



Fitter Better Sooner

Endorsed by:



Royal College
of Surgeons
of England

Preparing for a hernia repair

What is a hernia?

A hernia is a lump that forms when fatty tissue or part of your intestine (gut) pushes through a weakness in the muscle wall of your abdomen or top of your thigh. Often, it will only appear when you're lifting something, straining or coughing. It may disappear when you lie down.

Depending on the type and size of your hernia, you may be offered:

- **open surgery** – involves a single cut in the skin through which the surgeon can push back the lump into the abdomen then repair the muscle weakness
- **laparoscopic (keyhole) surgery** – uses small instruments to repair the hernia from inside. This means you just have two or three smaller cuts and you will often recover more quickly.

What type of anaesthetic will I have?

Depending on the type of surgery and any medical conditions you have, you may be offered:

- **a general anaesthetic** – anaesthetic drugs which make you unconscious, so that you will feel nothing throughout your operation
- **a spinal anaesthetic** – the lower half of your body is numbed by an injection in your lower back
- **local anaesthetic** – injections and/or nerve blocks to numb the area
- you may also be offered some **sedation** (medicine to relax you).

Your anaesthetist will talk with you about the ways in which you can have your anaesthetic based on your health, age and other medical conditions. Together you can choose the best method for you.

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How long will I be in hospital for?

You should usually be able to go home the same day.

Before the operation

- Think about what you can do to improve your health before the operation. Stopping smoking, reducing how much alcohol you drink, eating more healthily and keeping active all help you recover more quickly after surgery.
- Ask your GP practice about lifestyle support available to you. You can also find useful advice at [nhs.uk/better-health](https://www.nhs.uk/better-health).
- If you have existing medical conditions (eg diabetes, high blood pressure, chest or heart disease) check with your GP well ahead of your surgery that your medication is up to date and as effective as it can be. This can help prevent delays to your surgery and give you the best chance of your operation and recovery going well.
- It's also important to have good dental hygiene and for your teeth and gums to be in good condition before the surgery, as this will reduce the risk of infection.
- You should arrange for an adult to take you home and be with you the first night at home after surgery if possible. This is essential if you have had sedation or a general anaesthetic. If you have others you care for, you should arrange appropriate help for them too.
- You should take your normal medication to the hospital with you, in their original packaging. The staff will advise you on how to take it on the day of the operation. Check you have enough medication to last you for a few weeks when you return home.
- Remember to wear any hearing aids and take some spare batteries.
- It is normal to feel anxious about an operation. To help you relax before and after your surgery think about bringing some headphones and music with you, or something to read or do. Think about learning some breathing exercises or relaxation techniques.
- On the morning of surgery (or the evening before), you should have a bath or shower. You may be given an antiseptic to wash with to help reduce the risk of infection.
- Do not shave the hernia area yourself – the surgical team will do this for you.
- Your stomach needs to be empty during surgery. The hospital will advise you in advance on when to stop drinking and eating on the day of the operation. It's important to drink plenty of water until you are told to stop – to help you feel better after surgery and reduce complications.
- Make sure you have some painkillers, such as paracetamol, available at home. The hospital will talk with you about how best to take these.
- You won't be able to drive for a few weeks, so you might want to make arrangements with a friend or relative to help you get around.



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- It might help to plan some easy-to-prepare meals for when you come home after your operation.
- You will usually need to plan to take two to three weeks off work, but if you have a physical job you may need up to six weeks off.

After the operation

- You may feel drowsy or unsteady immediately after surgery, but most people recover quickly.
- You will have a dressing over your wound. You may have some swelling, bruising and pain around the operation site for a few days.

Recovering at home

- Your surgical team will give instructions about your dressings. You should try and keep the dressing as clean and dry as possible. If your wound is covered by a waterproof dressing, you can shower.
- If you have non-dissolvable stitches or staples, you will need to make an appointment with a nurse at your GP surgery to have them removed.
- You should take regular pain relief as advised by your hospital.
- If you need to cough or sneeze, apply a little pressure with your hand over the wound to support it.
- Some stronger painkillers can cause constipation. It is important to eat fruit and vegetables and drink plenty of fluids (six to eight glasses per day) to keep your bowels moving normally. To start with you may not feel like full meals. Do try and keep up your calorie intake in the days after surgery to give your body the energy it needs to heal.
- You should avoid heavy lifting and straining, but it is important to walk around and stand up straight. Don't worry if you feel a pulling sensation around your stitches.
- If you are not very active, wear your compression stockings and do gentle leg exercises to reduce your risk of blood clots.
- Many people can return to work and light exercise within two weeks after surgery. The hospital will give you a fit (sick) note to cover you for this period – check you have this before you leave hospital. Most people make a full recovery within six weeks.
- You should not drive until you feel able to do so safely and without pain and are able to stop the car in an emergency.

Things to look out for at home

You should contact your GP or the hospital where you had your surgery if:

- your wound becomes more painful, red, swollen or feels hot to the touch
- you notice fluid leaking from your wound
- you feel unwell or develop a fever over 38°C or are vomiting
- you develop pain and swelling in your lower leg or chest pain and breathing difficulty.

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These symptoms may occur if you have developed an infection and may need further treatment, usually with antibiotics.

If you feel very unwell you should go to your nearest emergency department as soon as possible.

Additional resources available online

Royal College of Anaesthetists

- Preparing for surgery: Fitter Better Sooner toolkit and animation (rcoa.ac.uk/fitterbettersooner).
- You and your anaesthetic and Your spinal anaesthetic (rcoa.ac.uk/patientinfo/leaflets-video-resources).
- Caring for someone who has had a general anaesthetic or sedation (rcoa.ac.uk/patientinfo/sedation).
- Risks associated with your anaesthetic (rcoa.ac.uk/patientinfo/risks).
- Patient information series (rcoa.ac.uk/patientinfo/leaflets-video-resources).



Centre for Perioperative Care

- Information for patients (cpoc.org.uk/patients).

Royal College of Surgeons of England

- Recovery tracker (bit.ly/2LAJKW9).
- Groin hernia repair (bit.ly/2LAJVkh).

NHS Choices

- Inguinal hernia repair (nhs.uk/conditions/inguinal-hernia-repair).

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Your feedback helps us understand who is using our information, how useful it is and how our resources have helped you. Thank you.



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