

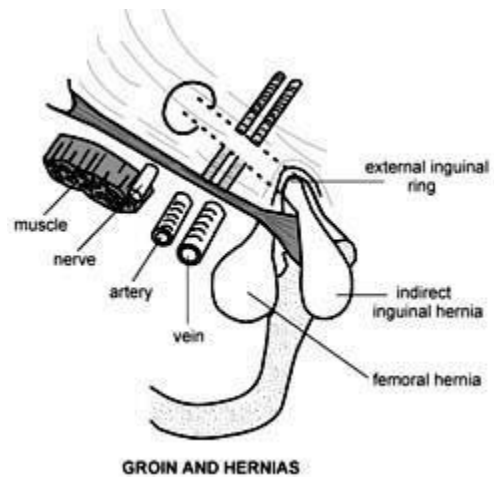
Hernia Repair Inguinal

What is it?

A hernia is a lump which occurs from a weakness in the muscles which form the front of the body wall. Usually, the bowel or some fat, and more rarely other organs, squeezes to this weak spot and create a bulge in the area. In your case the hernia is just below your groin. It is usually caused by the body wall being weak from birth. Sometimes the body wall weakens with the passing of time. Sometimes the body is overstrained by coughing, heavy work or sport etc. Hernias are very common and are easily treated. If left untreated they get bigger and cause pain. More dangerously, the bowel can sometimes get trapped in the weak spot of the muscles. This can cause a blockage of the bowel, which can eventually cause it to become strangulated. An emergency operation is then required to deal with the problem.

The surgery

Most patients have a general anaesthetic so that they are unconscious throughout the operation. The groin is often numbed with local anaesthetic to cut down the pain you may experience when you wake up. However, it is also possible to have the groin numbed with a local anaesthetic and have the whole operation under local anaesthetic. In this case, you will be conscious enough during the operation to feel that something is being done in the area of the operation but you will not feel pain. The operation can be done under local anaesthetic when the hernia is relatively small and your general medical condition does not allow you to tolerate the stress of a general anaesthetic.



An incision is made into the skin overlying the hernia. The bulge is either pushed back or is cut off. The weak part is mended/closed and strengthened using strong stitches. Another alternative is to patch the weak spot with a piece of synthetic material. This is usually done when the tissues around the weak spot are not strong enough to be stitched up together with strong stitches or when the weak spot is so big that it is impossible to close it just by using stitches. The synthetic patch is placed on top of the weak spot and is stitched to the healthy tissues around it. Soon, a lot of scarred tissue develops above and under the patch which makes it very strong and doesn't allow the hernia to come back again. The cut in the skin is then closed up. The duration of the surgery is about 40 minutes.

If you have a hernia in each groin, they can usually both be mended at the same time. Keyhole surgery for hernia repair is only carried out in some specialized centres and for selective cases. It is carried out under general anaesthetic and there is no clear evidence at the moment that it offers

a significant advantage compared to the traditionally performed operations. Ask your surgeon to explain his own method.

You may well be able to have the operation on the day you come in and go home the same day. You may need to stay in hospital for a day or two, if you are over 50, having trouble passing urine, have other illnesses, or if you cannot manage at home.

Any Alternatives

Simply waiting and seeing if you have more trouble is not a good idea. The hernia may get worse. A truss will usually hold the hernia back in place. It is useful as a stop-gap until you have the operation. It might be a good decision if you do not like the idea of an operation, or if you are not fit enough for one.

Before the operation

Stop smoking and try to reduce weight if you are overweight. (See Healthy Living). If you know that you have problems with your blood pressure, heart, or lungs, consult your family doctor and check whether these are under control. Even consult the hospital about taking the Pill or hormone replacement therapy (HRT). Check you have a relative or friend who can come with you to the hospital, take you home, and look after you for the first week after the surgery. Sort out any tablets, medicines, inhalers that you are using. Please retain them in their original boxes and packets. Always carry them to the hospital. On the ward, you may be checked for past illnesses and may have special tests to make sure that you are well prepared and that you can have the operation as safely as possible. Please tell the doctors and nurses of any allergies to tablets, medicines or dressings. You will have the surgery explained to you and will be asked to fill in an operation consent form. Many hospitals now run special preadmission clinics, where you visit for an hour or two, a few weeks or so before the operation for these tests.

After - In Hospital

There may be some discomfort on moving. Painkilling tablets should easily control this discomfort. If not, you can have painkilling injections. By the end of one week the wound should be just about pain-free. The local anaesthetic in your wound may make your leg give way for 12 hours or so. Be especially careful when getting in or out of bed, or getting into a car. Ask a nurse to help you. A general anaesthetic given during the surgery might make you slow, clumsy and forgetful for about 24 hours. The nurses will help you with everything you need until you are self dependent. Do not make important decisions during such condition. The discomfort of the operation can make it difficult to pass urine and empty the bladder. It is important that your bladder does not seize up completely. If you cannot get the urine flowing properly after six hours, contact the nurses or your doctor. The wound may be closed with stitches or clips which need to be taken out 10 to 14 days after the operation. Sometimes there are stitches under the skin instead. These get dissolved gradually and they don't need to be removed. A plaster on the wound makes it more comfortable. You can wash, bathe, or shower but try to keep the wound area dry until the stitches or clips are taken off. If you only have stitches under the skin, try to

keep the wound dry for a week. Soap and tap water are quite all right. Salted water is not needed. Some hospitals arrange a check-up about one month after you leave the hospital. Others leave check-ups to the general practitioner. The nurses will advise about sick notes, certificates etc.

After - At Home

At first discomfort in the wound will prevent you from lifting things that are too heavy. After one month you will gradually return to your previous daily routine without any extra effort. There is no value in attempting to speed the recovery of the wound by special exercises before the month is out. You can drive as soon as you can make an emergency stop without discomfort in the wound, i.e. after about 10 days. You can restart sexual relations within a week or two, when the wound is comfortable enough. You should be able to return to work within two months or so.

Possible Complications

As with any operation that is done under general anaesthetic, there is a risk of complications related to your heart and lungs. The tests that you will have before the operation will make sure that you can have the operation in the safest possible way and will reduce the chances for such complications.

Complications are rare and seldom serious. If you think that all is not well, then please immediately discuss it with the doctors and nurses. Bruising and swelling may be troublesome, particularly if the hernia is large. The swelling may take four to six weeks to heal. Serious bleeding that might require another operation happens in less than 1% of cases.

Infection happens in 1 to 2% of cases and usually settles down with antibiotics in a week or two. The infection can cause more trouble in situations where the hernia was repaired with a synthetic patch. The patch is a foreign body and if it gets infected it makes it difficult to control the infection with the antibiotics. If this happens, you may require antibiotics for a longer period of time and, very rarely, you might need another operation to remove the patch. In this case, you will most probably need another operation in the future to repair the hernia again.

Extremely rarely (1 in 2000 cases) the bowel or other organs of the abdomen can be damaged during the operation and in such situation you will need another operation to fix the problem.

Aches and twinges may be felt in the wound for up to six months. About 1 to 2% of patients experience some pain for longer than this (chronic incisional pain) and if this happens the doctors will discuss with you the best way to deal with the discomfort.

Overall, the chance of the reoccurrence of hernia is about 1 in 100. This can go up to 2 to 3% if the hernia was very big or the patient's tissues are not very healthy and they are not healing well, for example if the patient is elderly or diabetic.

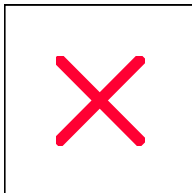
General Advice

The operation should not be underestimated, but practically all patients are back to their normal duties within one month. These notes will help you through your operation. They are a general guide. They do not cover everything. Also, all hospitals and surgeons vary a little. If you have any queries or problems, please always feel free to discuss it with the doctors or nurses.

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