Hernia, Repair with Laparoscope

A hernia occurs when an internal organ pushes out through a weak spot in the belly (*abdominal*) wall muscles. Hernias most commonly occur in the groin and around the navel. Hernias can also occur through a cut by the surgeon (*incision*) after an abdominal operation. A hernia may be caused by:

- Lifting heavy objects.
- Prolonged coughing.
- Straining to move your bowels.

Hernias can often be pushed back into place (*reduced*). Most hernias tend to get worse over time. Problems occur when abdominal contents get stuck in the opening and the blood supply is blocked or impaired (*incarcerated hernia*). Because of these risks, you require surgery to repair the hernia.

Your hernia will be repaired using a laparoscope. Laparoscopic surgery is a type of minimally invasive surgery. It does not involve making a typical surgical cut (*incision*) in the skin. A laparoscope is a telescope-like rod and lens system. It is usually connected to a video camera and a light source so your caregiver can clearly see the operative area. The instruments are inserted through ¼ to ½ inch (5 mm or 10 mm) openings in the skin at specific locations. A working and viewing space is created by blowing a small amount of carbon dioxide gas into the abdominal cavity. The abdomen is essentially blown up like a balloon (*insufflated*). This elevates the abdominal wall above the internal organs like a dome. The carbon dioxide gas is common to the human body and can be absorbed by tissue and removed by the respiratory system. Once the repair is completed, the small incisions will be closed with either stitches (*sutures*) or staples (just like a paper stapler only this staple holds the skin together).

BEFORE THE PROCEDURE

Laparoscopy can be done either in a hospital or out-patient clinic. You may be given a mild sedative to help you relax before the procedure. Once in the operating room, you will be given a general anesthesia to make you sleep (unless you and your caregiver choose a different anesthetic).

LET YOUR CAREGIVERS KNOW ABOUT THE FOLLOWING:

- Allergies.
- Medications taken including herbs, eye drops, over the counter medications, and creams.
- Use of steroids (by mouth or creams).
- Previous problems with anesthetics or Novocain.
- Possibility of pregnancy, if this applies.
- History of blood clots (*thrombophlebitis*).
- History of bleeding or blood problems.
- Previous surgery.
- Other health problems.

AFTER THE PROCEDURE

After the procedure you will be watched in a recovery area. Depending on what type of hernia was repaired, you might be admitted to the hospital or you might go home the same day. With this procedure you may have less pain and scarring. This usually results in a quicker recovery and less risk of infection.

HOME CARE INSTRUCTIONS

- Bed rest is not required. You may continue your normal activities but avoid heavy lifting (more than 10 pounds) or straining.
- Cough gently. If you are a smoker it is best to stop, as even the best hernia repair can break down with the continual strain of coughing.
- Avoid driving until given the OK by your surgeon.
- There are no dietary restrictions unless given otherwise.
- TAKE ALL MEDICATIONS AS DIRECTED.
- Only take over-the-counter or prescription medicines for pain, discomfort, or fever as directed by your caregiver.

SEEK MEDICAL CARE IF:

- There is increasing abdominal pain or pain in your incisions.
- There is more bleeding from incisions, other than minimal spotting.
- You feel light headed or faint.
- You develop an unexplained temperature, chills, and/or an oral temperature above 102° F (38.9° C), or as your caregiver suggests.
- You have redness, swelling, or increasing pain in the wound.
- Pus coming from wound.
- A foul smell coming from the wound or dressings.

SEEK IMMEDIATE MEDICAL CARE IF:

- You develop a rash.
- You have difficulty breathing.
- You have any allergic problems.

MAKE SURE YOU:

- Understand these instructions.
- Will watch your condition.
- Will get help right away if you are not doing well or get worse.

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