

Patient leaflets from the BMJ Group

Hernia

A hernia is a bulge you can see or feel in your groin. It may be tender or uncomfortable, and you may not like the way it looks. Doctors usually recommend surgery to repair a hernia.

We've looked at the best and most up-to-date research to produce this information. You can use it to talk to your doctor and decide which treatments are right for you.

What is a hernia?

A hernia can happen if there's a weak spot in your stomach muscles. A section of bowel can poke through the weak spot. This causes a bulge in your groin or the lower part of your abdomen.

You may have been born with a weak spot in your muscles. Or something may have damaged them. Heavy lifting, a bad cough or straining when you go to the toilet could all damage your stomach muscles.

Hernias can also happen in other parts of your body. This information is about a hernia that happens in your lower abdomen or groin. Doctors call it an **inguinal hernia**. Hernias are much more common in men than in women.

What are the symptoms?

The main symptom is a bulge near your groin. It may be on one side of your groin or on both sides. The bulge may get bigger when you cough, bend, lift or strain. You may not be able to feel it when you sit or lie down.

Your groin may feel uncomfortable or even painful, especially when you bend or lift. Some people can push their hernia back in, but it's likely to come out again. If you have a hernia that you could push back in but can't any more, make sure you see your doctor.

In men, the lump can move into the scrotum (the bag that holds the testicles). This can cause swelling and be painful.

Some people don't have any problems from their hernia. It may be possible to wait and then see if you need treatment later. However, there is a small chance that your stomach muscles could trap the piece of bowel that's poking through and cut off its blood supply. This is called a **strangulated hernia**. It's very dangerous, and needs emergency surgery. See a doctor straight away if your bulge is painful, you feel sick or get a fever, or the bulge turns red, purple or black.

What treatments work?

Surgery is the only treatment for a hernia. You may have heard of supports or trusses to hold in a hernia, but they're not used much any more. Doctors sometimes suggest them if you need to wait a while before you have surgery.

There are two main types of surgery that can repair a hernia. **Open surgery** is done through a cut that opens up your groin. **Keyhole surgery** involves making several smaller cuts. The surgeon works through the cuts, using a camera to see inside your groin. Whichever operation you have, you'll probably be given a general anaesthetic to make you sleep.

Open surgery

If you have open surgery, your surgeon makes a cut between 5 and 10 centimetres long (about 2 to 4 inches long) down the crease of your groin. He or she then pushes the hernia back into place or cuts it away. A mesh patch is usually used to cover the weak spot in your stomach muscles. Stitches can be used in your muscle instead of a patch, but they don't work quite as well. The cut in your skin will then be closed with stitches. These are usually the kind that dissolve.

Keyhole surgery

If you have keyhole surgery, your surgeon makes a small cut near your belly button. The cut is about a centimetre (half an inch) long. A thin tube with a camera on the end is put through the cut. The camera sends pictures to a screen so the surgeon can see inside your groin. The surgeon also makes one or more small cuts lower down your abdomen. He or she puts instruments through these cuts to push the hernia back into place. A mesh patch is used to close the hole in your stomach muscles.

There are two kinds of keyhole surgery. If the surgeon cuts through the layer of tissue that covers your bowels, it's called TAPP. If the surgeon pushes your hernia back without cutting through this layer, it's called TEP.

What are the benefits of surgery?

Whatever type of hernia operation you have, it will get rid of the bulge in your groin. Once you've healed after the operation, you shouldn't get any more pain or discomfort from your hernia.

There are some advantages to keyhole surgery. You're likely to have less pain or numbness straight after the operation. You're also less likely to have pain that lasts a long time. About 1 in 10 people still have some pain a year after a keyhole operation. About 2 in 10 people who have open surgery still have groin pain a year later.

Keyhole surgery also means you'll have smaller scars. And you'll probably be able to get back to your normal activities sooner. However, the results of any kind of surgery depend on how experienced your surgeon is.

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What are the risks?

All operations have risks. You and your surgeon should discuss these before you have your hernia repaired.

Some people feel sick when they come round from the anaesthetic. More serious problems, such as an allergic reaction to the anaesthetic, are rare.

About 1 in 10 people bleed heavily under the skin after their operation. This can cause a bad bruise called a haematoma. Some people get a build-up of fluid under their skin. This happens to about 3 in 100 people who have open surgery and about 6 in 100 people who have keyhole surgery.

Occasionally, the surgeon may accidentally damage an organ. For example, you could get damage to your bladder. Damage to an organ is very rare during open surgery. During the kind of keyhole surgery called TAPP, it happens to about 6 in 1,000 people. It may be less common for people who have the type of keyhole surgery called TEP. If you get damage to an organ, you may need another operation to fix it.

There's a chance that your hernia could come back after surgery. Up to 6 in 100 hernias come back in a few years. The risk is about the same for keyhole and open surgery. You can have another operation if your hernia comes back. Keyhole surgery may be better if you need a second operation, because your surgeon won't have to cut through the scar from your first operation.

What will happen to me?

Most people have surgery to repair their hernia. If you don't have treatment, there's a small risk that your stomach muscles could trap the section of bowel that's poking through and cut off the blood supply (called a strangulated hernia). This is very dangerous. About 5 in 100 people with a hernia end up needing emergency surgery because they get a serious problem.

However, if your hernia isn't causing problems, and your doctor thinks you have a low risk of a strangulated hernia, you probably don't need to have it repaired straight away. You can wait and see what happens before you decide about treatment.

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