

#### D. AFTER THE OPERATION

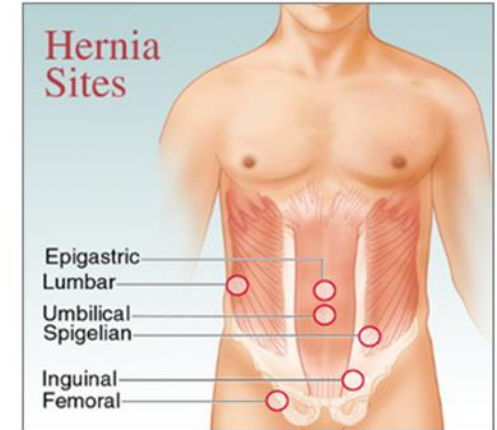
- a. Patient will be brought to surgical ward for post operative care.
- b. Follow up:
  - i. 3 weeks after discharge (may change according patient medical case and logistics).
  - ii. Venue: Surgical clinic. Menara Utama, First floor.
- c. Home advice
  - i. No heavy lifting for 2 weeks to 3 months.
  - ii. Should consume work in a week to 2 weeks.
  - iii. Should consume normal diet.
  - iv. Advice to come to accident and emergency if patient having persistent fever or redness or discharge from the surgical wound site.

#### E. COMMONLY ASKED QUESTION

- i. When should the patient can return to work.
- ii. When can the patient return to normal activities.

#### F. USEFUL CONTACT NUMBERS:

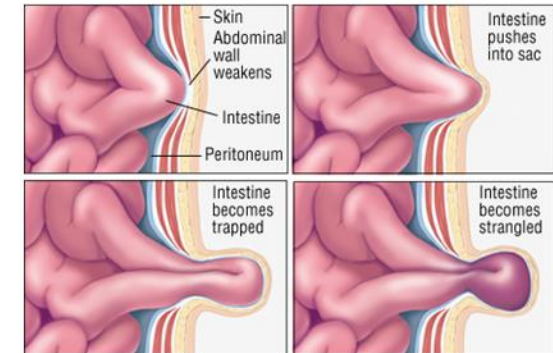
- i. University Malaya Medical Centre:  
03-79494422 (Ext: surgical outpatient clinic)
- ii. <https://myhealth.alberta.ca/Health/aftercareinformation/pages/conditions.aspx?hwid>.
- iii. <https://www.healthline.com/health/hernia>



**Open inguinal hernia repair scar**

**Laparoscopy inguinal hernia repair scar**

# HERNIA



## **A. GENERAL INFORMATION**

### **1. Introduction**

#### **a. What is Hernia**

A hernia occurs when an organ pushes through an opening in the muscle or tissue that holds it in place. It can present as a reducible or irreducible swelling. Inguinal hernia is one of the common abdominal hernia. Patients is advisable to undergo hernia repair to avoid obstruction and strangulation of the hernia content.

#### **b. What is Hernia Repair**

Hernia repair is also known as hernioplasty. It can be done as an open or close (laparoscopy) technique. Basic principle of hernia repair is reduction of the hernia content and place a tension free mesh at the defect area.

#### **c. Indication of hernia repair**

All hernia should be repaired unless local or systemic conditions preclude a safe outcome.

### **2. Advantage of Laparoscopy hemioplasty.**

- I. Shorter hospital stay.
- II. Reduce morbidity.
- III. Reduce post operative pain.
- IV. Decrease post operative recovery.
- V. Early return to normal activities.
- VI. Minimal scars.
- VII. Reduce surgical wound infection.

### **3. Risks / Complications of the surgery.**

Complications associated with laparoscopic access to the abdominal cavity may broadly classified into 4 groups: abdominal wall injuries, vascular injuries, visceral injuries and others.

#### **I. Abdominal wall and intra-abdominal injuries:**

- i. Skin infection.
- ii. Subcutaneous emphysema.
- iii. Haematoma.
- iv. Port site hernia.
- v. Bleeding.
- vi. Intra abdominal abscess collection.
- vii. Injury to the spermatic cord for male.

#### **II. Vascular injuries:**

- i. Bleeding.
- ii. Gas embolism.

#### **III. Visceral (Bowel) injuries.**

#### **IV. Mesh related complication:**

- i. Mesh extrusion.
- ii. Foreign body reaction.
- iii. Mesh erosion into the bowel, bladder or blood vessel.

#### **V. Others:**

- i. Cardiovascular compromise.
- ii. Respiratory distress.
- iii. Renal impairment.

### **4. Other open if hernioplasty is declined.**

Trusses.

### **5. Recurrence rate.**

Recurrence rate for open and laparoscopy hernioplasty is 1%.

## **B. BEFORE THE SURGERY**

### **1. Pre-admission.**

Patient require to register in the Transit ward at the First floor, Menara Selatan.

All patient will be assessed by the anaesthetist prior operation date.

Only some of the patients will be selected for a day care procedure according to the day care criteria.

2. Patient will be admitted to surgical ward a day before operation.

3. Patient is required to fast at midnight before the operation.

## **C. OPERATION**

1. Anesthesia: refer to anesthesia leaflet.

2. Operation as the above diagram.