Patient Information for Consent

RAMSAY HEALTH CARE

GS03 Femoral Hernia Repair

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What is a femoral hernia?

A femoral hernia causes a lump and sometimes pain in your groin.
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.
Weak spots can develop in the layer of muscle, resulting in the contents of your abdomen, along with the inner layer, pushing through your abdominal wall. This produces a lump called a hernia (see figure 1).

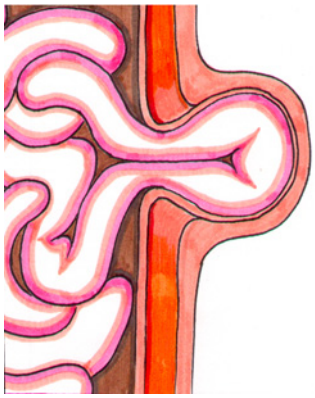

Figure 1

Hernia – bowel pushing through a weakness in the muscle wall of the abdomen

A femoral hernia causes a lump low down in your groin (see figure 2). It happens at the hole in the wall of your abdomen where the femoral artery and vein pass from your abdomen into your leg.

What are the benefits of surgery?

You should no longer have the hernia. Surgery should prevent the serious complications that a hernia can cause and allow you to return to normal activities.

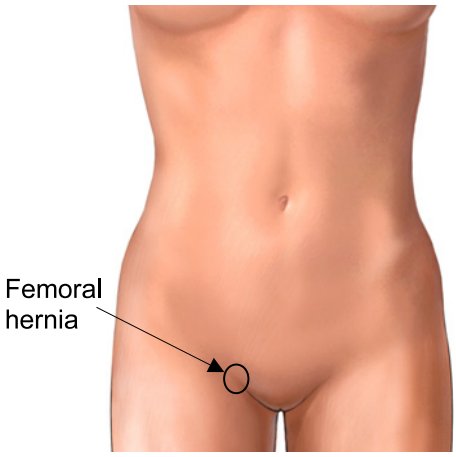

Figure 2

Position of a right femoral hernia

Are there any alternatives to surgery?

Surgery is recommended as it is the only dependable way to cure the condition. It will not get better without surgery.

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

The hernia can 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. If left untreated, a strangulated hernia can cause death.

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 and on the correct side. You can help by confirming to your surgeon and the healthcare team your name and the operation you are having.
Various anaesthetic techniques are possible. 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 45 minutes.
Your surgeon will make a cut either directly over the lump or a little higher up and will remove the 'hernial sac'.

They will narrow the hole (femoral canal) through which the contents of your abdomen passed, using stitches or a synthetic mesh to allow just enough space for the femoral artery and vein. Your surgeon 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. Rarely, you will need a blood transfusion or another operation but it is common for your groin to be bruised.
- 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.
- Difficulty passing urine. You may need a catheter (tube) in your bladder for one to two days. The risk is higher if you have a regional anaesthetic such as a spinal.
- Injury or narrowing of the femoral vein. This is rare.
- Injury to structures that come from your abdomen and are within the hernia. This is rare but you may need another operation.
- Temporary weakness of your leg caused by the local anaesthetic affecting the nerves that supply the thigh (risk: less than 1 in 20). This usually gets better within one to two days.

- Injury to nerves that supply the skin around your groin, which leads to a numb patch or continued discomfort.

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.
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 two to four 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

A femoral hernia is a common condition caused by a weakness in your abdominal wall, near the femoral canal. If left untreated, a femoral 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

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