



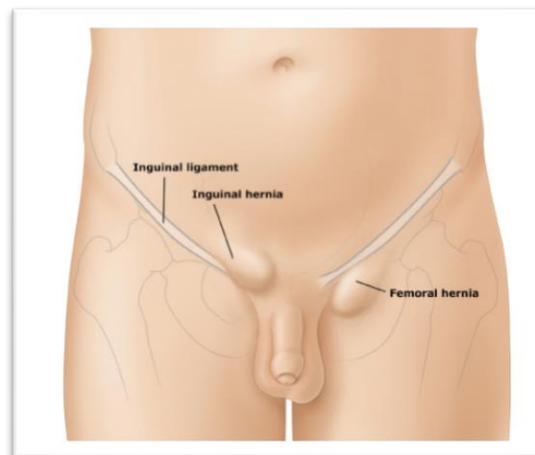
Laparoscopic (TEP: Totally extraperitoneal approach) inguinal hernia repair

Informed consent: patient information

1. What is this procedure and how will it help me?

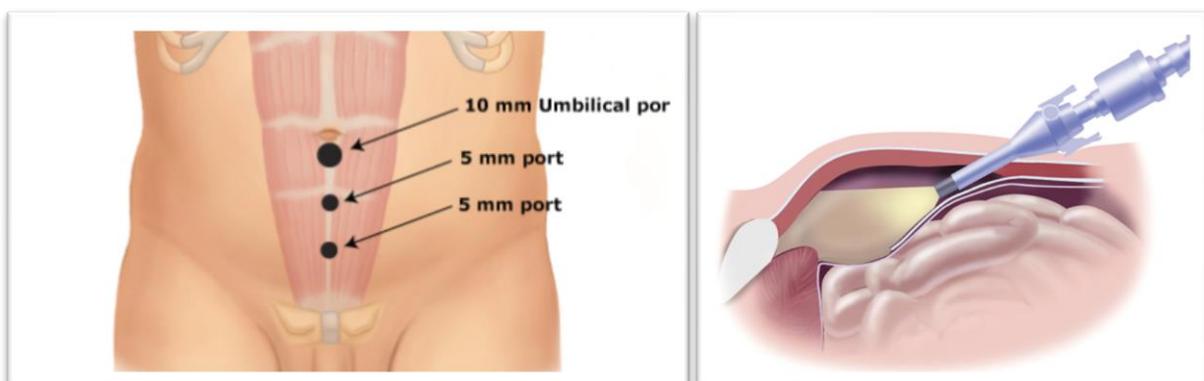
A **hernia** occurs when a part of an internal organ, sometimes the bowel, pushes through a weak point in the abdominal wall.

Inguinal hernia is the most common type of hernia, and twenty times more common in men than in women. It is likely that sometime during a man's life they will develop a hernia. The inguinal canal is in the groin. The first sign of a hernia is a lump.



2. What do I need to know about this procedure?

Laparoscopy or **key-hole surgery** is performed under general anaesthetic. Small cuts are made in the abdomen. Instruments are pushed into the holes and carbon dioxide gas is blown into the region to lift the space in between the layers of the abdominal wall (extraperitoneal space) so the surgeon has a good view.





A **mesh** is placed and may be secured over the weak area. The instruments are removed and the gas is allowed to escape before stitching the cuts together. The scrotum may be temporarily swollen with gas after surgery but will resolve.

3. The anaesthetic

This procedure will require a **general anaesthesia**.

4. What are the benefits of having this procedure?

The lump will be relieved by the surgery. Planned surgical treatment of a hernia is much safer than leaving the hernia until an emergency happens.

5. How to prepare for the procedure?

If you need to have a hernia repair, you will be asked to eat nothing the night before the surgery. If you need to take medications, you may have a sip of water. You should have nothing at all 6 hours before the surgery. Your surgeon will discuss with you whether to stop taking medicines or supplements.

6. What to expect after the procedure?

- You will be monitored in recovery for some time and will normally be able to go home within 24 hours although many people need to stay overnight in hospital. You may have some side effects from the general anaesthetic such as a headache, nausea or vomiting, which can be controlled with medicine.
- You will have some pain in your abdomen after the operation, which can be controlled using pain relief. You may also have some pain in your shoulder from the gas used in the operation, which can be eased with walking.
- You can take sips of water at first then slowly get back to eating and drinking normally soon after the operation.
- The wound will be closed with dissolvable stitches and covered with water proof dressings. You can have shower the day after the surgery. Keep the dressings intact for a week unless they are heavily stained with seepage.
- You will feel tired for a few days after surgery. Take things easy and return to normal duties as you feel able to. It takes about 14 days to recover and you should not drive during the first few days. Do not lift heavy weights (more than 10 kg) for at least four weeks after surgery.



7. What are the specific risks of this procedure?

There are risks and complications with this procedure. They include but are not limited to the following:

- Need for open surgery – Keyhole surgery may not work and the surgeon may need to convert to open surgery.
- Ongoing pain or discomfort in groin - Postoperative scarring may result in long term burning and aching in the groin. This may happen even months later.
- Hernia recurrence – The hernia may come back. It is about 10-15% of cases.
- Bleeding into the wound – Possible bleeding into the wound after surgery. Treatment is usually antibiotics and/or drainage by further surgery.
- Trouble passing urine after surgery - Usually a temporary problem due to spasm of the bladder muscles. More common in older males. A catheter (plastic tube) is put into the bladder to drain the urine away.
- Swelling of the testicle and scrotum - In male patients, the testicle and the contents of the scrotum may swell due to tissue damage during surgery or bleeding during or after surgery. Also, the penis may show bruising. The swelling of the scrotum may be drained surgically. The testicle may stop making sperm and it may shrink. Rest, the use of ice, and the use of supportive underwear may help.
- Shoulder pain on the day of surgery - You may also have some pain in your shoulder from the gas used in the operation, which can be eased with walking.
- Damage to large blood vessels, gut or bladder
- Injury to sperm tube (Vas deferens)