended you will have a small scar near the umbilicus (tummy button) and two scars lower in the abdomen to allow the mesh to be placed under the muscle layer and to cover the defect (hole). Absorbable stitches are used to close the skin.

In some patients, a laparoscopic technique is not possible. The operation is performed through the existing scar. In these groin operations there is a very small risk that the blood supply to the testis on that side may be affected which may mean that it needs to be removed. Although this is a rare situation your specialist will discuss the risk of this before any decision for surgery is made.

How long am I in hospital?

Most patients are able to leave hospital on the day of surgery. However, after a recurrent hernia repair operation, 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 your operation.

What is the success rate of the operation?

Recurrent 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 success rate for a repair is about 98% (ie there is a 2% chance of a hernia coming back again!). Complications are more likely in patients who do heavy lifting too quickly.

What are the risks or complications?

The risk of the hernia recurring is typically 2%. Hernia operations may cause some bleeding and bruising near the scars. You may experience some bloating of the abdomen after a laparoscopic procedure. 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.

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