**What is a ventral hernia?**

When a ventral hernia occurs, it usually arises in the abdominal wall where a previous surgical incision was made (incisional hernia) or sometimes due to an inherent weakness in the abdominal wall. In this area the abdominal muscles have weakened; this results in a bulge or a tear. In the same way that an inner tube pushes through a damaged tire, the inner lining of the abdomen pushes through the weakened area of the abdominal wall to form a balloon-like sac. This can allow a loop of intestines or other abdominal contents to push into the sac.

If the abdominal contents get stuck within the sac, they can become trapped or “incarcerated.” This could lead to potentially serious problems that might require emergency surgery. Other sites that ventral hernias can develop are the belly button (umbilicus) or in the area between the breast bone and the belly button (epigastric). A hernia does not get better over time, nor will it go away by itself.

**How do I know if I have a hernia?**

A hernia is usually recognized as a bulge under your skin. Occasionally it causes no discomfort at all, but you may feel pain when you lift heavy objects, cough, strain during urination or bowel movements or with prolonged standing or sitting. The discomfort may be sharp or a dull ache that gets worse towards the end of the day. Any continuous or severe discomfort, redness, nausea or vomiting associated with the bulge are signs that the hernia may be entrapped or **How long do I have to stay in hospital?**

Most hernia operations are performed on a day case strangulated. These symptoms are cause for concern and you must immediately contact your GP or emergency services.

**What causes a ventral hernia?**

An incision in your abdominal wall will always be an area of potential weakness. Hernias can develop at these sites due to heavy straining, aging, injury or following an infection at that site following surgery. They can occur immediately following surgery or may not become apparent for years later following the procedure.

Anyone can get a hernia at any age. They are more common as we get older. Certain activities may increase the likelihood of a hernia including persistent coughing, difficulty with bowel movements or urination, or frequent need for straining.

basis or a short inpatient stay and therefore you will probably go home on the same or following day that the operation is performed.

**What happens before the operation?**

Prior to admission you will need to have a pre-operative assessment. This is an assessment of your health to make sure you are fully prepared for your admission, treatment and discharge. The pre-operative assessment nurses are there to help you with any worries or concerns that
you have, and can give you advice on any preparation needed for your surgery. Before the date of your admission, please read very closely the instructions given to you.

If you are undergoing a general anaesthetic you will be given specific instructions about when to stop eating and drinking. Please follow these carefully as otherwise this may pose an anaesthetic risk and we may have to cancel your surgery.

What are the alternatives to surgery?

There are few options available for a patient with a ventral hernia. The use of an abdominal wall binder is occasionally prescribed but often ineffective. Ventral hernias do not resolve on their own and may enlarge with time. Surgery is the preferred treatment and is done in one of two ways.

How is the procedure performed?

The two methods of ventral hernia repair are:

1. The traditional or ‘open’ approach is done through an incision in the abdominal wall. It may go through part or all of a previous incision, skin, and an underlying fatty layer and into the abdomen. The surgeon may choose to sew your natural tissue back together, but frequently, it requires the placement of mesh (screen) in or on the abdominal wall for a good closure. This technique is most often performed under a general anaesthetic.

2. The second approach is a laparoscopic ventral hernia repair. In this approach, a laparoscope (a tiny telescope with a television camera attached) is inserted through a cannula (a small hollow tube). The laparoscope and TV camera allow the surgeon to view the hernia from the inside. Other small incisions will be required for other small cannulas for placement of other instruments to remove any scar tissue and to insert a surgical mesh into the abdomen.

This mesh, or screen, is fixed under the hernia defect to the strong tissues of the abdominal wall. It is held in place with special surgical tacks and in many instances, sutures. Usually, three or four 1/4 inch to 1/2 inch incisions are necessary. The sutures, which go through the entire thickness of the abdominal wall, are placed through smaller incisions around the circumference of the mesh. This operation is usually performed under general anaesthesia.

What are the advantages of the laparoscopic repair?

Results may vary depending on the type of procedure and each patient’s overall condition. Common advantages may include:

- Less post-operative pain
- Shortened hospital stay
- Faster return to regular diet
- Quicker return to normal activity

Are you a candidate for the laparoscopic repair?

Only after a thorough examination can your surgeon determine whether a laparoscopic ventral hernia repair is right for you. The procedure may not be best for some patients who have had extensive previous abdominal surgery, hernias found in unusual or difficult to approach locations, or underlying medical conditions.

What should I expect after surgery?

Patients are encouraged to engage in light activity while at home after surgery. Your surgeon will determine the extent of activity, including lifting and other forms of physical exertion. Follow your surgeon’s
advice carefully.

Post-operative discomfort is usually mild to moderate. Frequently, patients will require pain medication. Most patients are able to get back to their normal activities in a short period of time.

Occasionally, patients develop a lump or some swelling in the area where they had the hernia. Frequently this is due to fluid collecting within the previous space of the hernia called seroma. Most often this will resolve with time. If not, your surgeon may aspirate this with a needle in the outpatient clinic. Your surgeon may schedule a follow-up appointment if it is required.

What complications can occur?

Although this operation is considered safe, complications may occur as they might occur with any operation. Complications during the operation may include adverse reactions to general anaesthesia, bleeding, or injury to the intestines or other abdominal organs. If an infection occurs in the mesh, it may need to be removed or replaced. Other possible problems include pneumonia, blood clots or heart problems if someone is prone to them. Also, any time a hernia is repaired it can come back. There is a small risk of a clot forming in the leg veins (Deep Venous Thrombosis or DVT) associated with any form of abdominal surgery. This is the same type of clot that passengers on long aeroplane flights may develop. A DVT may cause the leg to swell and occasionally the clot may break loose and lodge in the lung (Pulmonary embolism or PE). Overall the risk of a DVT or PE is small and we will take active measures to minimise this risk to you.

A DVT may only be obvious after you have gone home. If you notice any swelling of the calf or more rarely the thigh, or you experience pain or tenderness in the calf, or notice that your leg is shiny or discoloured you should seek medical advice quickly. You should also contact a doctor immediately if you develop shortness of breath or pain on breathing following surgery.

When should I seek help?

- If you develop a fever above 38c or chills.
- Persistent vomiting or nausea.
- Increasing abdominal pain or distension.
- Increasing pain, redness, swelling or discharge of any of the wound sites.
- Severe bleeding.
- Difficulties in passing urine

Where should I seek advice or help?

If you are unwell or develop any of the symptoms above please contact your GP or 111. If you are not unwell but do wish to discuss a problem please contact your surgeons secretary via switch board and they will arrange for you to be seen in clinic.

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