

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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Laparoscopic inguinal hernia repair

For staff use:

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

.....

.....

.....

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.

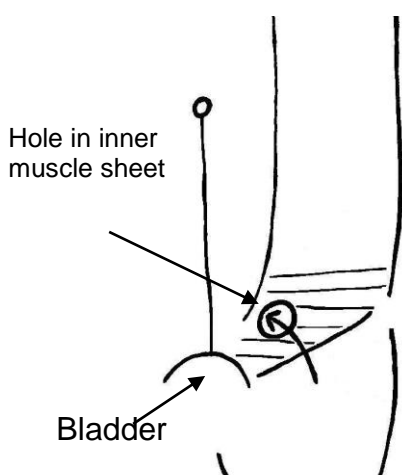
Patient information

Laparoscopic Inguinal Hernia Repair

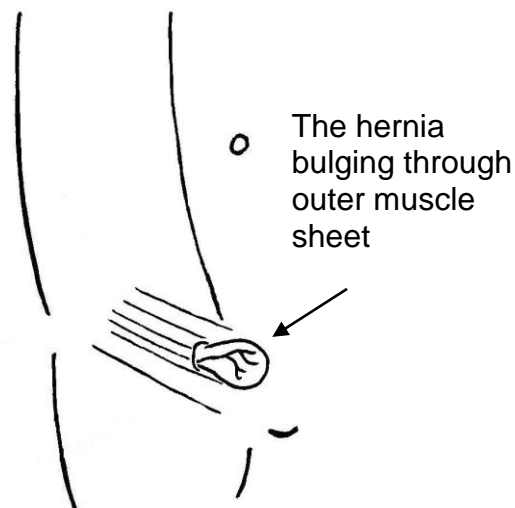
What is an inguinal hernia?

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.

The right groin as viewed with a keyhole camera from inside the abdomen



The right groin as viewed from outside the abdomen



Why repair inguinal hernias?

If left untreated inguinal hernias often become 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 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.

Keyhole (termed 'laparoscopic') hernia repair involves placing the mesh on the inside of the muscle wall of the abdomen. The traditional 'open' operation places the mesh between the outer layers of the muscle wall.

What are the alternatives?

Many hernia repairs are performed with the traditional 'open' technique and a 5 - 10cm incision just above the groin. As an alternative to this open technique, keyhole (laparoscopic) surgery may be offered.

Keyhole surgery uses three small 0.5 – 1cm incisions and has some particular advantages over open surgery:

- If there are hernias in both groins these can both be repaired through one set of incisions.
- If a hernia has recurred keyhole surgery is often easier than repeating a second open operation.
- Patients generally feel less in the way of pain after the operation and are back to daily activities faster.

Unlike open surgery keyhole hernia repair cannot be performed under a local anaesthetic and can only be done with a general anaesthetic.

For a few 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

Laparoscopic inguinal hernia repair usually takes between 45 - 60 minutes. You may 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.

The operation is performed under a general anaesthetic so you are asleep and unaware of the procedure. In preparation for the anaesthetic you will be told not to eat or drink for six hours prior to surgery.

The first part of the operation involves the insertion of a 1cm wide tube (termed a port) into the abdomen at the belly button. Through this port carbon dioxide is used to inflate the abdomen gently. A telescopic camera is passed to view the inside of the abdominal wall and the hole in the muscle wall on a video monitor. A further 2 ports are then inserted through which specially designed instruments are manipulated by the surgeon. The hernia is pulled back into the abdomen and a fine mesh stapled into place over the hole on the inside of the muscle wall.

The skin incisions are closed together with either dissolvable stitches or narrow strips of elastoplast and then covered by dressings.

Recovering from the operation

You can expect some degree of discomfort for a few days after the operation. 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. You will not routinely be seen in the outpatient clinic after the operation if surgery has been straight forward.

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 3 – 5 days 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 and 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 laparoscopic inguinal hernia repair are:

- Recurrence of the hernia – less 1 in 20 cases
- Chronic pain – in the groin or testes
- Damage to internal organs
- Open surgery

If the hernia recurs surgery can be repeated.

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

Damage to internal organs such as the intestine is very rare but serious. Repair of any injury may require an 'open' operation and will mean a longer stay in hospital (1 - 2 weeks).

The surgeon may need to abandon the keyhole approach and revert to the open incision. This is done to ensure a successful and safe operation is performed.

Further information

Recommended sources of further information are:

- Patient UK 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.

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

If you would like any information regarding access to the West Suffolk Hospital and its facilities please visit the website for AccessAble (formerly DisabledGo)

<https://www.accessable.co.uk>



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consent form 1

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

Responsible health professional: Job title: Special requirements: <i>(eg other language/other communication method)</i>

Patient agreement to investigation or treatment

Name of proposed procedure or course of treatment

Laparoscopic Repair of (write side out in full) **Inguinal Hernia (Keyhole 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
 - ◆ Internal injury
- Any extra procedures that might become necessary during the procedure
 - ◆ open operation

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