Total Upper GI Surgery

WEIGHT LOSS | REFLUX | CANCER | GENERAL SURGERY

Laparoscopic Inguinal Hernia Repair

Inguinal Hernia is a common type of hernia within the groin. It commonly presents as pain or a lump. An inguinal hernia is a protrusion of abdominal contents through a defect in the layers of the abdominal wall. These can occur secondary to a congenital defect or secondary to a defect developed over time within the abdominal wall. Operative management includes Totally Extra-peritoneal (TEP or laparoscopic) hernia repair or open hernia repair.

What are the advantages of surgery?

Advantages include:

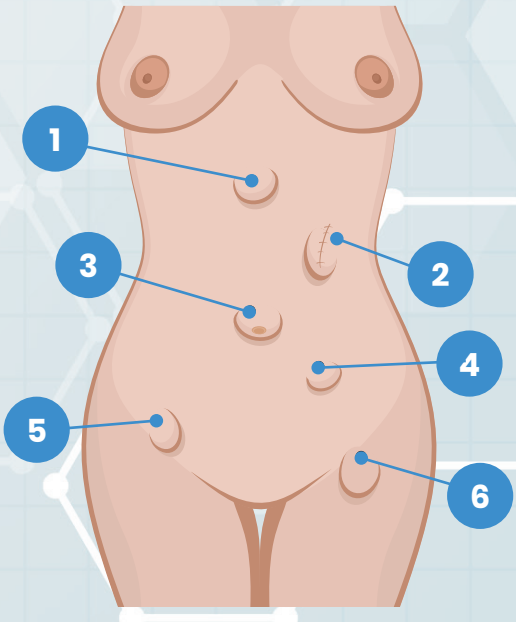
- ✓ **Resolution of hernia**
- ✓ **Resolution of symptoms**
- ✓ **Prevention of complications if not treated with surgery eg. Bowel obstruction, pain, emergency surgery**
- ✓ **Return to normal daily/work activities.**

What are the options for surgery?

There are generally 2 types of surgery offered:

1. **Laparoscopic** (Totally Extra-peritoneal) **repair**
2. **Open inguinal hernia repair**

Your surgeon will recommend one operative approach based on your clinical symptoms, previous surgery and medical problems. It is your decision to proceed with surgery.



1. Epigastric
2. Incisional
3. Umbilical
4. Direct inguinal
5. Indirect inguinal
6. Femoral

What if I don't have surgery?

Surgery is recommended for patients who have a hiatus or para-oesophageal hernia. However, some non-operative measures can be taken to control symptoms:

1. **Diet and exercise are important lifestyle changes that can improve symptoms**
2. **Medical management including proton pump inhibitors (Nexium, Losec, Somac, Pariet) are very effective treatment options, which can alleviate symptoms**
3. **Cessation of smoking and alcohol can improve symptoms.**

What does the surgery involve?

The surgery generally involves admission to hospital for two days. The surgery will be performed laparoscopically (keyhole) under General Anaesthesia. Local anaesthetic and intravenous antibiotics will be administered during the procedure.

Laparoscopic surgery involves five small incisions in your abdominal wall. The abdomen will be inflated with gas to create space for your surgery to be performed. Surgical instruments will be introduced to assist in performing your surgery. Your surgeon will reduce your hernia and then mobilise the oesophagus and perform a fundoplication (wrap) utilising sutures. Your surgeon will then close the small cuts with sutures.

Things to know?

Fasting

Generally, you will need to fast for 6 hours prior to surgery. Your surgeon will provide instructions when booking your surgery. If you are unsure or have any concerns please contact our team.

Medications

Discuss with your surgeon/anaesthetist all the medications you take, particularly any blood thinning (warfarin, aspirin, clopidogrel, Xarelto, Eliquis, Pradaxa) or herbal medications. Your surgeon will advise which medications need to be ceased prior to surgery.

Smoking

Your surgeon will advise you to stop smoking prior to surgery. Smoking increases the risk of developing complications post-operatively.

Weight

Any weight you can lose prior to surgery will improve the outcomes following surgery. Overweight patients have a higher risk of developing complications following surgery. Optifast diet will be commenced at a minimum of two weeks prior to surgery. Your surgeon and dietitian will discuss this with you prior to surgery.

Exercise

Regular exercise improves lung and heart function which improves recovery following surgery. For hernias, you should avoid heavy lifting and exercise which you feel worsen your symptoms. Seek the advice of your surgeon or GP prior to surgery.

General information

Pregnancy - please advise your surgeon if there is any possibility you are pregnant.
Hair removal - in the week prior to the procedure do not shave/wax in the region of your surgery.
Hygiene - have a shower the day before or day of surgery.

Please discuss any other questions with Total Upper GI Surgery.

Complications

Your surgeon and their team will make your surgery as safe as possible, however complications do occur. Some of these can be serious and even cause death.

Common risks and complications

Pain – can occur following surgery. Local anaesthesia and oral analgesia will be given to help you move about freely and cough. Left shoulder and abdominal pain are common and generally the result of gas and fluid within the abdomen following the surgery. Mobilising following surgery can improve these symptoms significantly.

Bleeding – can occur and may require a return to the operating theatre. Bleeding is more common if you take blood thinning medications.

Infection – can occur within the surgical site. It is important to leave the dressings intact as guided by the surgical team. If your wound develops redness or discharge please advise your surgeon as soon as possible.

Difficulty swallowing or belching – can occur following surgery. This usually improves following surgery however occasionally warrants further investigations or procedures.

Urinary retention (1 in 100) - following surgery you may have difficulty passing urine. Occasionally a urinary catheter will need to be placed.

Wound - thickened scarring of the skin may occur. Small pockets of fluid (seroma) can develop and usually resolve without treatment.

Lungs - small areas of lung can collapse and pneumonia develop. Antibiotics and physiotherapy may be required.

Clots - a blood clot in the leg (deep vein thrombosis DVT) or lung (pulmonary embolism – PE) can develop following surgery. DVT may present with swelling, pain or redness in the leg. PE can present with shortness of breath, chest pain or bloody cough. Further treatment with blood thinners may be required if these develop.

Wound infection, chest infection, heart and lung complications and blood clots are more common in people who are overweight, smoking or have a history of diabetes. Emergency surgery increases the risk of these complications.

Uncommon risks and complications

Include:

Damage to surrounding structures - damage to oesophagus, large blood vessels, spleen and bowel may occur during surgery. Damage may warrant further procedures or surgery.

Damage to vagus nerves – These nerves are closely related to the oesophagus and can sometimes be injured. If damaged you may experience diarrhoea or delayed gastric emptying, which may improve with time. Occasionally further procedures may be required.

Conversion to open surgery - laparoscopic technique may not be possible and your surgeon may need to convert to open surgery.

Heart and lung complications - rarely gas used to inflate the abdomen can cause heart and lung complications. Heart attack or stroke can occur due to strain on the heart.

Adhesions - scar tissue may form leading to a bowel obstruction.

Anaesthetic risks are uncommon however you should discuss these risks with your anaesthetist. Death as a result of this procedure is rare.

What to expect following surgery

The majority of patients make a full recovery following laparoscopic fundoplication. Following the operation you will be transferred to the recovery area and then to the ward. You should be able to be discharged two days following surgery.

You should talk to your surgeon if you develop any of the following:

- ✓ **Worsening pain, especially with walking or coughing**
- ✓ **Difficulty swallowing or reflux/heartburn**
- ✓ **A high temperature or fever**
- ✓ **Dizziness or shortness of breath**
- ✓ **Unable to tolerate oral diet – 1.5 to 2L fluid a day needs to be consumed**
- ✓ **Swelling of the abdomen or wound**
- ✓ **Not opening bowels or passing wind**
- ✓ **Difficulty passing urine.**

If you do not improve over the week following surgery, please contact your surgeon or GP.
Medications to be taken following surgery include your regular medications. Generally your reflux tablet can be ceased following surgery.

Do not smoke following surgery as it increases the risk of ulcer formation and bleeding.
Do not drive following surgery until you have complete movement, sensation and function. Do not drive if taking opiate analgesia. Do not drive until you feel you can safely control your vehicle.
Do not consume alcohol for 24hrs following general anaesthesia.

You can usually return to normal activities one week following surgery. Do not do any strenuous activities or heavy lifting for 4-6 weeks following surgery. Please discuss with your surgeon prior to commencing strenuous exercise.

ℹ This document contains general information only as at the date of publication and should not replace advice obtained by your treating doctors applicable for your specific circumstances.

St Vincents Private Hospital Northside,
Level 1/627 Rode Road, Chermside QLD 4032

(07) 3350 2533
(07) 3350 2511
info@totaluppergisurgery.com.au
www.totaluppergisurgery.com.au

Total Upper GI Surgery
WEIGHT LOSS | REFLUX | CANCER | GENERAL SURGERY

© Total Upper GI Surgery 2019