



Modernising Patient Pathways Programme:

Inguinal Hernia National Pathway

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Background



A hernia occurs when an internal part of the body pushes through a weakness in the muscles or surrounding tissue wall, which are usually strong and tight enough to keep organs and intestines in place.

An Inguinal or Groin Hernia is the most common type of hernia. It can appear as a swelling or lump in the groin, or as an enlarged scrotum. The swelling may be painful. The lump often appears when lifting something and disappears when lying down.

This standardised national pathway supports clinical and patient decision making around the management and treatment of inguinal hernia. It includes the use of Active Clinical Referral Triage (ACRT process) and the option for patients to Opt In, proceeding to surgical repair when indicated.

The Opt In period can be open ended or time limited. Since Inguinal Hernia can become more symptomatic over time, an open ended approach may be appropriate to mitigate the need for GP Re-referral.

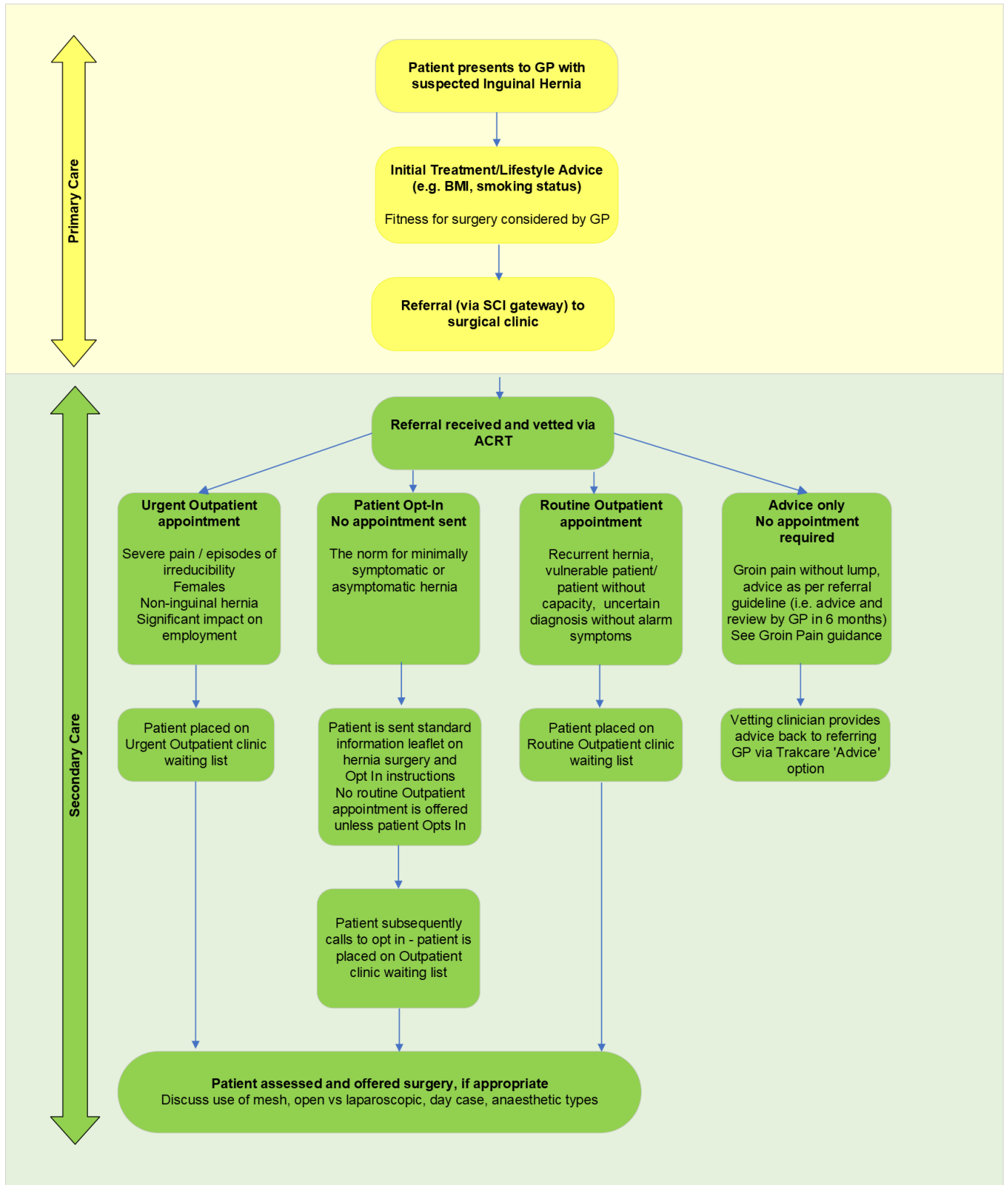
Patients may prefer a non-mesh hernia repair. In line with Scottish Health Technologies Group advice, access to alternative hernia management options should be available.

Those who need surgical intervention should be able to access this in a timely manner, while allowing those who do not wish to proceed with surgery to have information available to support decision making, helping to ensure effective use of available resources.

Pathway recommendations



NHS Scotland Inguinal Hernia Pathway



References and further resources



This pathway complies with the updated HerniaSurge guidelines which are supported by the British Hernia Society (BHS) and the European Hernia Society
[HerniaSurge Group. International guidelines for groin hernia management. Hernia. 2018 Feb;22\(1\):1-165. doi: 10.1007/s10029-017-1668-x. Epub 2018 Jan 12. PMID: 29330835; PMCID: PMC5809582](#)

[Update of the international HerniaSurge guidelines for groin hernia management](#)

[European Hernia Society guidelines on the treatment of inguinal hernia in adult patients – EHS](#)

BJS Open 2023 Sep 5;7(5):zrad080. doi: 10.1093/bjsopen/zrad080. and [International guidelines for groin hernia management](#). HerniaSurge Group.

Hernia. 2018 Feb;22(1):1-165. doi: 10.1007/s10029-017-1668-x. Epub 2018 Jan 12. PMID: 29330835

Patient information leaflets are as recommended by the BHS
[Groin hernia and you - British Hernia Society](#)

NHS Ayrshire & Arran Patient information leaflet

NHS Greater Glasgow & Clyde Patient information leaflet

[NHS Lothian RefHelp Groin pain guidance](#)

Additional comprehensive patient decision aids are now also available which comply with the NICE recommendation on patient decision aids. These clearly explain the option of no surgery and no mesh repair.

[NHS England » Decision support tool: making a decision about inguinal hernia](#)

[NHS Making a decision about an inguinal hernia](#) - easy read version

[BHS-mesh-safety-leaflet-for-patients-2018.pdf](#)

www.nice.org.uk/corporate/ecd8

Standards framework for shared-decision-making support tools, including patient decision aids (ECD8)

The work on the use of mesh from the Scottish Health Technology Group (SHTG) has also been noted

[Elective surgery using mesh to repair primary or incisional hernias in adults](#)

Guidelines from the Association of Surgeons of GB & I (ASGBI) and the Getting it Right First Time (GIRFT) programme have also been considered.

[RAD2018 IIPP GHG 2013](#)

[General-surgery Pathway Inguinal-hernia-FINAL-V1-July-2023.pdf](#)



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Making a decision about Inguinal Hernia

What is this leaflet?

This leaflet is for people with an inguinal hernia. It is designed to help you decide between treatment options. You should go through it and then talk to your healthcare professional. There are some parts you can fill in to prepare for your next appointment.

Pages 1 & 2 are about inguinal hernia

Pages 3 – 9 help you make a decision

Pages 3 & 10 are for you to fill in

Page 11 has links for information

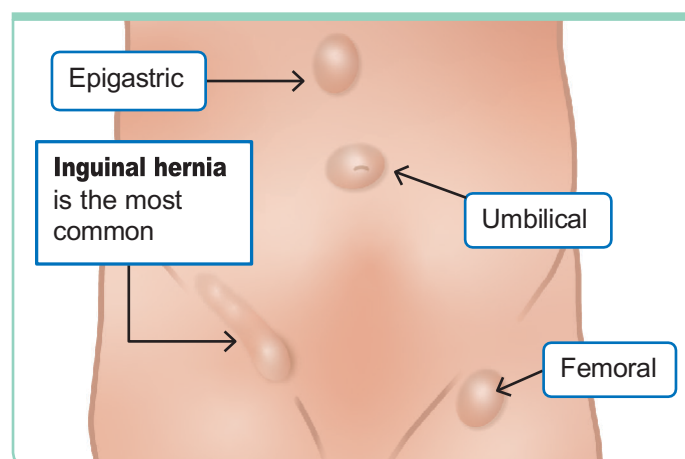
Pages **3, 9** and **10** are useful to share with your **healthcare professional**

What is an inguinal hernia?

A hernia happens when there is a weak spot in a muscle in the body and something such as your intestine (gut) or fat pushes through. An inguinal (pronounced ING-win-ul) hernia is one that happens in the inguinal canal.

The inguinal canal is like a tunnel just above the groin. In women, it has a ligament that helps hold the uterus (womb) in place. In men, it leads to and from the testicles. It is an area that does not have much muscle and is naturally weak.

Types of hernia



What can I do about an inguinal hernia?

Do nothing or watch and wait



Things I can do myself



Surgery

open or keyhole
mesh or stitches



25 out of every **100** men



2 out of every **100** women

will get an inguinal hernia in their lifetime

Hernias will not go away on their own and normally continue to get bigger.

Everyone's hernia is different

- You might have a swelling or a 'soft squidgy lump' in the groin that comes back in the same place if you try to push it in.
- Sometimes the hernia seems to disappear when you lie down.
- Sometimes you have pain or discomfort or swelling.
- Sometimes your doctors find a hernia that is not causing you problems, when doing a scan.

2 About inguinal hernia pain

Hernias do not always cause pain but they often get bigger.

If your hernia is not causing you pain or discomfort, advice is to **‘watch and wait’** – look for changes and see your doctor if you start to have pain, discomfort or the size of your hernia starts to cause you problems.

Hernia pain can be different for everyone

You might have:

- pain or discomfort in your groin, especially when bending over, coughing or lifting
- heavy or dragging sensation in your groin
- burning or aching in the groin
- digestive problems such as constipation

In men, an inguinal hernia can cause pain, numbness or tingling in the scrotum.

Out of every 100 with an inguinal hernia around **30** have some pain or **discomfort**, **70** do not.



How to push a hernia back in

You may be able to push a hernia back in. Lie down or get in a resting position and gently (without forcing) push the hernia back in with the tips of your fingers or palm of your hand. Do not try to do it while standing. Some chronic hernias may not be reducible. This is not of concern if you are not having acute pain.

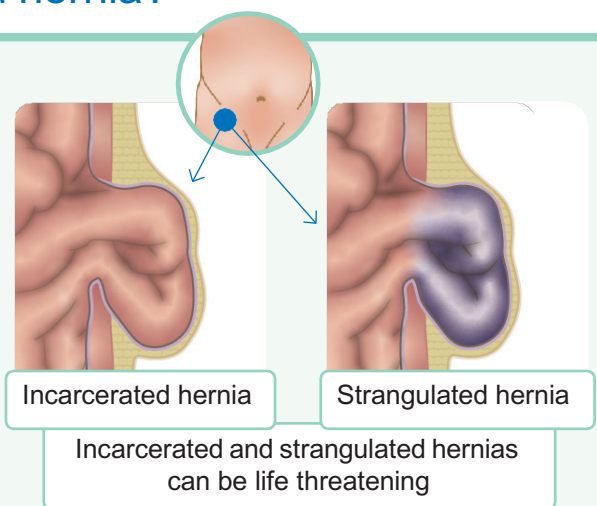
What is an incarcerated or a strangulated hernia?

An inguinal hernia is when part of the intestines or fat poke through a ‘window’ of weakness in the inguinal canal.

If that ‘window’ suddenly clamps shut, with fat or intestine poking through, it gets stuck and can’t be pushed back in. This is an incarcerated hernia.

If the tissue that is stuck (incarcerated) contains blood vessels such as veins, it can be life threatening unless it is treated. This is a strangulated hernia.

About 2 – 3 in every 100 in the first year strangulate. This risk becomes less after 1 year.



When to go to A&E, call 111 or seek urgent medical help

If you have a hernia and any of the following

- You are not able to move your bowels (poo) or pass gas or if you have blood in your poo
- Sudden hernia pain that gets worse quickly
- Nausea, vomiting, or both
- Your hernia bulge turns red, purple or dark

Explain that you have a hernia. You can show them this page of the leaflet.

These symptoms are not specific to a hernia. They might be due to something else.

3 What's important to you?

Your personal feelings are important.

What you choose to do about your hernia will depend on how it is affecting your life and other things about you. You might want to use this page to note down how you feel. Your doctor can understand how best to help you if you share this page with them.

You could complete this page regularly to keep a diary of how your hernia is affecting you.

Put an 'X' where it applies to you

No / not at all Yes / a lot



My hernia affects what I can do day-to-day, such as: taking a shower, making the bed, making meals

☐ ☐ ☐ ☐ ☐ ☐

My hernia affects my self-esteem or body image

☐ ☐ ☐ ☐ ☐ ☐

My hernia is interfering with sexual intimacy

☐ ☐ ☐ ☐ ☐ ☐

My hernia is affecting me socially, e.g. loss of social life

☐ ☐ ☐ ☐ ☐ ☐

I worry about having surgery

☐ ☐ ☐ ☐ ☐ ☐

My hernia is affecting my mental health or making me anxious

☐ ☐ ☐ ☐ ☐ ☐

My hernia is affecting me financially, e.g. ability to work, prescription costs or cost of binders

☐ ☐ ☐ ☐ ☐ ☐

What kind of work do you do, or, how do you spend most of your day?

You can circle more than one: **standing** **sitting** **physical labour** **housework** **childcare**

What is bothering you most about your hernia at the moment and how is it bothering you?

.....

.....

Thinking about your hernia pain

Pain is very individual. You might want to think about how your hernia affects you over time. Is it getting worse each week or month?

Mark your pain from **1 (no pain)** to **5 (severe pain)** when you are

lying down

moving from sitting to standing

coughing or breathing deeply

bending over

doing daily activities

walking up and down stairs

sitting up

walking or standing

exercising

4 What can I do about a hernia?

**Do nothing
or watch and wait**



**Things I can
do myself**



Surgery

open or keyhole
mesh or stitches



Do nothing or watch and wait



You can always choose to 'do nothing', not have any treatment, even if you have symptoms.

'Watch and wait' is when you look out for changes or increased hernia pain. Usually, you would let your doctor know if the size starts to cause you problems, it is more painful, or does not go back in when you lie down. You can use page 3 to help you monitor changes.

Medical advice is to 'watch and wait' if your hernia is not causing you pain or discomfort.

Things I can do myself



Keep active – exercise can help, but it can be difficult when you have a hernia. A general rule is not to do anything which makes you feel uncomfortable or causes pain, or puts stress around the area of your hernia. You can get specialist advice from your healthcare professional. If you are finding it difficult to be active there are seated activities you can try.

Hernia belt – wearing a truss (support) to stop the lump coming out of the hole was used in the past, but this is now thought to have no, or limited, benefit.

Eating – constipation can cause pain around your hernia. Eating more fibre (wholegrains, fruit and vegetables, beans and pulses) and staying hydrated can help.

Sleeping – it can be difficult to find a comfortable sleeping position. Cushions or maternity pillows as support can help. Or put a pillow under your knees if you sleep on your back.

Pain and discomfort – hernias can be uncomfortable but shouldn't be overly painful. It can be useful to keep the things to hand that help you when you get pain. For example ice packs, hot water bottle, warm wheat bags, cold spray, pain relief.

Being a healthy weight – weight loss can be really difficult. Your healthcare team can help you. Obesity increases pressure in the abdomen (tummy), and on the hernia, which can make symptoms worse. If you have surgery, extra weight increases pressure on the repair and can result in another hernia. Obesity can make surgery more difficult and increase the risk of infection afterwards. Look for healthy lifestyle programmes run by your local health authority.

Mental wellbeing – hernias can affect your well-being. You might want to get in touch with a support group such as the Facebook Hernia Patients Support Group where you can find people who are going through the same thing.

Some people find mindfulness or other relaxation techniques helpful.

These are all things you can change. Aim for bite-sized goals. Doing one thing consistently over time is better than doing different things for shorter periods of time. Think about which changes you are able and willing to make and what is achievable for you.

5 What if I'm offered surgery?

Everyone's hernia is different. Everyone's personal situation and health is different



If your hernia is causing you pain and affecting your life, you might choose to have surgery. The aim of surgery is to reinforce the tear in the muscle that is causing the hernia, reduce the chance of it coming back and help with pain and discomfort.

Sometimes surgery helps with pain, sometimes you still have pain after surgery.

Although you have a hernia, something else may actually be causing the pain. You might have surgery to fix your hernia but the pain doesn't go away.

You can see how well surgery might work on pages 8 – 9

The type of surgery you will be offered will depend on

Your hernia – where it is, whether you have more than one, how big it is.

Your situation – whether you had a hernia in the past or other surgery in your abdomen (tummy), how fit and healthy you are, whether you have other health conditions.

Your surgeon – each surgeon is more experienced in one or another way of doing the surgery. How successful your surgery will be relies in part on this experience and expertise.

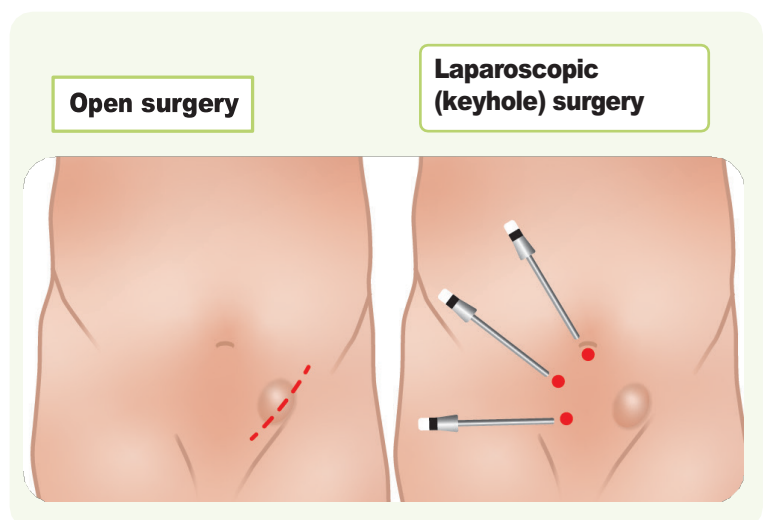
It's ok to ask your surgeon about which technique they use. It's ok to ask to speak to another surgeon who does a technique that you want to know more about.

If you want to speak to someone else you might have to wait for the appointment. You might wait longer for the surgery. You might need to travel to a different hospital, but it is fine to ask to speak to someone else.

The choices around your surgery include

- whether to have surgery or not
- type of surgery; open or laparoscopic (keyhole)
- type of anaesthetic: general (you will be asleep), or local (you will be awake)
- mesh or tissue repair (stitches) of the hernia
- type of mesh

You can read about these on the next pages to help you decide.



6 Open or keyhole surgery?

Which surgery you will be offered will depend on the kind of hernia you have, your preferences, and other things about you and your health.

Open surgery

Often offered for more complex or larger hernias or if you do not want a general anaesthetic.

Your surgeon makes one cut of about 8 – 10cm in your groin. They find the hernia, push it back into place, close the hole with stitches or reinforce it with a mesh.

Can be done with **local anaesthetic** (you are awake but you will not feel pain). Usually it is **general anaesthetic** (you are asleep).

Laparoscopic (keyhole) surgery



Often offered if you have a hernia on both sides or you have had a hernia repair before.

Your surgeon makes 3 or 4 small cuts (less than 2 cm) in your abdomen (tummy).

They use long tools to push the hernia back in and cover the hole with a mesh. Stitches cannot be used in keyhole surgery.

Sometimes you have bloating or shoulder pain after keyhole surgery. This is due to the gas used to inflate your abdomen (tummy) during surgery.

Is always done with a **general anaesthetic** (you will be asleep).

How are the cuts in my abdomen (tummy) or groin closed?

With dissolvable stitches, glue, staples, or stitches that need to be removed later.

How long are the operations?

They both take between 30 – 90 minutes.

When can I go home?

You can usually go home the same day.

How long will it take to recover from surgery?

Advice is to increase activity slowly over the 4 weeks after surgery. You should be fully recovered 4 – 6 weeks after either type of surgery (keyhole or open).

Everyone recovers differently. An example recovery schedule might look like this:

Days 1 – 5 normal light daily activities such as walking around the house or getting dressed.

Days 3 – 6 picking up heavy items might be possible, for example a toddler or a bag of shopping. 'Lift from the knees' (bend your knees to pick things up). You can shower after 3 days if you keep your wound dry and clean.

2 – 4 weeks you can drive as soon as you can safely perform an emergency stop without pain. You can take a bath or go swimming.

4 – 6 weeks you should be fully recovered and be able to lift things and drive a car.

If you exercised before surgery, gradually build back up to full exercise over **4 – 6 weeks**.

7 Deciding about surgery

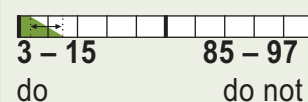
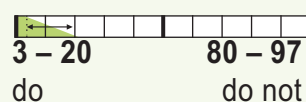
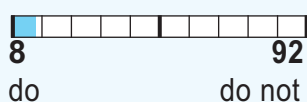
Do nothing or
watch and wait

Open Surgery

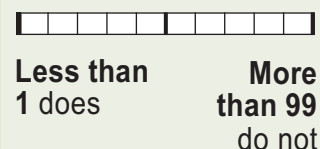
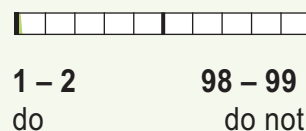
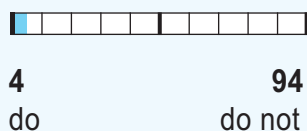
Keyhole Surgery

Does pain get better or not? (Out of every 100 people)

How many have moderate pain (for 3 – 12 months)?

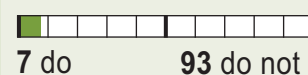
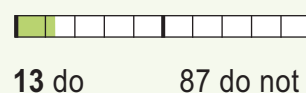


How many have severe pain affecting their day to day life (2 years later)?



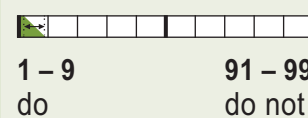
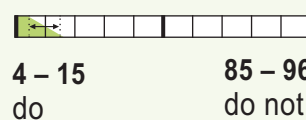
How many have permanent numbness or pain?

n/a

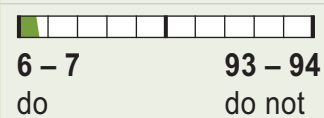
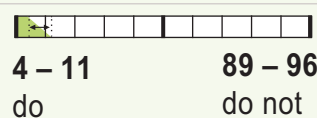


Potential risks of surgery (Out of every 100 people)

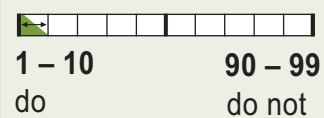
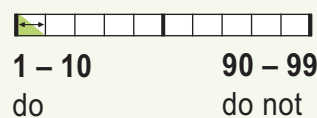
How many have a haematoma (large painful bruise)? This usually goes away on its own in about 3 months.



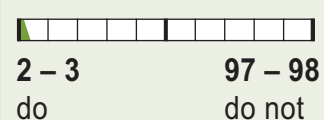
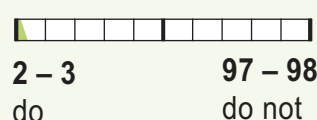
How many have a seroma (a pocket of fluid)? It can be hard and painful. It should be absorbed back into your body gradually over a few months. Sometimes it is drained by your surgeon.



How many have problems emptying their bladder? This is a risk of any surgery and is treated with a urinary catheter.



How many people's wound gets infected and need treatment?



Effects on testicle and sperm – There has been a lot of research recently. There is no evidence that it is normally a problem. If you're male, having surgery on both sides of your groin and want to have children, talk to your surgeon.

8 About mesh and stitches

What is tissue repair or stitches?



Very few people in the UK are currently experienced in the repair of an inguinal hernia with stitches. If this is something you want to know more about, ask your surgeon. Not all hernias are suitable for repair with stitches.

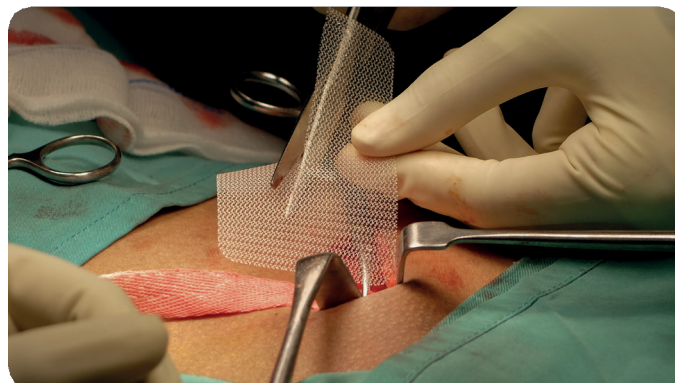
What is mesh?

Mesh is flat material that is used to patch or cover the hole in the muscle wall. It is fixed in place inside the body with very fine stitches, glue or staples. Mesh acts like a scaffold and your own body grows through the mesh making the weak point stronger. Repair with mesh has a higher success rate in repairing weak tissue than with using stitches alone.

There are many **different kinds of mesh, of different thicknesses, strength, flexibility, size and shape**. Your surgeon will choose which one they prefer to use and is best for your situation. You can ask them about which mesh they plan to use and why.

There are different types of synthetic mesh: polypropylene, polyester, expanded polytetrafluoroethylene (ePTFE), and partially absorbable with propylene and polyglactin.

Biological mesh is mesh made from animal or human cells. It is not usually used for inguinal hernias because it is re-absorbed by the body in about 6 months which means your hernia can come back more easily.



Potential risks of mesh

Mesh infection can occur, but it is a rare event. Chronic pain after hernia surgery can occur after both mesh and stitch repairs.

Out of every 100 people with a mesh repair

How many hernias came back within 3 years?	<div><div></div></div> <div>2 – 3 did</div> <div>97 – 98 did not</div>
How many had a seroma?	<div><div></div></div> <div>2 – 8 did</div> <div>92 – 98 did not</div>
How many had infection of the mesh?	<div><div></div></div> <div>less than 1 did</div> <div>more than 99 did not</div>
How many had a rejection, shrinkage or migration of the mesh?	No good data available
How many had allergic or autoimmune reaction to mesh?	<div><div></div></div> <div>none did</div> <div>100 did not</div>

9 Deciding about surgery



Potential risks of anaesthetic

Whether you are offered general or local anaesthetic will depend on your personal health situation, your preferences, and which surgery you choose.

Your anaesthetist (pain doctor) will explain more about the risks of each type of anaesthetic for you.

You can find more specific information from the Royal College of Anaesthetists by following this link [Patient information resources | The Royal College of Anaesthetists](#)

General anaesthetic

A general anaesthetic is where you are asleep during the operation.

How many feel thirsty, have a sore throat, feel sick, have bruising or shivering due to the anaesthetic?



60 – 65 in every
100 do

35 – 40
do not

How many have problems remembering, brain fog or emotional changes?

Temporary (1 month)



10 in every **100** do

90 do not

Longer term (1 year or more)



1 in every **100** do

99 do not

When do hernias happen?

Hernias often happen due to some strain or pressure such as constipation or a bad cough, or if you regularly lift heavy things, walk or stand for long periods, or you have problems when you pee, like straining.

Hernias are more likely if you have family with a hernia, had prostate surgery (males), have a connective tissue disorder or a health condition that makes you cough.

Your decision

I know enough about the potential benefits and harms of each option	Y / N
I am clear about which potential benefits and harms matter most to me	Y / N
I have enough support and advice to make a choice	Y / N
I feel sure about the best choice for me	Y / N
I need more information to make this decision	Y / N
I have decided what to do next	Y / N

Which options are you considering?

Do nothing or watch and wait

☐

Things I can do myself

☐

Open or Keyhole Surgery

☐

Do you know anyone who has tried these options?

Y / N

10 Preparing for your appointment

Contacts

Name of GP / Surgeon

Contact details

Who to ring in case of emergency

Next Steps

Date

When will I be reviewed next?

What will happen next?

At your appointment

You might want to write down questions to ask, or information from your appointment. It's ok to take notes.

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Example questions to ask your surgeon

Will my hernia get worse?

Who do I contact if I'm worried?

What if I decide to wait to have surgery?

How long might I wait for surgery?

What is your success rate? What is the success rate of this hospital?

Do you recommend mesh for me? Which mesh? Why have you chosen this one? Do you use it for everyone or have you chosen it specifically for me?

How will you fix the mesh in place?

How will you close the incision(s) (cut)?

Will I lose my belly button?

Before surgery your specialist might ask you

For a list of your prescriptions and doses

Whether you have anyone in your family with an inguinal hernia

If you have someone at home to help you after surgery

Details about any operations you have had in the past

After surgery you might want to ask

What has been done?

What kind of mesh did I have?

How did you close my wound – do I need to have any stitches or staples removed?

Did you need to do anything you weren't expecting to do?

11 More information

Where can I go for more information?

British Hernia Society www.britishherniasociety.org

British Hernia Society 'Mesh and You' BHS-mesh-safety-leaflet-for-patients-2018.pdf

NHS Scotland pages <https://www.nhsinform.scot/tests-and-treatments/surgical-procedures/inguinal-hernia-repair/>

Royal College of Anaesthetists [Patient information resources | The Royal College of Anaesthetists](#)

Hernia Patient Support Group www.facebook.com/groups/262467366015030

This group is run by patients and some doctors. Anyone can post to it. It is not endorsed or moderated by the NHS.

Mental wellbeing help www.nhs.uk/conditions/stress-anxiety-depression

British Heart Foundation Eating Well

www.bhf.org.uk/informationsupport/support/healthy-living/healthy-eating

Preparing for surgery 'Fitter Better Sooner'

<https://rcoa.ac.uk/patients/patientinformation-resources/preparing-surgery-fitter-better-sooner/>

How many people have a hernia?

Data from nearly 2 million people in Oxfordshire in the 1970 & 80s published in 1996: <https://doi.org/10.1093/ije/25.4.835>

A study in 1370 people in Sweden from 2010:

<https://doi.org/10.1002/bjs.6904>
(data on pain)

How many have pain or discomfort from their hernia?

Data from a study of 323 patients in the UK from 2002:
<https://doi.org/10.1046/j.1365-2168.2002.02186.x>

A study in 867 people in Sweden from 2007:

<https://doi.org/10.1007/s10029-007-0214-7>
(data on pain)

How many suffer a strangulated hernia?

Data from two studies in the 1990s:
<https://doi.org/10.1111/j.1445-2197.1998.tb04837.x>
and <https://doi.org/10.1002/bjs.1800781007>

A study in 528 people in the USA from 2006:

<https://doi.org/10.1097/01.sla.0000217637.69699.ef>
(data on pain)

Outcomes of having mesh

Studies pulling together the data from lots of smaller studies, from 2014:
<https://doi.org/10.1001/jamasurg.2013.5014> and 2001
<https://doi.org/10.1002/14651858.CD002197>

A study in 528 people in the UK from 1994:

[https://doi.org/10.1016/S0140-6736\(94\)92148-2](https://doi.org/10.1016/S0140-6736(94)92148-2)
(data on haematoma)

Data on infection of the mesh from a summary on the topic published in 2011: <https://doi.org/10.1016/j.jvisc.2011.09.005>

A study in 528 people in the UK from 1997:

<https://doi.org/10.1056/NEJM199705293362201>
(data on urinary retention)

Outcomes of having open or keyhole surgery

A study in 720 men in the USA from 2006:
<https://doi.org/10.1001/jama.295.3.285>
(data on pain, haematoma, wound infection, urinary retention)

A pulling together of data from all studies up until 2003:

<https://doi.org/10.1002/14651858.CD001785>
(data on pain, numbness in the groin, haematoma, seroma)

A study in 928 people in the UK from 1999:
[https://doi.org/10.1016/S0140-6736\(98\)10010-7](https://doi.org/10.1016/S0140-6736(98)10010-7)

(data on pain, effects on testicles and sperm, haematoma, seroma, wound infection, urinary retention)

European Hernia guidelines

[European Hernia Society guidelines on the treatment of inguinal hernia in adult patients – EHS](#)

Anaesthetic risks

Perioperative Quality Improvement report 2023 (p37)
https://pqip.org.uk/FilesUploaded/PQIP-Report2023_Final%20version_140623.pdf

For declarations of conflicts of interest, to see other decision support tools in the series, or to find out more about how this one was created, go to:

<https://www.england.nhs.uk/personalisedcare/shared-decision-making/decision-support-tools/>



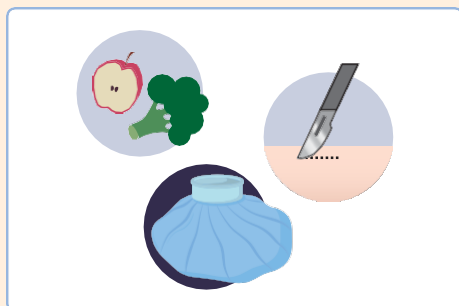
Making a decision about Inguinal Hernia

This leaflet is about inguinal hernia.

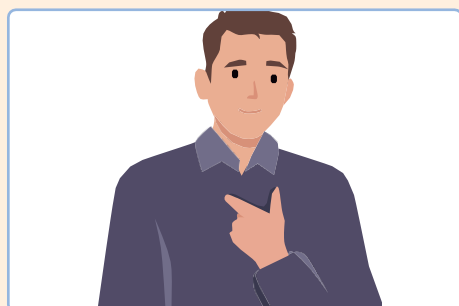
It is split into sections. You do not have to read it all at the same time.
Read it with your carer or doctor or nurse or someone you trust.



It will help you decide about **treatment**.



There are different things you can do if you have an inguinal hernia.



You can make a decision yourself about treatment.



Or you can make a decision with your carer or doctor or nurse.

Contents



About hernia

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About hernia pain

Can hernia cause pain?

Page 2

What can I do about my hernia?

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Will I have less pain if I have an operation?

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Deciding whether to have an operation

Pages 9–11

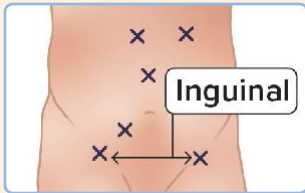


Word list, more information and support links

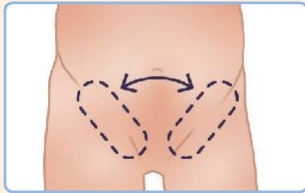
Pages 12–13



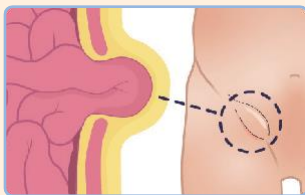
What is a hernia and how did I get it?



There are different kinds of hernia depending on where they are in the body.



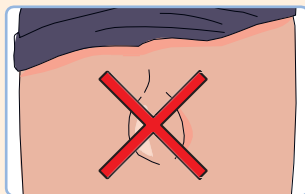
An inguinal hernia is when it happens where the leg starts. This is your groin.



A hernia is when something from inside your body such as your intestines (gut) pushes through a weak spot in a muscle.



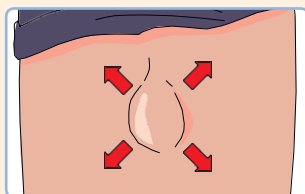
You can usually push it back in with your hand but it may pop out again.



A hernia will not go away on its own.



It might hurt or be uncomfortable.



It might get bigger.



Hernias can be uncomfortable

It might not be too bad for you.



Hernias can be painful or ache

If you have pain and your skin becomes red or hot see your doctor.

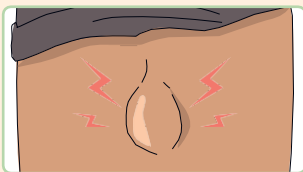


Hernias can sometimes be serious

If you have a hernia and any of the symptoms listed below, go to A&E or call 111 and tell them you have a hernia.

This happens to about 2 in every 100 people.

You should look for these things:



sudden extreme pain.



if the hernia turns red or purple or dark.



if you have a hernia and are sick (vomit) or feel sick.



if you have a hernia and cannot do a poo.

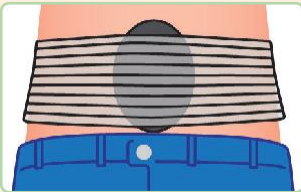


if you have a hernia and have blood in your poo (it is very dark).



If your hernia does not make you uncomfortable or cause you pain, you should not do anything.

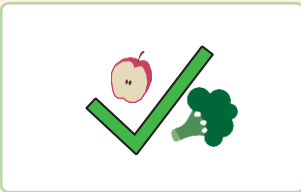
If your hernia causes you some pain or discomfort there are things you can do yourself



1. A hernia belt or truss. Wearing a truss (support) to stop the lump coming out of the hole was used in the past, but this is now thought to have no, or limited, benefit.



2. Lying down and relaxing can help.



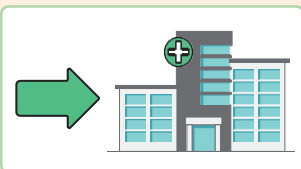
3. If you are constipated (find it difficult to poo), it can make your hernia hurt. Eat more fruits and vegetables to help with constipation.



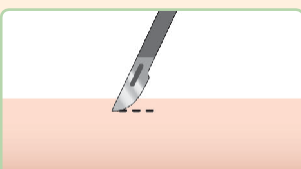
4. Keep active, walking, exercising. Be a healthy weight. Your doctor or nurse can help with this.



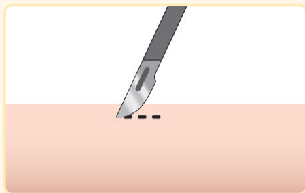
5. Some people find ice packs, hot water bottles or cold sprays can help.



If your pain is really bad, your doctor might send you to the hospital to see a specialist. A specialist is a doctor who knows more about hernias.

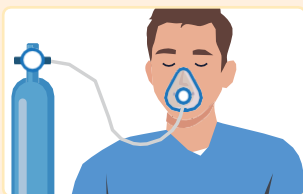


The doctor at the hospital can offer an operation.

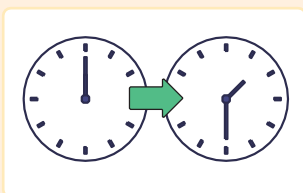


This section (pages 4 – 5) explains about an operation to fix your hernia.

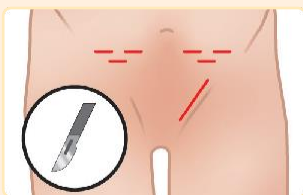
You do not have to have an operation. It is your choice. You can say yes or no. You can change your mind and choose an operation later.



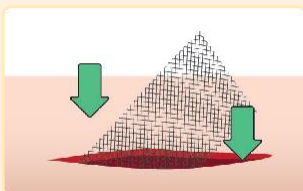
You will be given some medicine so you do not feel any pain during the operation. You will usually be asleep.



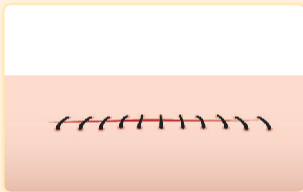
The operation takes 30 – 90 minutes.



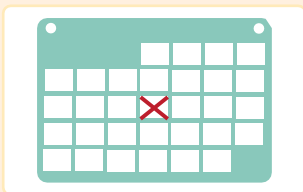
Your surgeon either makes one cut in your groin or 3 or 4 smaller cuts in your stomach (abdomen).



They push the hernia back in. They fix the hole with a mesh, (like a patch). Stiches alone can be used sometimes, but this is not right for everyone.



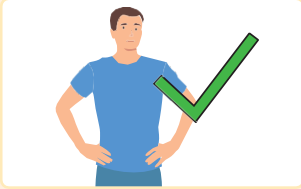
The cuts are closed with stitches or glue or staples.



You can usually go home on the same day as the operation.



What happens after an operation to fix my hernia?



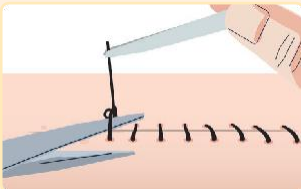
You should be able to walk around and get dressed on your own.



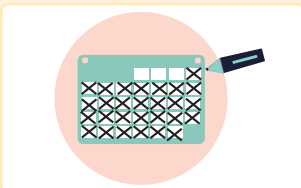
You cannot have a bath for 2 weeks.



You should not lift anything heavy like a full shopping bag, until the wound has healed.



You might need to go back to hospital to have your stitches or staples taken out.

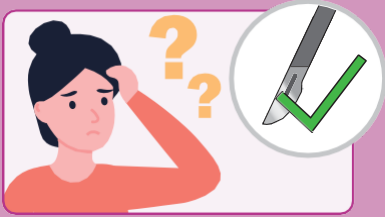


You should be fully recovered in 4 – 6 weeks.



This operation can stop the pain coming back. Sometimes things go wrong. These things are called **complications**.

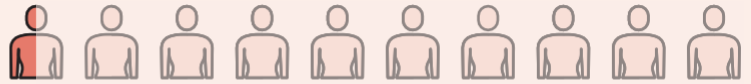
You can read about these on page 8.



If I have an operation with mesh, will my hernia come back?



Hernia comes back within 3 years



Hernias come back in **0.5 people**

Hernias do not come back in **9.5 people**



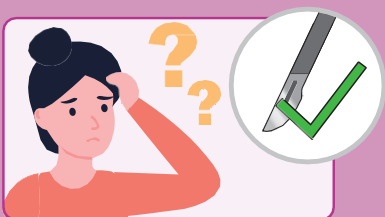
What is a mesh?

Mesh is flexible plastic material that your surgeon uses to patch the hole that caused your hernia.

Mesh can be different sizes and shapes.

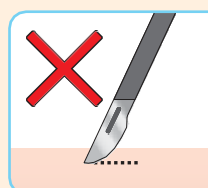
Mesh can be different thicknesses.

Your surgeon will choose a mesh that is best for you and your hernia.

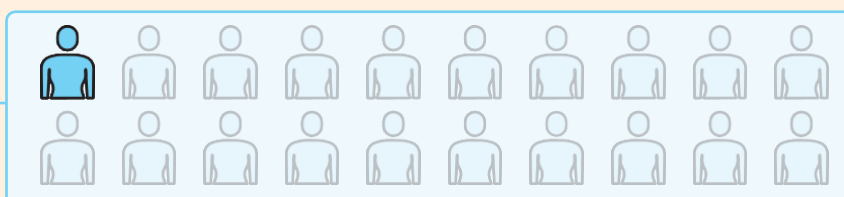


If I have an operation will my pain go away?

After 2 years how many have serious pain?

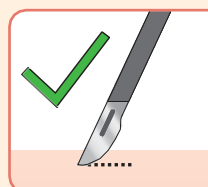


If I do not have an operation

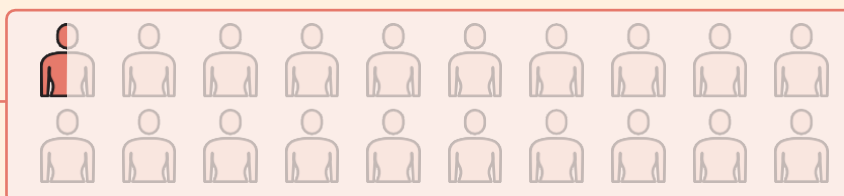


1 has serious pain

19 do not have serious pain



If I have an operation



Less than 1 has serious pain

More than 19 do not have serious pain



Sometimes people still have pain even if their hernia is fixed. This is usually because the pain was not actually because of a hernia. It was something else causing pain.



If this happens to you, see your doctor. They can look for another reason for your pain.

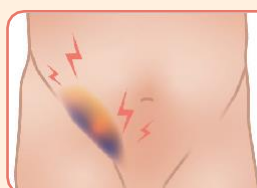


This page shows your chance of getting a complication from the operation.

Complications are things that could go wrong or that you do not want to happen.



If I choose to have an operation to fix my hernia, will I get these complications?

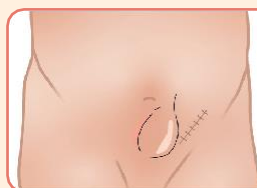


Large painful bruise



About 1 gets a bruise

About 9 do not



A seroma (this can be painful)



1 gets a seroma

9 do not

A seroma is when you get some fluid that collects in one place.

It can become hard and painful.

It can take months to go away. It will usually go away on its own.

Pain that is permanent (does not go away)



About 1 has pain that is permanent

About 9 do not have pain that is permanent



It is your choice. You can decide whether to have an operation or not. Answer the questions on this page. It can help you think about what you want to do.

You can then share this with your doctor or nurse.
Tick the box that relates to you.

Tick the things that make your hernia hurt



Lying down

Yes

No



Bending over

Yes

No



Sitting up

Yes

No



Walking

Yes

No



**Coughing or
breathing deeply**

Yes

No



**Doing normal
daily activities
or exercising**

Yes

No



**Moving from
sitting to
standing**

Yes

No



**Going up or
down stairs**

Yes

No



How **strong is the pain** when you get it? Circle on the scale how bad your pain is.



No pain

Pain so severe I can't
think clearly



It is your choice. You can decide whether to have an operation or not. Answer the questions on this page. It can help you think about what you want to do.

Tick the box that relates to you. You can then share this with your doctor or nurse.



My hernia affects what I can do every day.

Yes

No



My hernia affects how I feel about myself.

Yes

No



My hernia worries me.

Yes

No



My hernia stops me socialising.

Yes

No



My hernia stops me having sex.

Yes

No



My hernia is costing me money.

Yes

No





You do not have to make a decision straight away



You can take as long as you like to decide.



You can talk to someone about how you feel.



It is always your choice. You should not feel pressured into anything you do not want to do.

This space is where your doctor or nurse can write down what you can try and what to do next:

**Hernia**

Is a weak spot or hole inside your body and something like your gut can poke through. It can be painful.

Inguinal hernia

Is when the hernia happens in your groin.

Groin

Is where your legs meet your tummy.

Complication

Is something you didn't want to happen when you have an operation.

Treatment

Is something you can do to help with pain or symptoms.

Catheter

Is a tube a doctor or nurse will put in that will help you pee.

Seroma

Is when you get a build up of fluid under the skin. A little bit like a blister but bigger and it can take many weeks or sometimes months to go away. It can be painful.

Intestine

Is your gut. It is a very long tube that goes from your stomach to your anus. It is where food goes after you eat.



Where to get more information

- NHS page about hernias
<https://www.nhsinform.scot/tests-and-treatments/surgical-procedures/inguinal-hernia-repair/>
- EasyHealth has easy read resources about many different health conditions
www.easyhealth.org.uk
- British Hernia Society has information and support for people with hernias
<https://www.britishherniasociety.org/>
- Mencap has a list of resources that are useful for people with learning disabilities who want to know more about living a healthy lifestyle
<https://www.mencap.org.uk/ahealthierme>

Contact details of my doctor, nurse or specialist

.....

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What will happen next?

.....

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