Open incisional hernia repair – emergency

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Discovery has made every effort to ensure that we obtained the information in this brochure from a reputable source. We have adapted the content to reflect the South African market or healthcare environment.

You should not only depend on the information we have provided when you make any decisions about your treatment. The information is meant to act only as a guide to the treatment you are considering having. Please discuss any questions you may have about your treatment with your treating healthcare professional.
About this document

Your surgeon has recommended an emergency hernia operation. However, it is your decision to go ahead with the operation or not. We understand this can be a stressful time as you deal with different emotions and sometimes have questions after seeing your surgeon. This document will give you a basic understanding about your operation. We tell you about the things you can do to help make the operation a success. It is also important to remember to tell your surgeon about any medicine you are on so he or she can manage this, if necessary. It will also tell you about what to expect after the operation – while in hospital and in the long term. Your surgeon remains the best person to speak to about any questions or concerns you may have about the operation.

What is an incisional hernia?

An incisional hernia happens at the site of a cut made during a previous operation. Sometimes your wound does not heal properly and a weakness happens in your abdominal wall, resulting in the contents of your abdomen pushing through. This produces a lump under your skin called a hernia. The hernia has trapped your intestines, or other structures within your abdomen, and cut off their blood supply (strangulated hernia). Without surgery, a strangulated hernia can cause death.

What does the operation involve?

Various anaesthetic techniques are possible. Your surgeon will make a cut through your scar. They will repair the weak tissue either with stitches only or using a synthetic mesh. Your surgeon may need to form a flap of skin over the repair so that your skin closes properly. If your bowel has become strangulated, your surgeon will need to remove a section of it. They will join the ends of your bowel back together.

What complications can happen?

The healthcare team will try to make the operation as safe as possible but complications can happen. Some of these can be serious and can even cause death.

1 Complications of anaesthesia

Your anaesthetist will be able to discuss with you the possible complications of having an anaesthetic.

2 General complications of any operation

- Pain. The healthcare team will try to reduce your pain.
- Infection of the surgical site (wound), which usually settles with antibiotics. If your surgeon inserted a mesh and it gets infected, your wound can take several months to heal. Sometimes your wound will need to be packed or the mesh removed.
- Unsightly scarring of your skin.
- Bleeding during or after the operation. It is common for the area around your wound to be bruised. Rarely, you will need a blood transfusion or another operation.
- Blood clots in your legs (deep-vein thrombosis – DVT) or in your lungs (pulmonary embolus). The healthcare team will take measures to reduce this risk.

3 Specific complications of this operation

- Developing a lump under your wound caused by a collection of blood or fluid (risk: 6 in 100).
- Difficulty passing urine. You may need a catheter (tube) in your bladder for one to two days.
- Skin necrosis, where some of the skin flap dies usually because the blood supply to the skin flap is not good enough. You may need another operation.
- Injury to structures that come from your abdomen and are within the hernia. Your surgeon may need to remove any dead tissue.
- Injury to nerves that supply your skin around the cut made by your surgeon. This can lead to a numb patch or continued discomfort.
- Removing your umbilicus (belly button), leaving a scar instead.

How soon will I recover?

You should be able to go home within a few days. However, your doctor may recommend that you stay a little longer. If you are worried about anything, in hospital or at home, contact the healthcare team. They should be able to reassure you or identify and treat any complications.

Your doctor will tell you when you can return to work. Your doctor may tell you not to do any manual work for a while. Do not lift anything heavy for at least 6 weeks. Most people make a full recovery and can return to normal activities. However, the hernia can come back (risk if a mesh is used: less than 1 in 20).
Keep this information leaflet. Use it to help you if you need to talk to the healthcare team.

Acknowledgements
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This document is intended for information purposes only and should not replace advice that your relevant healthcare professional would give you.

You can access references online at www.aboutmyhealth.org. Use reference EM GS04.