

### RETURNING TO NORMAL ACTIVITY

Limit your physical activity to walking, over the first 48 – 72 hours. You should get up and walk about the house every two hours to help maintain your normal blood circulation. After the second day you can go for regular walks outside your home as well.

Vigorous sexual intercourse must be avoided for two weeks.

You may resume gentle exercise (swimming, jogging) after two weeks, but restrict lifting and more vigorous exercise (such as gym, squash and football) for six weeks. Do not force yourself to exercise if you still feel regular pain. Do not do any heavy lifting or excessive straining in the first four weeks.

Stiffness is normal however and not harmful and remember that inactivity is bad for you.

You may resume your normal diet after your surgery. However, ensure this is high in fibre (cereals, vegetables and fruit) to prevent constipation and unnecessary straining.

### WILL I NEED TO COME BACK TO THE HOSPITAL?

If your surgeon needs to see you again, we will write to you offering you a follow-up appointment. Otherwise you just need to get a checkup by your doctor or nurse 1 to 2 weeks after the operation.

### VALUABLES

Please do not bring in valuables, jewelry or large sums of money. If this is unavoidable, please ask a relative to take them home for you. The hospital cannot accept liability for the loss of personal.



PLEASE SCAN FOR THE LOCATION

**Aster**  
**HOSPITAL**

We'll Treat You Well

Mankhool, Kuwait Road, Al Mankhool - Dubai

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### DEPARTMENTS

Accident & Emergency • Anesthesiology • Cardiology • Clinical Nutrition  
Dental Centre • Dermatology • ENT • General Surgery • Insurance  
Internal Medicine • Laboratory Services • Neurosurgery • Ophthalmology  
Obstetrics & Gynaecology • Orthopedics • Patient Affairs

# INGUINAL HERNIA AND FEMORAL HERNIA



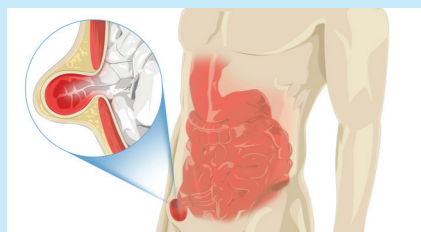
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Digital Version



#### WHAT IS A HERNIA (RUPTURE)?



**Inguinal hernia:** This is the most common type of hernia, causing a lump and sometimes pain in your groin. It is more common in men. The hernia pushes into the inguinal canal, which in men is the channel through which blood vessels to the testicles pass. In women, a thin ligament passes through it.

**Femoral hernia:** This is similar to an inguinal hernia but bulges at the top of your thigh, low down in your groin.

**Umbilical hernia:** This is a hernia in the umbilical (tummy button) region.

#### WHY DO I NEED A HERNIA REPAIR?

There are many reasons why you may have been advised to have a hernia

repair. This would have been discussed in your first out patient appointment, but your surgeon will discuss this with you again on the day. The most common ones are:

- It is causing you discomfort or pain.
- It is unsightly.
- It has become stuck and will not go back in.
- There is a risk of strangling your organs (strangulation), which could be dangerous.

#### WHAT ARE THE BENEFITS?

- It removes the risk of strangulation.
- It relieves any discomfort.
- It gets rid of the bulge.

#### WHAT ARE THE RISKS?

Common side effects which will ease over the first week may include:

- **Bleeding:** some bruising often occurs in the groin area and occasionally around the genitals if you have had an inguinal or 3 femoral hernia repairs. If you had

an umbilical hernia repair, there may be a small amount of bruising around your belly button region. This is usual and will settle in 10 – 14 days.

- **Pain:** your groin area is naturally sensitive so discomfort in the area is common if you have had an inguinal or femoral hernia repair. Like wise, around your belly button area following an umbilical repair. We will try to ensure you are comfortable before you go home. Take the pain killers provided on a regular basis and keep mobile, as explained previously.

- **Swelling:** men may experience scrotal swelling for a few days after inguinal or femoral hernia repair. This should reduce gradually and well-fitting briefs (not boxer shorts) will make this more comfortable. Occasionally you may also experience some other less common, but more worrying side effects:

- o Inability to pass urine in the first 24 hours.
- o Persistent sickness and/or vomiting.
- o Bleeding from the wound (not oozing into the dressing -that is usual, and the dressing is there to absorb this).
- **Infection:** normal healing involves a little redness around the wound together with some tenderness, but there is a small risk of it becoming infected after the operation.

#### The symptoms are:

- Increasing pain under your wound and surrounding area.
- Increasing redness of the area around your wound.
- Foul-smelling discharge from your wound.
- Temperature of 38° C (100.4° F) or greater.

#### ARE THERE ANY ALTERNATIVES?

A belt-like device called a truss can be used to control a hernia, but it does not cure it. It is rarely used today as it can cause complications.

#### WHAT IF I CHOOSE NOT TO HAVE SURGERY?

If you have a hernia which is small, does not bother you and causes no symptoms, then you could just adopt a wait and see approach with your doctor. However, hernias will not return to their normal state so if you keep having symptoms you should have surgery to prevent possible problems.

#### WHAT HAPPENS BEFORE THE OPERATION?

We will usually give you a local anaesthesia around your wound site to help keep you comfortable when you wake up. We usually give you a general anaesthesia, but you may not need it. This is based upon your personal circumstances and would have been discussed with you at your out patient appointment.

You can get more information about the types of anaesthetic when you attend Day Surgery for your pre-assessment. Please bring any questions with you that you may have, and our staff will help to answer them for you.

#### WHAT ARE THE RISKS OF HAVING ANAESTHESIA?

Straight after a general anaesthesia you may feel tired, dizzy or weak. You must have someone to collect you and stay with you for the first 24 hours. During the first 24 hours you should not:

- Drive or operate any motorised vehicle or electrical equipment
- Sign any legal documents or make

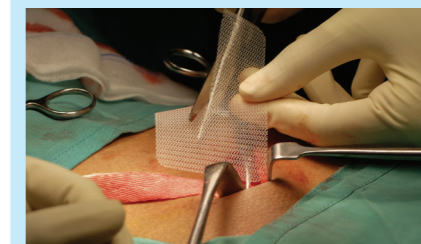
important decisions

- Drink alcohol.

You may feel weak or dizzy at times during the first 7 – 10 days. If this happens, sit down until the feeling passes. You may also have the 'post operative blues' and feel a little depressed, though this should soon pass.

#### WHAT HAPPENS DURING THE OPERATION?

You will usually have an oblique cut in the groin just at or above the site of your hernia. Some patients with hernias on both sides will have key hole (laparoscopic) surgery instead. The surgeon will make several small cuts close to the site of your hernia and use special instruments to repair it. They will push the bowel or fat swelling back into its normal position and mend the hole in the muscle wall to prevent the hernia from happening again. They may use a patch of plastic material (mesh) to cover and repair the hole.



#### HOW LONG DOES THE OPERATION TAKE?

This depends on the size of the repair procedure and where it is, but the average time ranges from 30 – 60 minutes.

#### WHAT HAPPENS AFTER THE OPERATION?

If you had a general anaesthesia you will be returned to the ward for at least one hour to allow you time to recover as you will feel drowsy.

**Wound dressing:** You will have a plaster over your wound which you can leave on for up to five days and then change yourself or with the help of your practice nurse. If you do not have a water proof plaster and it gets wet, you should change the dressing earlier, either by yourself or the help of your practice nurse, unless otherwise advised by our ward nurse or surgeon.

**Washing:** It is important to keep your wound dry to allow it to heal, so you must not have a bath for the first five days. You can shower or wash the area gently the day after your operation if you have a water proof plaster, but avoid using soap, bath oils and talcum powder for the first week. Lightly pat the area dry with a clean towel.

**Stitches:** Your stitches will be either dissolvable or need to be removed by your doctor or nurse in 10 – 14 days. We will tell you which sort you have before you leave the unit.

You will have an Elastoplast/sticky plaster over your wound which you can keep in place up to 5 days if it remains dry, and then change the dressings either by yourself or with your Practice nurse. If wet, please change it earlier or get it seen to by your Nurse earlier (unless told otherwise by your ward nurse or surgeon).

This is when you may now take a shower or shallow bath. We recommend you avoid bath products such as soap, bath oils and talcum powder for the first week. Lightly pat the area dry with a clean towel afterwards. You can usually wash with the dressing on if it is a waterproof one.