# **GROIN (INGUINAL)HERNIA**

Mr Dhiren Nehra MPhil, FRCS Consultant Surgeon, St Anthonys Hospital & Ashtead Hospital For appointments 02083376691, 02083354501 Email dnehra@doctors.org.uk; website www.mrdnehrafrcs.com

#### **DEFINITION**

Hernia is a general term for a bulge or protrusion of an organ through a part of the body in which it is usually contained.

#### **DESCRIPTION**

There are different kinds of hernias. The most familiar are those that occur in the abdomen. In this type of hernia, a part of the intestines protrudes (sticks out) through the wall of the abdomen. An abdominal hernia can occur in different areas. The name given to the hernia depends on the location in which it occurs. Some examples of abdominal hernias are the following:

- An inguinal hernia appears in the groin. It may come and go depending on various factors, such as the amount of physical activity. Inguinal hernias account for 80 percent of all hernias. They are more common in men.
- Femoral hernias are similar to inguinal hernias, but they occur lower in the body. They are more common in women, and commonly occur during pregnancy.
- An incisional hernia. The name reflects the fact that it often occurs at the location of an old surgical scar (incision). A ventral hernia is caused by the stretching of scar tissue.
- A paraumbilical hernia occurs at or near the navel.

#### **Treatment**

# **Laparoscopic or Open Mini-incision**

The surgical treatment for hernia is relatively simple. The hernia is pushed back into the abdominal cavity. A mesh is inserted over the weakened muscle lying on top of the hernia and is sewed back into place.

I employ both methods of repair laparoscopic or the mini- incision open repair depending on the type of hernia.

# Laparoscopic approach

This involves a cut in the navel and 2 further small incision at the sides. A camera is inserted and the hernia sac is reduced. A large mesh is then inserted to bridge the gap where the hernia occurred and is fixed with 'glue'. The incisions are closed with absorbable sutures.

# Open 'mini- incision' repair

A 3cm 'keyhole incision' is made directly over the groin where the hernia is protruding and a special double layered mesh is inserted to bridge the gap and strengthen the muscle. The procedure can also be performed under a local anaesthetic. The advantages of this method is that it can be also be performed using small cuts. A light weight mesh has additional advantage of less foreign body, lesser scar tissue hence less pain. The mesh is double layered therefore recurrence rate is low.

In my practice I find the mini-incision technique to be a more safer procedure and has a high success rate.



UltraProlene Hernia System (UHS) light weight mesh – double layer for added protection with a mini-scar – 3cm

Both techniques are equally good and provide:

- Less pain (Local anaesthetic inserted immediately after completion of operation to numb wound)
- Quick recovery
- Early return to work
- Very low recurrence

### **AFTERCARE**

- No external stitches (absorbable sutures used)
- Walking immediately after operation
- Resume normal activity including lifting and driving within 2-3 days of the operation
- Sports including swimming within 7-10days
- Some swelling of tissues can occur depending on the size of hernia but this usually resolves in due course