

## ABDOMINAL HERNIA REPAIR

### Definition

A hernia develops when the outer layers of the abdominal wall weaken, bulge, or actually rip. The hole in this outer layer allows the inner lining of the abdominal cavity to protrude and to form a sac. The sac may fill with intestine or fat, often causing some pain. Any part of the abdominal wall can develop a hernia. A hernia that pushes through past a surgical incision or operation site is called an incisional hernia. This may develop months to years after the initial surgery. A hernia that develops through the navel (belly button) is called an umbilical hernia. Children or adults can develop an umbilical hernia. The symptoms of abdominal hernias vary. Sometimes the onset is gradual, with no symptoms other than the development of a bulge. Other times, the hernia will occur suddenly with a feeling that something has “given way.” This feeling can be accompanied by pain or discomfort. Signs and symptoms of an abdominal hernia can include:

- Visible bulges in the abdominal wall
- A burning feeling at the bulge
- A gurgling feeling
- Aching, pain or discomfort

### Treatment

Unless the hernia is strangulated, hernia repair typically is an elective operation called a *herniorrhaphy*. The intestine or other tissue in the hernia sac is placed back into the abdominal cavity. The opening is sutured or reinforced either with a sheet of synthetic mesh or by suturing the abdominal tissue. The skin incision is then stapled or sutured together. Hernias may also be repaired by the *laparoscopic* method. A *laparoscope*, a thin instrument with a lighted tube and a telescopic eyepiece, is inserted through a small incision into the abdominal cavity. The surgeon is then able to examine the hernia and place a mesh patch on the inside of the abdominal wall to repair the hernia. Both types of surgery usually take 1 to 2 hours, depending on

the size of the hernia and the technique needed to repair it. The type of anesthesia used can be local or general. This will depend on your surgeon's preference, your age, your state of health, and the procedure's degree of difficulty.

### **Day of Surgery**

On the day of your surgery, you should wear loose-fitting, simple clothing to the hospital, such as a sweat suit and slip-on shoes. Unless otherwise instructed don't eat or drink anything after midnight the evening before surgery. Your surgery will last 1-2 hours and you will then be taken to a recovery area. Usually you will be discharged as soon as you are able to eat, drink, urinate, and walk around. You should have a friend or relative drive you home after discharge.

### **Home Care**

You will be given a prescription for pain medication to be taken as directed. **DO NOT DRIVE** when taking the pain medication. You may eat as you did before the operation but avoid becoming constipated. You might need to use a mild laxative such as Milk of Magnesia at bedtime or a stool softener. You may shower the day after surgery and pat the incision dry. Allow the narrow strips of tape to fall off with time or we will remove them at your follow-up visit. Begin easy activities, such as walking, as soon as comfortable, but avoid lifting over five pounds. During your follow-up visit let's discuss lifting and increasing activity. You may resume sexual activity as soon as you are comfortable

### **When to Call Us**

- ◆ The incision becomes red, hot, or if it drains colored fluid
- ◆ You develop a temperature higher than 101 degrees
- ◆ You develop any unusual signs or symptoms
- ◆ You have any questions

**University General and Trauma Surgery, P.C.**

**<http://www.utksurgery.com/>**

**865-544-9620**

