

GS22 Epigastric Hernia Repair (adult)

Expires end of May 2015
Issued December 2013

You can get information locally by contacting the Senior Nurse on duty at your local Ramsay Health Care hospital or treatment centre.

Get more information, references and share your experience at www.aboutmyhealth.org
Tell us how useful you found this document at www.patientfeedback.org



www.rcseng.ac.uk

www.bads.co.uk

www.rcsed.ac.uk

www.asgbi.org.uk

www.pre-op.org

What is an epigastric hernia?

An epigastric hernia is a lump in the midline between your umbilicus (belly button) and sternum (breastbone) which can cause pain (see figure 1).

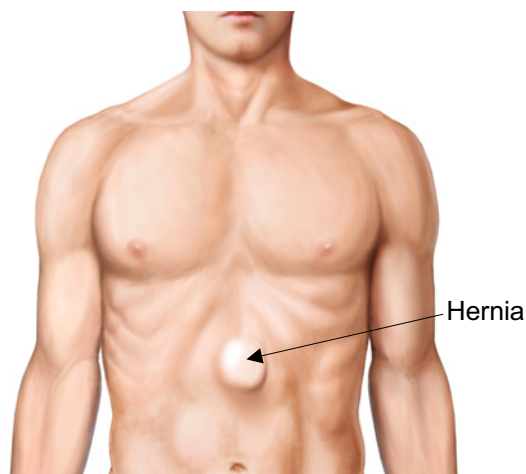


Figure 1

Position of an epigastric hernia

Your surgeon has recommended a hernia operation. However, it is your decision to go ahead with the operation or not.

This document will give you information about the benefits and risks to help you to make an informed decision. If you have any questions that this document does not answer, ask your surgeon or the healthcare team.

How does a hernia happen?

Your abdominal cavity contains your intestines and other structures. These are protected by your abdominal wall, which is made up of four layers. The inner layer is a membrane. The second layer is a wall made of muscle. A layer of fat separates the muscle from the outer layer of skin.

In an epigastric hernia, fat pushes out through a weakness in the wall of your abdomen between your umbilicus and sternum and forms a lump. The most common symptom is pain caused by the fat being pinched by your abdominal wall.

What are the benefits of surgery?

You should no longer have the hernia. Surgery can help to relieve pain that is caused by the hernia, allowing you to return to normal activities. You may still have pain if it is caused by another problem. Your surgeon will be able to discuss this with you.

Are there any alternatives to surgery?

Surgery is recommended as it is the only dependable way to cure the condition.

The hernia can be left alone but pain caused by the hernia will usually continue and complications can happen. The hernia will not get better without surgery.

What will happen if I decide not to have the operation?

An epigastric hernia is usually safe to leave alone. However, the hernia can get larger with time, especially if you are overweight or have a cough.

It can also be dangerous because your intestines or other structures within your abdomen can get trapped and have their blood supply cut off (strangulated hernia). This needs an urgent and larger operation, with a higher risk of developing serious complications.

What does the operation involve?

The healthcare team will carry out a number of checks to make sure you have the operation you came in for. You can help by confirming to your surgeon and the healthcare team your name and the operation you are having.

The operation is usually performed under a general anaesthetic. Your anaesthetist will discuss the options with you and recommend the best form of anaesthesia for you. You may also have injections of local anaesthetic to help with the pain after the operation. You may be given antibiotics during the operation to reduce the risk of infection. The operation usually takes about 30 minutes.

Your surgeon will make a cut over the hernia and free up the 'hernial sac'.

If only fat is pushing through, your surgeon will either remove the fat or push it back. If contents of your abdomen are also pushing through, they will place the contents back inside your abdomen.

Your surgeon will remove the hernial sac and close the weak spot with strong stitches or a synthetic mesh (for larger hernias). They will close your skin.

What should I do about my medication?

Let your doctor know about all the medication you take and follow their advice. This includes all blood-thinning medication as well as herbal and complementary remedies, dietary supplements, and medication you can buy over the counter.

What can I do to help make the operation a success?

If you smoke, stopping smoking several weeks or more before the operation may reduce your risk of developing complications and will improve your long-term health.

Try to maintain a healthy weight. You have a higher risk of developing complications if you are overweight.

Regular exercise should help to prepare you for the operation, help you to recover and improve your long-term health. Do not do exercises that involve heavy lifting or make your hernia painful. Before you start exercising, ask the healthcare team or your GP for advice.

You can reduce your risk of infection in a surgical wound.

- In the week before the operation, do not shave or wax the area where a cut is likely to be made.
- Try to have a bath or shower either the day before or on the day of the operation.
- Keep warm around the time of the operation. Let the healthcare team know if you feel cold.

What complications can happen?

The healthcare team will try to make the operation as safe as possible but complications can happen. Some of these can be serious and can even cause death. You should ask your doctor if there is anything you do not understand. Any numbers which relate to risk are from studies of people who have had this operation. Your doctor may be able to tell you if the risk of a complication is higher or lower for you.

1 Complications of anaesthesia

Your anaesthetist will be able to discuss with you the possible complications of having an anaesthetic.

2 General complications of any operation

- Pain. The healthcare team will give you medication to control the pain and it is important that you take it as you are told so you can move about and cough freely.
- Bleeding during or after the operation. It is common for the area around your wound to be bruised. Rarely, you will need a blood transfusion or another operation.

- Infection of the surgical site (wound). It is usually safe to shower after two days but you should check with the healthcare team. Let the healthcare team know if you get a high temperature, notice pus in your wound, or if your wound becomes red, sore or painful. An infection usually settles with antibiotics but you may need another operation.

- Unsightly scarring of your skin.
- Blood clot in your leg (deep-vein thrombosis – DVT). This can cause pain, swelling or redness in your leg, or the veins near the surface of your leg to appear larger than normal. The healthcare team will assess your risk. They will encourage you to get out of bed soon after the operation and may give you injections, medication, or special stockings to wear. Let the healthcare team know straightaway if you think you might have a DVT.
- Blood clot in your lung (pulmonary embolus), if a blood clot moves through your bloodstream to your lungs. If you become short of breath, feel pain in your chest or upper back, or if you cough up blood, let the healthcare team know straightaway. If you are at home, call an ambulance or go immediately to your nearest Emergency department.

3 Specific complications of this operation

- Developing a lump under your wound caused by a collection of blood or fluid. This usually settles within a few weeks.
- Injury to structures within your abdomen. This is rare but you may need another operation.

How soon will I recover?

• In hospital

After the operation you will be transferred to the recovery area and then to the ward. You should be able to go home the same day. However, your doctor may recommend that you stay a little longer.

If you do go home the same day, a responsible adult should take you home in a car or taxi and stay with you for at least 24 hours. Be near a telephone in case of an emergency.

If you are worried about anything, in hospital or at home, contact the healthcare team. They should be able to reassure you or identify and treat any complications.

• **Returning to normal activities**

Do not drive, operate machinery (this includes cooking) or do any potentially dangerous activities for at least 24 hours and not until you have fully recovered feeling, movement and co-ordination.

If you had a general anaesthetic or sedation, you should also not sign legal documents or drink alcohol for at least 24 hours.

To reduce the risk of a blood clot, make sure you follow carefully the instructions of the healthcare team if you have been given medication or need to wear special stockings.

Gradually increase how much you walk around over the first few days. You may need to take painkillers to help you.

You should be able to return to work after one to two weeks, depending on the extent of surgery and your type of work.

Your doctor may tell you not to do any manual work for a while. Do not lift anything heavy for at least six weeks.

Regular exercise should help you to return to normal activities as soon as possible. Before you start exercising, ask the healthcare team or your GP for advice.

Do not drive until you are confident about controlling your vehicle and always check your insurance policy and with your doctor.

• **The future**

Most people make a full recovery and can return to normal activities. However, the hernia can come back (risk: less than 1 in 20). This depends on the size of the hernia, the strength of your abdominal muscles, if you are overweight or if you have underlying medical problems. The hernia can come back many years later and you may need another operation.

Summary

An epigastric hernia is a common condition caused by a weakness in your abdominal wall between your umbilicus and sternum. If left untreated, an epigastric hernia can cause serious complications.

Surgery is usually safe and effective but complications can happen. You need to know about them to help you to make an informed decision about surgery. Knowing about them will also help to detect and treat any problems early.

Keep this information leaflet. Use it to help you if you need to talk to a healthcare professional.

Acknowledgements

Author: Mr Simon Parsons DM FRCS (Gen. Surg.)

Illustrations: Medical Illustration Copyright © 2012

Nucleus Medical Art. All rights reserved.

www.nucleusinc.com

This document is intended for information purposes only and should not replace advice that your relevant health professional would give you.