

MR S T R BAILEY BSc Msc FRCS (Gen Surg)
Consultant General, Colorectal & Laparoscopic Surgeon

**Consulting at: Spire Tunbridge Wells Hospital, Maidstone &
Tunbridge Wells NHS Trust and KIMS Hospital Maidstone**

**PATIENT INFORMATION:
EPIGASTRIC HERNIA
REPAIR (T2781)**

Spire Tunbridge Wells Hospital
Fordcombe Road
Fordcombe, Tunbridge Wells
Tunbridge Wells
Kent TN3 0RD
Tel: 01622 208014

KIMS Hospital
Newnham Court Way
Weaving, Maidstone
Kent ME14 5FT

Tel: 01622 208014

What is an epigastric hernia?

An epigastric hernia is a hole through a weakness in the abdominal wall. You may notice a lump or bulge appearing anywhere in your central, upper abdomen between your breastbone and belly button. This area is known as the epigastrium. The lump normally consists of only fatty tissue, but a large epigastric hernia may contain gut. You may experience discomfort initially, but this can become more painful when lifting heavy items or coughing.

An epigastric hernia is caused by a weakness in the muscles of the abdominal wall. Other contributing factors which can cause such a hernia include straining, coughing, sports, obesity or heaving lifting.

What are the benefits of the surgery?

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

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

Hernias will get bigger over time. They can be dangerous because the intestines or other structures within the abdominal cavity can get trapped and have their blood supply cut off (a strangulated hernia). This is serious and needs an urgent and bigger operation, with a higher risk of serious complications. If left untreated, a strangulated hernia can rarely result in death.

What does the operation involve?

You will be asked to attend the pre-admission clinic prior to your admission for surgery, allowing time for the necessary pre-operative tests such as blood tests, ECG, chest x-ray, as required. You will be admitted on the day of your surgery. Most patients go home on the same day (day case), some may be required to spend 1-2 nights in hospital.

Surgical repair can be carried out under a general or local anaesthetic. Mr Bailey and your anaesthetist will advise you on what they think is most appropriate in your particular case.

An incision is normally made in the abdominal wall overlying the site of the hernia. The pouch (hernia sac) is first dealt with and the contents returned back into the abdominal cavity. The weakness in the abdominal wall is strengthened, using either permanent stitches or a patch of nylon mesh which is stitched into place. The wound is then closed using invisible dissolvable stitches and covered with a waterproof dressing.

What should I do about my medication?

You should let us know about all the medication you are on and follow our advice. This includes herbal remedies and medication to control diabetes and blood pressure. If you are on beta-blockers, you should continue to take them as normal. You may need to stop taking Clopidogrel or Warfarin before your procedure.

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

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

You should endeavour to maintain a healthy weight as the risk of developing complications is higher if you are overweight.

Regular exercise should help prepare you for the procedure and will help you recover and will improve your general health long term. You should avoid exercises that involve heavy lifting or make your hernia painful. Before you start exercising, you should seek advice from your GP.

You can reduce the risk of infection in your surgical wound. In the week prior to the operation do not shave or wax the area where a cut is likely to be made. Have a bath or shower either the day before or on the day of your procedure. Keep warm around the time of your procedure; let a member of staff know if you are cold.

What are the complications?

We will endeavour to make your procedure as safe as possible. However, complications can happen and some of these can be serious and could even cause death. If there is anything you do not understand you should ask. The numbers which relate to risk are based on studies of people who have had this procedure. We may be able to advise you if the risk of a complication is higher or lower for you. Possible complications are:

- 1. Complications of anaesthesia**, Your anaesthetist will discuss with you the possible complications of having an anaesthetic.
- 2. General complications of any operation**
 - ❖ **Pain**, which happens with every operation. We will try to reduce your pain, we will give you medication to control the pain, it is important that you take it as advised so that you can move about and cough freely.
 - ❖ **Bleeding** during or after surgery. This rarely requires a blood transfusion or further surgery but it is common to get bruising around the area.
 - ❖ **Infection of the surgical site** (wound). (Risk: 3 in 100) It is normally safe to shower 48 hours after surgery. However, you should check with a member of the healthcare team. Let us know if you have a 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 a further operation.
 - ❖ **Unsightly scarring** of the skin.
 - ❖ **Blood clots** in the legs (deep vein thrombosis – DVT), which can travel through the bloodstream to the lungs (pulmonary embolus), making breathing difficult. We will assess your risk. You will be encouraged to get out of bed soon after surgery and may be given injections, medication or special stockings to wear.
- 3. Specific complications of this operation**
 - ❖ **Developing a lump** under the wound (risk: 1 in 10). This is caused by a collection of blood or fluid and usually settles within a few weeks.
 - ❖ **Difficulty passing urine**. You may need a catheter (tube) in your bladder for a day or two (risk: 1 in 100). The risk may be higher if you have a 'regional anaesthetic' such as a spinal.
 - ❖ **Injury to structures within the hernia** which come from the abdomen. This is rare but may require a further operation.
 - ❖ **Temporary weakness of the leg**, due to the local anaesthetic affecting the nerves that supply the thigh (risk: less than 1 in 20). This normally settles within 24 hours.
 - ❖ **Persistent discomfort or pain in the incision site**. This is usually mild (risk: 1 in 4) but can be severe (risk: less than 3 in 100). You may need further treatment.

- ❖ **Injury to nerves** that supply the skin around the wound, which leads to a numb area (risk: less than 1 in 10).

If there is anything you do not understand or requires further clarification please let us know.

How soon will I recover?

In hospital

After the procedure you will be moved to the recovery area and then to the ward. You should be able to return home later the same day. However, we may recommend that you stay a little longer. If you do go home on the same day, a responsible adult should take you home by car or taxi and should stay with you for at least 24 hours. You should be near a telephone in case of an emergency. We will advise you if you need to have any stitches or clips removed.

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

Returning to normal activities

You should 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 movement, feeling and co-ordination. If you have 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 developing a blood clot, make sure you carefully follow the instructions provided if you have been prescribed drugs or have to wear compression stockings. If you develop pain, swelling or redness in your leg, or if the veins near the surface of your leg appear larger than normal, you may have a DVT. Let your doctor know immediately. If you become short of breath, feel pain in your chest or upper back, or if you cough up blood, you may have a pulmonary embolism. You should go to your nearest Accident and Emergency Department or call an ambulance.

You should increase your exercise tolerance over the first few days after your surgery. You may need to take painkillers to help you.

You should be able to return to work after two to four weeks, depending upon the extent of surgery and your type of work. You may be advised not to do any manual work at first and you should avoid heavy lifting for six weeks after your surgery.

Regular exercise should help you to return to normal activities as soon as possible. Before you start exercising, you should ask seek advice from your General Practitioner.

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

The future

Most patients make a full recovery and can then return to normal activities.

The hernia can return (risk: less than 2 in 100 if a mesh is used). This depends on the size of the hernia, the strength of your abdominal muscles, if you are overweight or if you have any underlying medical problems. The hernia can come back many years later and may need further surgery.

This leaflet is for information only; if you have any further questions, please let Mr Bailey know during your consultation.