Groin hernias (frequently referred to as inguinal or femoral hernias) are common in both men and women and result from weakening of the tissue in the groin due to stress or aging. As the abdominal wall weakens, a hole develops which lets organs in the abdomen protrude through. This can be perceived as pain or seen as a bulge. The pain may be in the testicle and occasionally goes down the front of the thigh. The bulge may come and go, and discomfort can be intermittent. Hernias can be dangerous if the intestine drops through the hole and becomes obstructed. It is common to have hernias on both sides at presentation.

Hernias most often cause pain with activity or standing. If the hernia causes symptoms, it should be repaired. If no symptoms are present the hernia may be watched provided there is no intestine involved, or the hernia is not enlarging. However, hernias never repair themselves and usually enlarge as time passes. It is easier to repair a hernia when it is small rather than when it becomes large.

Traditionally, hernia surgery has been performed using an incision in the groin area, immediately over the hernia (“open” hernia repair). As with many other surgical procedures today, groin hernia surgery can now be performed using very small incisions and the laparoscope. Clinical research and personal experience has shown that laparoscopic hernia repair often allows a more comfortable and speedy recovery than open hernia surgery. It will frequently eliminate the risk of long term pain occasionally seen after open groin hernia surgery. Recurrence rates with either operation are very low (<1%). Open operation may be mandatory when previous abdominal surgery prevents use of the laparoscope. Laparoscopic hernia repair requires a general anesthesia.

During laparoscopic hernia repair a small telescope (laparoscope) is inserted near the navel and two other small incisions (1/4 inch) are made. The hernia is seen and patched with a mesh to strengthen the area. With laparoscopic surgery, the patch is behind the abdominal wall muscles and cannot be felt. When the patient wakes up from surgery, there are 3 small band aids in place. The operation is generally less than one hour.
Laparoscopic hernia repair is done on an outpatient basis if the patient's health permits. The hernia repair produces discomfort for a few days and a pain pill is frequently prescribed. Ice applied to the groin area helps minimize swelling. Men are asked to elevate the scrotal area with a towel placed between the thighs when sitting or laying down. This also helps prevent bruising and swelling in the area around the testicles. This is done for the first 1-2 days. Most healthy adults are allowed back to restricted work at that time.

The most common risk of any hernia repair is recurrence of the hernia. Using mesh for the repair reduces this risk. Though mesh is plastic and represents a foreign body that will always be present, the risks associated with mesh are very rare. We ask our patients to avoid heavy lifting or straining for a period of time after surgery to allow proper healing and minimize the risk of hernia recurrence.

Other rare complications of hernia repair are infection and bleeding. You will receive intravenous antibiotics prior to surgery. Patients who normally wake up at night regularly to urinate may experience urinary retention after surgery. It is best if we assure spontaneous urination before discharge. Discoloration of the abdomen or groin area from a small amount of old blood under the skin is not uncommon. In men, the scrotum will infrequently become swollen or bruised. This will resolve over several days without treatment.

Exercise is permitted within a week to ten days after surgery. Walking, light running, and aerobic exercising on the treadmill, elliptical or other such machines are the best way to start. Lifting weights that require extensive use of abdominal muscles is discouraged for 3-4 weeks. Pilates and yoga may also begin at 7-10 days after hernia surgery, provided it’s not uncomfortable. You should see your surgeon for a wound check before going swimming or using the hot tub or sauna. Sexual activity can be resumed when it’s comfortable.

I have performed more than 2,000 laparoscopic hernia repairs and would describe it as a very safe and effective operation with a short recovery and excellent return to normal activities.

As a final note, men interested in having a vasectomy should discuss this with their surgeon when scheduling laparoscopic groin hernia surgery. The added procedure requires no additional incision and involves absolutely no additional recovery or side effect. It takes approximately 2 minutes when performed during this type of hernia surgery. It is not reversible once completed so be sure it’s what you want.

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