

**For staff use only:**

**Patient Details:**  
**Surname:**  
**First names:**  
**Date of birth:**  
**Hospital no:**  
**Male/Female:**  
**(Use hospital identification label)**

# West Suffolk Hospital

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# Inguinal hernia repair

## For staff use:

Does the patient have any special requirements? (eg interpreter or other communication method)

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.....

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## Please bring this form with you to hospital.

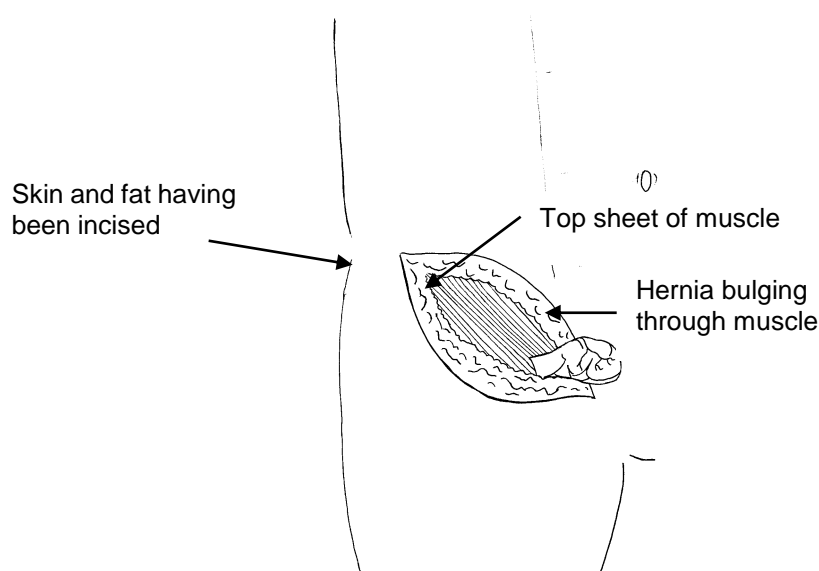
You will be asked to read the consent form carefully and you and your doctor (or other appropriate medical practitioner) will sign it to document your consent.

## Patient information

# Inguinal hernia repair

## What is an inguinal hernia?

Underneath the skin, the wall of the abdomen is made up of a number of sheets of muscle. These muscle sheets lie on top of each other and hold the intestines within the abdomen. In the groin a weakness may develop in these muscle sheets, which means that some of the fat or intestines bulge forward through the muscle. Patients notice this as a lump and is referred to as an inguinal (ing-win-al) hernia by doctors.



## Why repair inguinal hernias?

If left untreated the hernias may become both larger and cause more discomfort.

The most serious complication of hernias occurs when some of the intestines get stuck in the hernia. In this situation the hernia becomes very painful and it will not disappear when you lie down and relax your abdominal muscles. If this happens you should see your GP immediately or go to the local accident and emergency department. An emergency operation is needed to release the intestines back into the abdomen.

Surgery to repair inguinal hernias is straightforward and involves placing a fine 'mesh' over the hole in the muscle. It will allow you to return to all your usual daily activities, and potentially offers an effective permanent solution to the problem.

## What are the alternatives?

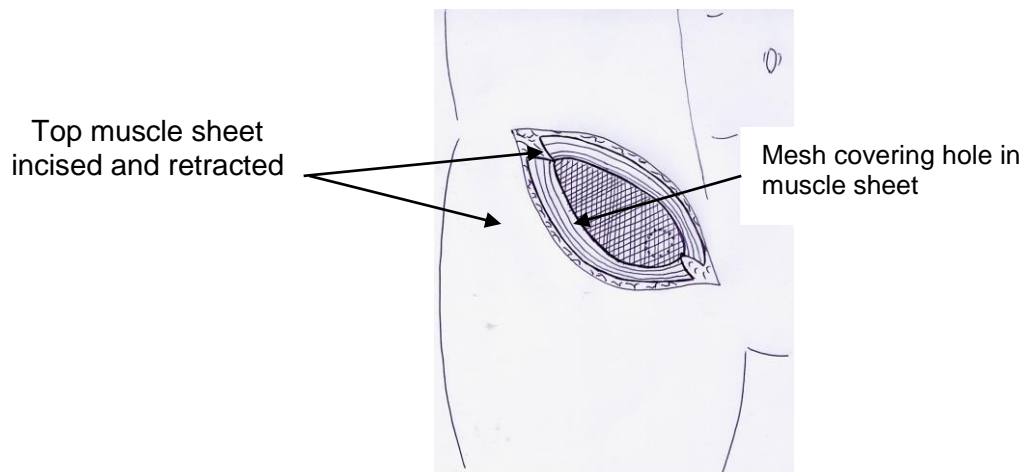
For some patients with other serious medical problems an operation may not be the best option. In these situations a special belt, termed a truss, may be used to help stop the hernia pushing through the muscle wall.

## The operation

Inguinal hernia repair usually takes between 45-60 minutes. Most patients have the operation done as a 'day case', arriving and leaving the hospital the same day. This is not appropriate for everyone and some patients require a longer stay in hospital.

You may be offered a general anaesthetic, a spinal anaesthetic (similar to an epidural), or a local anaesthetic nerve block. Your surgeon and anaesthetist will advise you as to which they feel is most appropriate.

The skin incision is 5-10cm long just above the groin, an area which normally heals with a neat scar. The hernia is reduced back into the abdomen, and a fine, permanent mesh sewn into place over the hole in the muscle wall. The skin is sewn together with dissolving stitches. Local anaesthetic is injected to reduce pain immediately after the operation.



## Recovering from the operation

The local anaesthetic often means patients have very little pain immediately after the operation. After this anaesthetic wears off you can expect some degree of discomfort for a few days. Simple painkillers such as paracetamol or ibuprofen will help relieve this and you will be given these when you leave hospital.

You will be able to eat and drink 2-4 hours after the operation, and often patients can go home the same day. On discharge a nurse will give advice on looking after the dressing, hygiene and bathing. Patients are not routinely followed up in the outpatient clinic if surgery has been straightforward.

When back at home, it is best to be up and around, doing mild exercise such as walking. However **strenuous** exercise or **heavy** lifting must be avoided for three weeks after the operation. After this time it is sensible to slowly build back into more rigorous activity over a week or so.

Starting work depends on the degree of physical activity involved. An office job can be resumed after five days to a week however more physical work should wait for 3-4 weeks as outlined above.

Driving is possible once an emergency stop can be performed without discomfort – generally 1 - 2 weeks. It is advisable to check with your insurance company about any more specific period which may apply.

## Complications

Any operation carries some risk of unexpected problems. The problems which may occur with any operation are:

- Wound infections
- Excessive bleeding causing bruising or swelling
- Blood clot in the leg (deep vein thrombosis)

Wound infections normally only require simple oral antibiotics, and it is very rare for bleeding to be severe or require a further operation to stop it. The risk of blood clots is reduced by the use of special compression stockings.

The complications specific to inguinal hernia repair are:

- Recurrence of the hernia – less than 1 in 20 cases
- Numbness
- Chronic pain
- Testicular problems

If the hernia recurs surgery can be repeated.

There are some nerves in the area of the operation and if these are damaged you may have some numbness or tingling over the inner thigh, and in men part of the scrotum.

A small number of patients (5%) have some persistent discomfort in the area for a prolonged period after the operation (up to 2 - 3 years).

It is very rare, particularly if this is a first hernia operation, however the blood vessels which go to the testis may be damaged. This causes the testis to reduce in size.

## Further information

Recommended sources of further information are:

- Patient UK [www.patient.co.uk](http://www.patient.co.uk)
- Patient Education Institute (US website) <http://www.nlm.nih.gov/medlineplus>

Deciding to have an operation is rarely easy and different for every patient. If there are any important issues for you, which have been raised either by this booklet or wider reading, you should arrange to see your GP or the surgical consultant planning your operation.

Mesh inguinal hernia repair is a commonly performed operation which is very successful and without complication in the vast majority of patients.

# Consent form 1

<b>Patient details or label</b> Surname: First name(s): Date of birth: CRN number: NHS number: Male/Female:
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Responsible health professional: Job title: Special requirements: <i>(eg other language/other communication method)</i>
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## Patient agreement to investigation or treatment

### Name of proposed procedure or course of treatment

**Repair of** (write side out in full) ..... **Inguinal Hernia (Open procedure)**

### Statement of health professional

*(To be filled in by health professional who has appropriate knowledge/training of the proposed procedure, as specified in the hospital's consent policy)*

I have explained the procedure to the patient. In particular I have explained:

- The intended benefits of the procedure, ie treat symptoms and prevent complications of hernia.
- Any serious or frequently occurring risks, eg:
  - ◆ Bleeding
  - ◆ Infection
  - ◆ Chronic groin pain
  - ◆ Recurrence
- Any extra procedures that might become necessary during the procedure

I have also discussed what the procedure is likely to involve, the benefits and risks of any available alternative treatments (including no treatment) and any particular concerns of this patient.

#### This procedure will involve:

General anaesthesia

Health professional's signature ..... Date: .....

Name (PRINT): ..... Job title: .....

**Contact details** (if patient wishes to discuss options later) .....

### Statement of the interpreter (where appropriate)

I have interpreted the information above to the patient to the best of my ability and in a way in which I believe s/he can understand:

Interpreter's signature ..... Date: .....

Name (PRINT): .....

**Patient Information leaflet and bottom copy accepted by patient: yes/no** (please ring)

Patient Details or label

Surname:  
First name(s):  
Date of birth:  
CRN number:  
NHS number:  
Male/Female:

## Statement of patient

Please read this form carefully. If your treatment has been planned in advance, you should already have your own copy of this consent form, which describes the benefits and risks of the proposed treatment. If not, you will be offered a copy now. If you have any further questions, do ask – we are here to help you. **You have the right to change your mind at any time, including after you have signed this form.**

**I agree** to the procedure or course of treatment described on this form.

**I understand** that you cannot give me a guarantee that a particular person will perform the procedure. The person will, however, have appropriate experience.

**I understand** that I will have the opportunity to discuss the details of anaesthesia with an anaesthetist before the procedure, unless the urgency of my situation prevents this. (This only applies to patients having general or regional anaesthesia).

**I understand** that any procedure in addition to those described on this form will only be carried out if it is necessary to save my life or to prevent serious harm to my health.

**I have been told** about additional procedures that might become necessary during my treatment. I have listed below any procedures that **I do not wish to be carried out, without further discussion.**

.....  
.....

**Patient's signature:** ..... **Date:** .....

Name (PRINT): .....

**A witness should also sign below if the patient is unable to sign but has indicated his or her consent. Young people/children may also like a parent to sign here (see notes).**

**Witness's signature:** ..... **Date:** .....

Name (PRINT): .....

**Confirmation of consent** (to be completed by a health professional when the patient is admitted for the procedure, if the patient has signed the form in advance)

On behalf of the team treating the patient, I have confirmed with the patient that s/he has no further questions and wishes the procedure to go ahead.

**Health professional's signature:**..... **Date:** .....

Name (PRINT): ..... Job title .....

**Important notes: (tick if applicable)**

- See also advance directive/living will (eg Jehovah's Witness form)
- Patient has withdrawn consent (ask patient to sign/date here)

..... **Date** .....

## Consent form 1