**Open, No-Mesh, Inguinal Hernia Repair: About the Operation**

A hernia can be thought of as a hole in the muscles of the groin through which the abdominal contents can protrude. This is usually fatty tissue (the omentum) but it can be bowel and rarely even the bladder can be found in a hernia. The appendix can sometimes form part of a right sided hernia.

The aim of the operation is to close the hole to prevent the hernia. During the operation the muscle layers are explored and the hole (the defect) is found. The hole is closed with stitches (sutures) and the muscles are then repaired over the front of the hernia for extra strength.

Following your operation, you will have a bruise. The scar is always numb, and this numbness sometimes goes down the inside of the thigh as well.

There is a nerve that runs over the muscles that is usually moved during the operation. This will often cause the nerve to “shut down” for a while afterwards. This nerve sends a branch to the inside of the thigh and to the top of the scrotum (in men), so these areas sometimes feel numb, or occasionally over sensitive. When the nerves recover you will get some odd tingling or shooting pains. These are normal and nothing to worry about.

In men, sometimes the testicle on the side of the hernia repair may lie slightly lower than before the operation.

The wound may also get swollen, and as the scar tissue forms it can become quite hard and nodular. This always settles down, but it can take a few months. The scar itself will fade and go pale over period of several months.

Other possible complications include difficulty with passing urine. This can be due to muscle spasm in the groin preventing the bladder relaxing. This usually settles fairly quickly but a small number of people may need a catheter into the bladder, and this is usually left until the following morning when it is removed. After this passing urine returns to normal.

A haematoma is a big blood clot under the skin. This is ***very*** rare. If it does happen it usually occurs on the same day as surgery and produces a very large swelling. The treatment is a second operation to remove the blood clot.

An equally rare complication is that of testicular atrophy. This is more likely to occur if there have been multiple operations on the groin. It seems that somehow the blood supply the testicle is affected, perhaps by scar tissue, and the testicle shrinks.

Wound infection occurs in around 1% of people and is usually treated with antibiotics.

A very small number of people get persistent pain, often towards the middle end of the scar.

In addition, there are some potential complications that can be associated with any general anaesthetic; these include nausea and vomiting, sore throat and headache as well as blood clots in the legs and lungs. All these are very rare with modern anaesthesia, early mobilisation and discharge.

Following surgery, it is helpful to do some exercises to help the muscles recover and to decrease the chances of getting another hernia (the risk of a “recurrent” hernia is less then 1%). If you need help with the rehabilitation, we can recommend physiotherapists and other consultants who specialize in sports and exercise medicine.