



EXETER VEIN AND HERNIA

## Laparoscopic Ventral Hernia Repair

### **What is a Laparoscopic or “Keyhole” ventral hernia repair?**

In a keyhole repair, incisions are made away from the actual site of the hernia and the hernia is repaired from within using a camera and telescopic instruments.

The aim of hernia repair surgery is to safely define the neck of the hernia (the hole it pops through), reduce the hernia contents and sac into the abdomen and close or cover the defect to prevent further hernias. This is usually done with a combination of sutures, mesh and absorbable tacks.

### **What should I expect?**

You will be admitted to hospital on the day of your surgery and meet with nursing staff, Mr Birchley and the anaesthetist. Your hernia(s) will be marked, and you will be asked to sign a consent form.

Your operation will take place with you asleep in theatre. Afterwards you will return to the ward.

Hernia surgery is usually performed as a day-case (admission and discharge the same day). Occasionally an overnight stay is advised.

Typically, three small incisions on the left or right side are used for the procedure with an occasional fourth above the umbilicus.

### **What anaesthetic is required for keyhole hernia repair?**

Your hernia will be repaired under general anaesthetic (you will be asleep).

## What are the advantages of keyhole hernia repair?

There are number of potential advantages to keyhole hernia repair:

- The contents of the hernia can be safely reduced from within
- Both suture repair and mesh repair can be performed at the same time, if appropriate
- The mesh is placed behind the abdominal wall, reducing the risk of seroma formation under the skin

## What are the risks of keyhole hernia repair?

There are general risks, risks related to the wound and risks specific to hernia repair:

- General risks include blood clots in the veins or lungs although specific precautions will be taken to avoid this.
- Wound complications include:
  - Bleeding
  - Bruising
  - Infection
  - Lumpiness
  - Hernia through a port site
- Specific complications include:
  - Nerve injury (causing pain or numbness) at the site of tack insertion
  - Hernia recurrence
  - The need to convert from a keyhole to an open repair
  - Collections of blood under the skin (a lump that rapidly becomes hard and painless and which shrinks with time)

When performing laparoscopic surgery, there is the very small risk of injury to the abdominal contents. If necessary, this will be addressed either laparoscopically or through an incision to open the abdomen.

It is possible to damage the abdominal contents (for example perforate the bowel) and not be aware. **If you become at all unwell or develop abdominal**

**pain following a laparoscopic abdominal wall hernia repair, you must seek medical attention immediately.**

### **What aftercare is required?**

You will have a wound closed with glue and stitches that dissolve under the skin, so you can shower as soon as you like.

You will likely need to take simple painkillers for a couple of days. The sites of tack insertion can be sore for 2-3 months. Some patients experience a diffuse discomfort over the back of the abdominal wall for 2-4 weeks after surgery due to mesh incorporation.

You are encouraged to return to normal activities as soon as possible (including lifting). Let your body guide you - if it is uncomfortable, don't do it until you feel comfortable!

Do not drive for a week after hernia surgery. Then make sure you are happy and safe controlling the vehicle before you go out on the road.

You will be seen in clinic after approximately 6 weeks for a check-up.

### **Who do I contact if I have a concern?**

If you have any questions or concerns following surgery, you can:

- Call the ward at the Nuffield
- Call Mr Birchley's secretary on (01392) 262181
- Email Mr Birchley via [enquiriesexeter@exerverveinandhernia.co.uk](mailto:enquiriesexeter@exerverveinandhernia.co.uk)