Groin (Inguinal and Femoral) Hernia Repair

Introduction

A groin hernia occurs when tissue, such as part of the bowel, pushes through a weak spot in the muscles of the lower abdomen. There are two main types of groin hernias: inguinal and femoral. The presentation and treatment for both is similar, hence both being discussed together.

Surgery may be recommended to relieve symptoms, prevent complications, or repair a hernia that is growing or painful. The procedure can be done using either open or laparoscopic (keyhole) techniques.

What is a Groin Hernia?

Inguinal Hernia:
Occurs when tissue pushes through a weak area in the inguinal canal (a passage in the lower abdominal wall).

Femoral Hernia:
Occurs lower down, when tissue pushes through the femoral canal, just below the inguinal ligament. This has a slightly higher risk of complications.

Who Might Benefit From Surgery?

You may be offered surgery if:
- The hernia causes discomfort or pain or is enlarging
- The hernia is femoral
- There's a risk of strangulation (blood supply being cut off)
- You wish to return to normal activities or sports
- It affects your quality of life

Surgery might not be recommended if:
- The hernia is small and causes no symptoms
- You have high surgical risk (e.g., due to other medical problems)

What Does the Surgery Involve?

Laparoscopic (Keyhole) Repair:
- Performed under general anaesthetic
- 3–4 small cuts are made in the abdomen
- A camera and instruments are used to repair the hernia from inside
- Mesh is typically placed to reinforce the area

Open Repair:
- A single incision is made over the hernia
- The hernia is pushed back and mesh is inserted
- Usually done under local or general anaesthetic

The choice between laparoscopic and open repair depends on hernia size, your overall health, and previous surgery.

What Should I Expect After Surgery?

In Hospital:
- Most patients go home same day or the next
- Pain is usually well controlled with simple painkillers such as paracetamol and ibuprofen, with codeine occasionally needed

At Home:
- Gradual return to normal activities over a few weeks
- Light exercise (e.g., walking) encouraged from day 1
- Avoid lifting more than a kettle for the first week

Recovery Timeline

Time after surgery	What to expect
Day of surgery	Go home same day or next, take painkillers as advised
Days 1–2	Gentle movement, walking encouraged
Week 1	Gradually increase activity, avoid lifting
Week 2–4	Most people return to light work
Week 4–6	Resume exercise, lifting, and heavier tasks
After 6 weeks	Full return to normal activities

Driving After Surgery

You can resume driving once you can perform an emergency stop without pain (usually 1–2 weeks). Always inform your insurance provider before returning to driving.

What Are the Risks of Surgery?

Immediate Risks:
- Bleeding
- Infection (wound or mesh-related)
- Damage to nearby organs (e.g., bowel, bladder)
- Reaction to anaesthetic

Short-term Risks:
- Pain or bruising
- Swelling or fluid collection (seroma)
- Wound healing problems

Occasionally it is necessary to remove the testicle during surgery, particularly if the hernia is very large. If there is a significant risk of this I will counsel you about this before the operation.

What Are the Long-term Side Effects?

- Chronic groin pain (nerve-related or mesh-related) – affects ~10% but severe in 1–2%
- Recurrence of hernia (~1–5%)
- Shrinkage of the testicle on the side of the hernia
- Numbness or tingling in the skin of the groin or upper thigh
- Rarely, discomfort during intercourse

What Other Treatment Options Are Available?

- Watchful waiting (monitoring the hernia if it's not causing trouble)
- Supportive garments (hernia truss) – can relieve symptoms in selected patients but this is really only a recommended option for patients who have no prospect of undergoing surgery

What To Do If You Have Concerns After Surgery

If you feel very unwell or need urgent medical attention, call 999 or go to your nearest Emergency Department, ensuring they are aware of your recent surgery.

If you have non-urgent concerns, please contact my secretary by email or telephone and I will respond as soon as possible.