

# Having your hernia repaired: open and keyhole surgery options

## General Surgery

Information for Patients

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## Introduction

You are considering surgery to repair your hernia. We want to help you make the best decision about what treatment to have and what it would involve.

To help us do this, please read the following information. It will tell you about the surgery, the admission process and your discharge home after surgery. Most people go home the same day, but **you must**:

- be collected on the day of surgery by a responsible adult. This adult must take you home in a car or taxi after your surgery.
- have a responsible adult at home with you for at least 24 hours (1 day) and have access to a telephone.
- not drive, cycle or operate machinery, sign important documents, make important decisions or drink alcohol for 48 hours (2 days).

## What is a hernia?

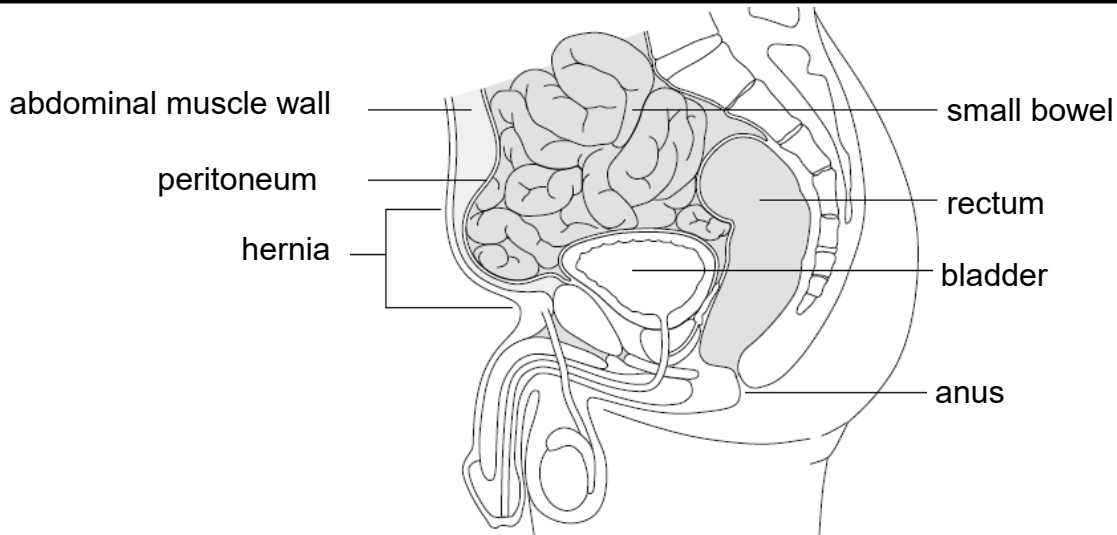
An inguinal hernia is a weakness in the muscle of the tummy (abdominal) wall in the groin. This allows part of your intestines or other organs to bulge forwards through the tummy wall.

## How is it repaired?

We will need to repair the hernia by putting the tummy contents back into their normal position in the abdomen. We will need to strengthen the weakness in the abdominal wall using a mesh. This is stitched or 'tacked' (using titanium coils) into place. The mesh is placed over the hole or weakness. It is a bit like repairing a puncture on a tyre.

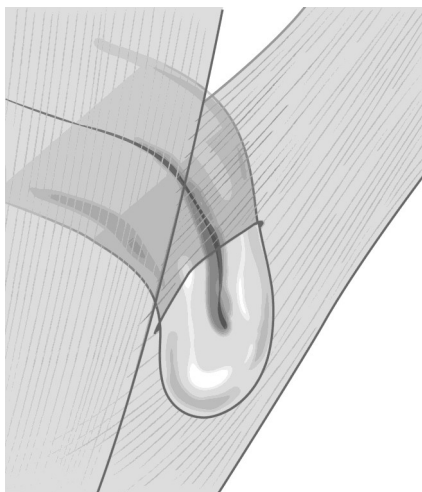
**Health information and support is available at [www.nhs.uk](http://www.nhs.uk)  
or call 111 for non-emergency medical advice**

Visit [www.uhleicester.nhs.uk](http://www.uhleicester.nhs.uk) for maps and information about visiting Leicester's Hospitals  
To give feedback about this information sheet, contact [uhl-tr.informationforpatientsmailbox@nhs.net](mailto:uhl-tr.informationforpatientsmailbox@nhs.net)

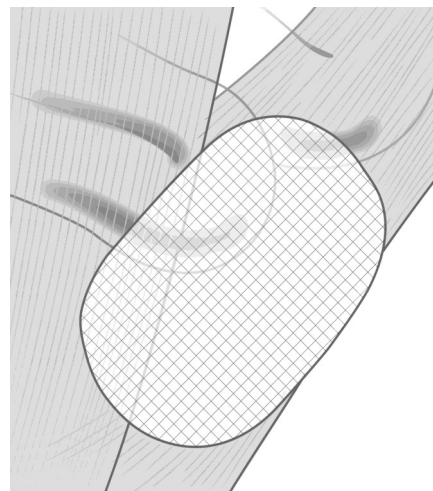


The mesh and coils will not rust or corrode. They do not have to be removed. We leave the mesh in the body. It acts as a permanent barrier to stop the hernia from returning.

There are different ways of repairing a hernia. You can have an open repair, a keyhole or laparoscopic repair or a robotic-assisted repair. A robotic-assisted repair is similar to a keyhole repair but we put cuts in different places in the tummy (abdomen). Your surgeon will talk about the advantages and disadvantages of the options and help you decide what is best for you.



Before (intestines protruding)



After (mesh repair)

## What are the treatment options?

There are 2 main treatment options for an inguinal hernia:

- 1) Watch and wait
- 2) Surgical repair

### Watch and wait:

You can choose not to have treatment. But the hernia will not go away without surgery. There is also a small risk that bowel can become trapped in the hernia. This needs emergency surgery. This can be very dangerous but it is unusual. It happens in about 2 in every 1000 patients each year. Having an emergency repair of your hernia also increases the risk of it coming back.

## Open hernia repair:

We will make a small cut in your groin. We will push the contents in your tummy back into the abdomen and then secure the mesh in place. We can do this under local anaesthetic. This means you will be awake while part of your body will be numb. The risk of a wound infection is slightly higher with an open repair. The risk of damage to the intestines is smaller than with a keyhole repair.

## Laparoscopic or 'keyhole' hernia repair:

During this surgery, we make small cuts in your tummy under general anaesthetic. This means you will be asleep. 1 cut will be near your tummy button. We will make 2 other tiny cuts either side of your tummy button. These cuts are called port sites. We place hollow tubes into the cuts. Through these we pass instruments to do the surgery. Carbon dioxide gas is put into your tummy to help us see whilst operating.

Keyhole hernia repair is more suitable in patients with hernias on both sides of their abdomen. Recovery and return to work may be slightly quicker with a keyhole repair. The chances of having long-term pain is slightly lower.

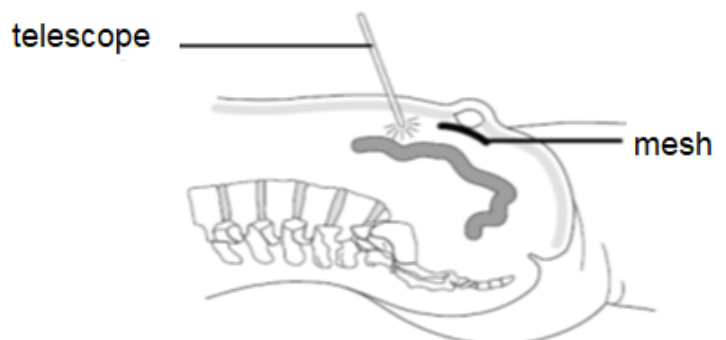
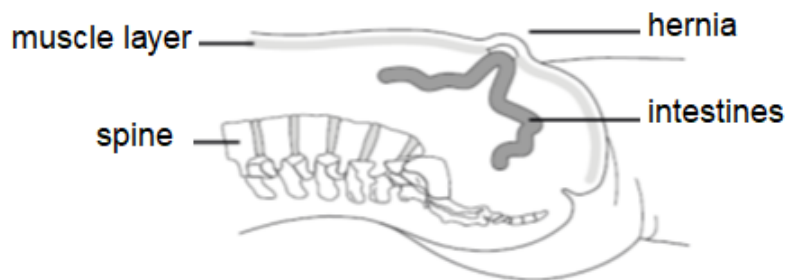
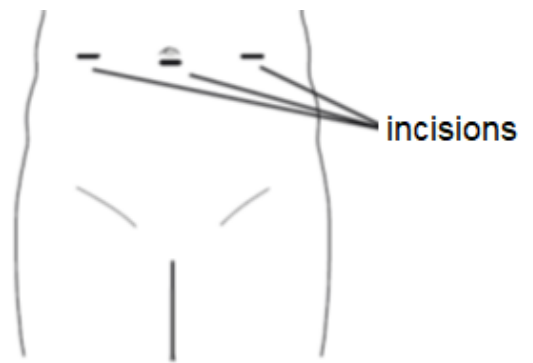
The chance of having major intestinal or vascular problems is slightly higher.

Keyhole surgery is not suitable for some people. For example if you have a large hernia, or if you have had previous surgeries on your tummy.

## Robotic-assisted hernia repair:

Similar to laparoscopic repair, we make small cuts to create port sites in your tummy. We do this under general anaesthetic. The surgeon will bring the robotic machine arms to these ports. They will pass instruments through them into the tummy to do the surgery. We put carbon dioxide gas into your tummy to make space for the surgeon to see and control the robotic arms. The surgeon is always in control of the arms. There is an assistant at the bedside to control and change the instruments when needed. It can take slightly longer than a keyhole repair. It is thought to be safe and the recovery time is around the same. Robotic-assisted surgery may not be an option for all patients. Your surgeon can explain this to you in more detail if needed.

The waiting time to have the surgery is longer for keyhole surgery and robotic-assisted surgery because it is more specialised and fewer surgeons do it. All 3 repair surgeries are effective. They are used across the country.



## Are there any risks or complications involved?

All these types of hernia repair are very safe. Complications can happen and you must be aware of this before you agree to have the surgery.

### Risks during the surgery:

- **Damage to testicular vessels (in men):** The sperm tube (vas) and blood vessels are very close to the hernia. Together they make part of the spermatic cord. The blood vessels can get damaged during the surgery. This is rare. This can cause less blood to reach the testicle making it shrink and stop working properly. This can cause a loss of the testicle in 1 in 50 patients. Getting an injury to the tube carrying sperm may lower your ability to have a child (fertility) in 1 in 100 patients.
- **Damage to internal organs or blood vessels:** Sometimes, the bowel can be trapped or damaged during the surgery. This happens in about 1 in every 1000 patients. We often recognise this before you go home and treat you for it. **Please get medical help and contact the hospital or call 111 right away if you have:**
  - severe tummy (abdominal) pains,
  - fever,
  - severe vomiting,
  - you feel unwell,

You can also find contact details on the last page.

- **Switching from keyhole to open surgery:** If you are having keyhole surgery, there is a chance that the surgeon will not be able to do the surgery this way. We will then need to do a standard open hernia repair instead. This happens in about 1 to 1.5 in every 100 patients.

### Risks during the first 24 hours:

- **Difficulty passing pee (urine):** Sometimes people find it difficult to pee. This happens more often in people who are older, or if you have prostate problems. If you cannot pee, we may pass a small plastic tube (catheter) into your bladder. This can be uncomfortable. This does not need a general anaesthetic and we can do this on the ward. The catheter will be removed after 24 to 72 hours (1 to 3 days). If you continue to struggle passing pee, you may be discharged with a catheter. We will give you medicine to help improve the flow of pee. We will ask you to come back to a clinic to remove it around 2 weeks later.

If you have your surgery at Loughborough, Melton or Hinckley hospitals you will be given a contact number to call if you have difficulty in passing pee after going home.

### Risks during the first week:

- **Re-admission:** You may need to come back to hospital for another surgery. For example to stop bleeding or treat a severe infection. To treat a complication of the surgery, sometimes people need to go back into hospital and some need another surgery. About 7 out of 100 people go back into hospital within a month of surgery. 1 in a 100 people have another surgery.

- **Bowel disturbance:** Your bowels may be slow to work at first. This is the case if you have been taking some strong painkillers. It is important not to let yourself become constipated. Straining on the toilet changes the pressure inside the abdomen. You should avoid straining in the early days after your surgery.
- **Bruising to groin/testicles:** You may have bruising after the surgery. This will start to appear a few days after your surgery. This bruising is quite normal and will go away. It may take a few weeks for all of it to go away.
- **Chest infection:** If you smoke, you must stop smoking about 2 weeks before your surgery. This will help reduce the risk of an infection. You must try and move around as soon as you feel able to.
- **Blood clot in the lower leg (deep vein thrombosis (DVT)):** There is a risk of around 1 in 500 people getting DVT. To reduce this risk, we may give you a blood thinning injection into your tummy before the surgery. We may also ask you to wear special compression stockings which you should wear for the first week after surgery. Make sure to check the skin on your legs/ankles/feet to prevent skin irritation, breakdown or pressure sores. Stockings can move around throughout the day. Checking them regularly and smoothing out any wrinkles is very important. We will encourage you to get up and move about after your surgery as soon as the effects of the anaesthetic have worn off.

For more information visit [www.yourhealth.leicestershospitals.nhs.uk](http://www.yourhealth.leicestershospitals.nhs.uk) and search for:

- 'Reducing the risk of blood clots while you are in hospital' or leaflet 338.
- 'Reducing the risk of blood clots when you go home' or leaflet 339.

### Risks during the first month:

- **Developing a lump:** Some patients notice a lump in the groin a few days or weeks after their surgery. They worry that the surgery has not been successful. This is most likely caused by a collection of fluid in the area where the hernia was originally. This is called a 'haematoma' or "seroma". This will often go away on its own within a few weeks. If the lump continues to get bigger and you are taking medicines to thin the blood, please get medical help and contact the hospital or **call 111** right away. Contact details are on the last page.
- **Numbness of the skin:** Some numbness below the wound and at the top of the thigh can be quite common after the surgery. You do not need to worry about this. It can take 6 months to get back the full feeling of the area. Sometimes you may have a small patch of skin that will stay slightly numb.

### Longer term risks:

- **Long term (chronic) pain:** Some patients feel discomfort for several years. 1 in 20 patients feel some pain. Of these people, half will have severe pain. It is thought that this is because of the irritation of the nerves in the area by the healing tissue. The chance of this happening 1 year after the surgery is:
  - Pain while resting: 5 out of every 100 people.
  - Pain when exercising: 9 out of every 100 people.

- Pain bad enough to need treatment: 2 out of every 100 people.
- **Port site hernia:** After keyhole surgery, the tummy button repair can be an area of weakness. A hernia may develop there in the future. We may need to do another surgery for this.
- **Another hernia (recurrence):** The risk of hernia coming back is about 1 in 100 people after 5 years.

## What other treatment options are there?

The surgery aims to improve your quality of life. You can decide if you want the surgery or not. This is different for each patient as the symptoms affect daily life differently.

Many people choose not to have the surgery. This is the case if it is not causing them any symptoms. If you choose not to have the surgery, you can always have it later if it does start hurting. About 7 in 10 people who choose not to have the surgery end up choosing to do so within the next 5 years.

There is also a very small risk of having a piece of bowel becoming trapped in the hernia. This needs an emergency surgery which is dangerous for older people or people with other medical problems. The chance of this is **low**, about 1 in a 100 cases.

You can wear a truss (support). These may be uncomfortable to wear. It does not repair the weakness in your abdominal wall and does not control the hernia.

## What happens before my surgery if I choose to have it?

We will see you at the pre-assessment clinic on a separate date before you come in for your surgery. Please write down any questions about your surgery and ask the pre-assessment nurse or your surgeon before your surgery.

Depending on your general health and your age, you may have had some tests carried out. These will have been looked at before your surgery. Please also bring in all the medication you are currently taking.

## What do I need to do before my surgery?

We will send you a letter with the date of your surgery. This letter has instructions that you must follow about not eating and drinking (fasting) for a set amount of time before your procedure.

### You should:

- Follow your instructions about not eating and drinking. Not eating includes chewing gum and sucking sweets.
- If you are having day surgery, you must have a responsible adult (over 18) to take you home in a car or taxi. You must have a responsible adult to stay with you for 24 hours (1 day) after your surgery.
- Take your medicine as advised by the surgeon or pre-assessment nurse. Your pre-assessment nurse, or GP, will talk to you about when you should stop taking tablets like Warfarin, Clopidogrel and Apixaban before surgery. If your appointment is cancelled you should ask about when to re-start these medicines.

- Read all the information leaflets that you have been given. These are also available here: [www.yourhealth.leicestershospitals.nhs.uk](http://www.yourhealth.leicestershospitals.nhs.uk)
- You should stop smoking 48 hours (2 days) before your surgery. The hospital is a 'smoke free environment'. This means you cannot smoke in the hospital or outside in hospital grounds. You can use a nicotine patch if needed but we do not advise you to use gum.
- Do not bring valuables into hospital. We cannot be held responsible for any loss or damage.
- Please remove all jewellery. Any jewellery you cannot remove will be talked about during pre-assessment appointment.
- Take a bath or shower using the shower gel if provided at pre-assessment.
- You do not need to shave the area. If needed we will do this during your surgery.

## What will happen on the day of my surgery?

If you are ill, or cannot keep your appointment, please let us know as soon as possible. We may be able to book another patient in.

Operating lists can be a morning or afternoon list or an all day list. So please be prepared to wait as it is not possible to tell you in advance which order the operating list will run in.

### Please bring:

- A contact number for the person who is taking you home.
- Only bring an overnight bag if you have been told to at pre-assessment. Most people will go home on the day of their surgery.

A member of the nursing team will admit you to the ward. They will ask you a few questions and carry out some tests like checking your blood pressure, pulse and temperature. We may need to do a pregnancy test. We will talk about this with you.

A member of the surgical team will meet you. They will check that you have signed a consent form and go through the planned surgery. Please ask your surgeon if there is anything you do not understand.

An anaesthetist or anaesthetic physician assistant will also come see you. The anaesthetist is the doctor who will look after you when you are asleep. A physician assistant is a non-medically qualified practitioner trained in anaesthetics. The anaesthetic doctor will oversee your anaesthetic care.

You will need to change into a theatre gown and put on tight stockings. These stockings reduce the risk of a blood clot.

## What happens after the surgery?

After you have woken up in the recovery area we will take you back to the ward. The staff will make sure you are comfortable and offer you refreshments. If you have any discomfort or sickness please let the staff know so that they can help you.

If you are on the day ward, you will recover on the ward until your nurse is happy that you are well enough to go home. You will need to eat and drink before you can go home, and pee depending on the type of surgery you have had. We will give you contact details for any questions you may have for the first 24 hours (1 day) after discharge. If you have any problems after this time you should contact your GP or call 111.

**There are 4 things you must not do for 24 hours (1 day) after your general anaesthetic:**

- Do not drive a car, ride a bike or operate machinery, including kettles and irons.
- Do not carry children in case you feel dizzy.
- Do not sign legal documents or make important decisions as your judgement may be affected.
- Do not drink alcohol.

**Wound care**

You will have a dressing or skin glue covering the wound(s). Dressings needs to stay in place for at least 24 hours (1 day) if possible. Showering is safe. You can pat the wound(s) dry and re-apply dressing(s) if needed. Avoid using antiseptic washes or perfumed shower gels over the wound(s). You should avoid soaking your wound in a bath until it has completely healed. The discharge letter will also explain how to manage your wound at home. The wounds may itch and there may be bruising. This is quite normal and will settle.

**Tablets for pain**

You will have some pain after your surgery. We may give you pain killing tablets to take home if needed. Take them regularly as prescribed for the first few days. If you run out of tablets you can take the empty box to your local pharmacy who will let you know which tablets to buy. Or you can arrange to see your own GP to get some more tablets.

Everyone is different. Do not be surprised if you are still having some pain for a week or 2. This is quite normal. We know it can be painful, everyone is still encouraged to move around as much as possible after their surgery. It will help your recovery and may reduce your risk of long-lasting discomfort in your groin after surgery.

Please read the following points about painkillers:

- Take them when the pain starts. Do not wait for it to get really bad.
- Take it before you go to sleep so you are able to rest.
- Take your painkillers as prescribed on your discharge letter, medication box or according to the leaflet supplied with the medication if taking your own supply. Be aware of any side effects.
- Take it when you wake up, so they are working before you get out of bed.
- Painkillers can cause constipation. You should drink plenty of water, and eat some high fibre foods like fruit, vegetables and cereals.

## General advice

- **Driving:** The DVLA rules are that you must not drive until you can safely and comfortably do an emergency stop without wincing or flinching. You should be able to do this about a week after surgery.
- **Work:** The length of time you need to be off work depends on what your job is. Most people will be able to return to light duties after 2 weeks. If your job involves heavy lifting you may need up to 1 month off work. Please talk about this with the doctor doing your surgery or the nurse. If you need a fit note, please ask the nurse before your surgery.
- **Sex:** You may return to your usual activities once you are comfortable. If you have any questions, please ask the pre-assessment nurse or the ward nurses.
- **Physical activity:** You should be walking the day after your surgery and keeping mobile is important. However, do not do too much too soon. It is usual to feel some aches and pains for a few days or weeks (often up to a month). Do not do anything that strains your tummy muscles for at least a month.

If you are concerned about any symptom or problem at any time after you are sent home from hospital you should contact your GP or **call 111**. You can also ring the ward/ hospital where you had your surgery.

## Contact details

Leicester Royal Infirmary: 0116 258 5164 (day surgery)

Leicester General Hospital: 0116 258 4192 (day case 1)

0116 258 8130 (day case 2)

Leicester Glenfield Hospital: 0116 250 2490 (ward 24)

East Midlands Planned Care Centre: 0116 502 1421 (surgical day case unit)

(at Leicester General Hospital)

Loughborough Hospital: 01509 564406

Melton Hospital: 01664 854904

Hinckley Hospital: 01455 441845

When calling it may be helpful to tell them:

- The name of your consultant.
- The surgery that you had.
- The date of your surgery.
- Your hospital number.

