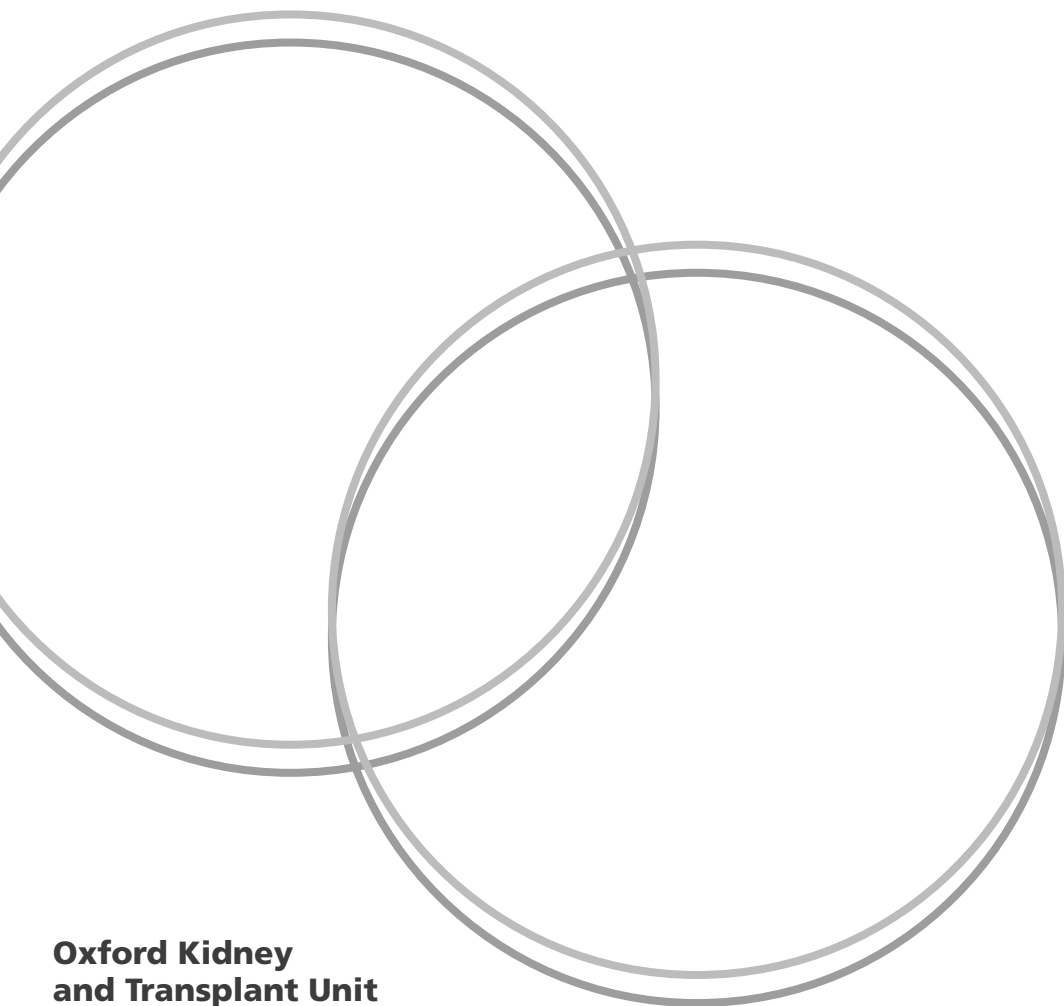




Oxford University Hospitals  
NHS Foundation Trust

# Hernia repair

**Information for people  
with chronic kidney  
disease or a transplant**



**Oxford Kidney  
and Transplant Unit**

You have been given this leaflet because you have a hernia and need an operation to repair it. If you have any questions after reading this leaflet please speak to your kidney or transplant team.

## **What is a hernia?**

A hernia occurs when part of your intestine or a fatty lump sticks out through a weak area in the muscle of your abdomen. It often causes a soft lump or bulge, which you can feel under your skin.

You can usually push the lump back into your abdomen but it pops back out again. It may disappear when you lie down and reappear when you cough or strain. A hernia may be uncomfortable and feel tender.

## **What causes a hernia?**

A hernia usually develops because of increased pressure in the abdomen or a weakness in the abdominal wall. This may be because:

- you were born with it (congenital)
- strenuous activity or excessive straining when lifting heavy items
- pregnancy
- previous abdominal surgery
- peritoneal dialysis, the extra fluid in your abdomen increases the pressure on your abdominal wall muscle
- a medical condition such as Autosomal Dominant Polycystic Kidney Disease.

# Types of hernia

## **An inguinal (groin) hernia**

This is the most common type of hernia. It occurs when fatty tissue or a part of the bowel pokes through into the groin at the top of the inner thigh. It is much more common in men than women.

Men are more likely to notice this quite soon after starting peritoneal dialysis as the dialysis fluid leaks into the inguinal canal in the groin causing swelling of the scrotum (often just one testicle) and sometimes the penis.

## **Femoral hernia**

This is more common in women than men. It is usually seen as a lump lower in the groin, near the skin crease towards the top of the thigh. Femoral hernias are also associated with ageing and repeated strain on the abdomen.

## **Umbilical hernia**

This may occur near the umbilicus (belly button). It tends to be more common in women who have had children.

## **Incisional hernia**

These occur near, or, on a scar where a cut has been made from a previous operation.

## **When should I seek urgent medical advice?**

You should go to the nearest emergency department immediately if you develop any of the following symptoms:

- sudden, severe abdominal pain
- being sick
- difficulty opening your bowels or passing wind
- the hernia becomes firm or tender, or cannot be pushed back in.

These symptoms may suggest that the blood supply to the lump trapped in the hernia has been cut off (strangulation), or a piece of bowel has entered the hernia and become blocked (obstruction). This usually needs an urgent operation.

## **What happens if I have a hernia?**

If a hernia can be pushed back easily or flattened, it is not an immediate threat to your health. An untreated hernia will not get better on its own.

We will arrange an appointment with one of the transplant surgeons.

The surgeon may suggest you have a CT scan to assess the size, contents and exact site of the hernia.

If you are on peritoneal dialysis (PD) a PD nurse will need to change your dialysis treatment so that the volume of PD fluid in your abdomen is reduced, or you may need to stop PD. Your PD nurse or kidney doctor will talk to you about the best option.

## **Are there any alternatives?**

If your health is not good and surgery may make your health worse, the surgeon may suggest you don't have an operation and talk to you about how to care for your hernia. If the hernia gets larger or becomes more painful surgery may be the only option.

## How is a hernia repaired?

You will need a pre-operative assessment a week or two before the operation. At the pre-operative assessment you will have an ECG (test on your heart), a physical examination, blood test and we will check your medications. We will also give you more information about your operation. The pre-operative appointment takes about 1 and a half hours.

A hernia can be repaired either by **open surgery** or **laparoscopic (keyhole) surgery**. The operation takes between 45 and 60 minutes for most hernia. However, a large incisional hernia may take up to 3 hours to repair. You may need a drain inserted after the operation to drain excess fluid. It is usually removed after a few days, but does depend on our how much fluid is draining. With a large hernia repair you will need to stay in hospital for several days. A surgeon will talk with you about which type of operation you are suitable for.

### Open surgery

A cut is made about 7.5 and 15cm in length. The hernia is pushed back through the gap (weakness) into its proper place in the abdomen. The abdominal wall muscle is sewn back together using dissolvable stitches. These will gradually dissolve over the next few weeks.

### Laparoscopic repair

A surgeon will use a camera to look inside your abdomen. Several small cuts are made near the umbilicus (belly button) about 8 to 10mm in length, the lump is pushed back through the gap and the abdominal wall muscle is sewn back together. The cuts are usually glued together.

The operation is usually carried out with a general anaesthetic (you will be asleep).

Most hernia repairs will need a mesh to hold everything in its proper place. The mesh is sewn in place with lots of small stitches around the outside of it. As the stitches dissolve your own tissue grows around it to keep the mesh in place. It is rare but a mesh can become infected. If this does happen to you would need another operation to remove it.

## **Which type of surgery is best for me?**

The National Institute for Health and Care Excellence (NICE), which assesses medical treatments for the NHS, says that both keyhole and open surgery for hernias are safe. Therefore a surgeon will talk to you about which operation is better for you.

## **How long will I be in hospital?**

Most hernias can be repaired as a day case so you will go home the same day as your operation. If you have a large hernia you may need to stay in hospital for up to five nights. The length of time depends on the size of your hernia and your health. The surgeon will let you know how long you need to stay in hospital at your surgical assessment appointment.

## **Are there any risks with the operation?**

You may experience:

- Bruising and swelling. This is very common and usually only last a few days.
- In men, swollen testicles and bruising are common for a few days after an inguinal hernia repair. Rarely the testes may become smaller due to a reduced blood supply to the testes.
- Scarring at the site of surgery. Although the cut will fade you will be left with a scar.
- Difficulty in passing urine, this can last for 12 to 24 hours. You may require a urinary catheter if you are unable to pass any urine (rare).
- Infection, you may get an infection deep inside your abdomen or at the cut skin (rare). It is rare for an infection to affect the mesh, if it is severe you may need an operation to remove the mesh.
- Bleeding, if you have a lot of bleeding you may develop a haematoma (a bruise under the skin, this is rare). You may need a second operation to stop the bleeding (very rare).
- Damage to your blood vessels or other organs (rare).
- Damage to your nerves, causing numbness to the area which is short-lived. About 11 in 100 people have numbness in their groin area a year after the operation. Numbness is more common after an inguinal hernia repair.
- It is rare for an infection to affect the mesh, if it is severe you may need an operation to remove the mesh.
- Recurrence: Between 3 and 6 in every 100 inguinal and umbilical hernia reappear. 15 to 20 in every 100 incisional hernia reappear.

## What happens after the operation?

- It's usually advisable to avoid driving until you're able to perform an emergency stop without feeling any pain or discomfort (practice this without starting your car).
- Most people tend to refrain from driving for 1 or 2 weeks after repair of a hernia. You will need to discuss this with your insurance company as they may have a fixed no driving period after surgery.
- You will probably need to take time off from work. How long you take off work will depend on your job. If you have a job that doesn't involve lifting we often say a week. If you have a manual job you will need to take longer off. If you work please ask the Day Surgery Unit or Ward for a fit note for your employer before you leave the hospital.
- Don't lift anything that weighs more than 5kg for 4 to 6 weeks.
- Avoid strenuous pushing, pulling or stretching for 4 to 6 weeks (such as vacuuming).
- Avoid constipation, if you are struggling to open your bowels speak to a pharmacist.
- If you have any dressings over your wounds you will be advised how to care for these before you leave the hospital.
- It is normal to have some discomfort after an operation, take mild painkillers such as paracetamol as advised on the packet if you have pain.



Gentle exercise, such as walking, can help the healing process, but you should avoid heavy lifting and strenuous activities for about 4 to 6 weeks.

If you are on peritoneal dialysis (PD) you will need to stop PD for a few days and then start smaller volumes. It is rare to change to haemodialysis. Your renal team will talk to you about what is the best option for you.

Once you go home you will not need to see the surgeon again. If you have any problems please speak to your kidney or transplant nurse.

**Call the transplant ward (see page 10) if you develop any of the following symptoms;**

- a high temperature over 38°C, or feeling hot, cold and shivery
- bleeding at the wound
- increased swelling or pain in your abdomen
- pain that isn't relieved by painkillers
- feeling sick or vomiting
- coughing or shortness of breath
- increasing redness surrounding your wound or wounds
- difficulty passing urine.

## Contact numbers

### **Transplant Ward Churchill Hospital**

Telephone: 01865 253 010

(24 hours a day, including bank holidays and weekends)

### **Renal Ward Churchill Hospital**

Telephone: 01865 225 780

(24 hours, including weekends and bank holidays)

### **Oxford Peritoneal Dialysis (PD) Unit**

Telephone: 01865 225 792

(8am to 6pm, Monday to Friday)

Email: [pd.team@ouh.nhs.uk](mailto:pd.team@ouh.nhs.uk)

(between 8.30am and 4.30pm)

## Other information

### **Oxford Kidney Unit**

The website has lots of information about the Oxford Kidney Unit for patients and carers.

Website: [www.ouh.nhs.uk/oku](http://www.ouh.nhs.uk/oku)

### **NHS Website**

This website has lots of useful information about hernias

Website: [www.nhs.uk/conditions/hernia/pages/introduction.aspx](http://www.nhs.uk/conditions/hernia/pages/introduction.aspx)



## Further information

If you would like an interpreter, please speak to the department where you are being seen.

Please also tell them if you would like this information in another format, such as:

- Easy Read
- large print
- braille
- audio
- electronic
- another language.

We have tried to make the information in this leaflet meet your needs. If it does not meet your individual needs or situation, please speak to your healthcare team. They are happy to help.

Author: Jayne Woodhouse, Advanced Nurse Practitioner.  
Emilio Canovai, Transplant Consultant.

October 2024

Review: October 2027

Oxford University Hospitals NHS Foundation Trust  
[www.ouh.nhs.uk/information](http://www.ouh.nhs.uk/information)



*Making a difference across our hospitals*

[charity@ouh.nhs.uk](mailto:charity@ouh.nhs.uk) | 01865 743 444 | [hospitalcharity.co.uk](http://hospitalcharity.co.uk)

OXFORD HOSPITALS CHARITY (REGISTERED CHARITY NUMBER 1175809)

