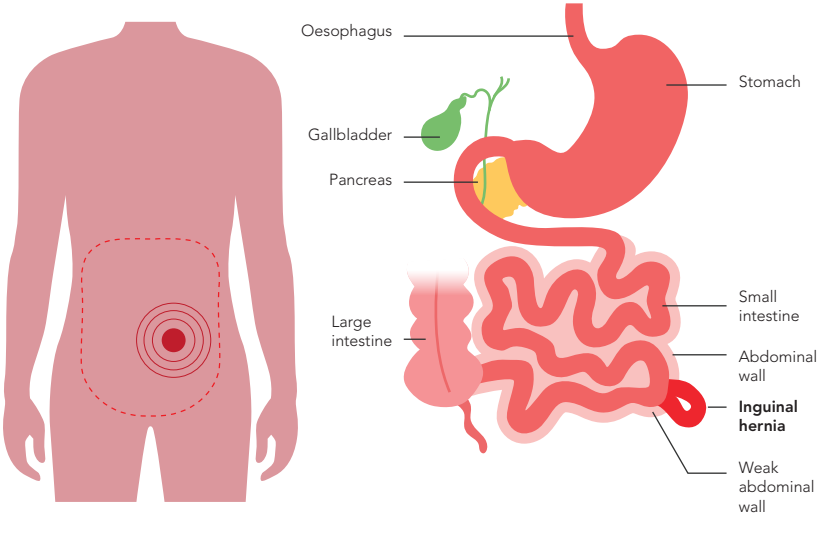
HEALTH CITY
Cayman Islands

Your Laparoscopic Hernia Surgery



This booklet will take you through Laparoscopic Hernia Surgery.

We want to ensure that you receive the highest level of healthcare. This means keeping you educated and informed about what is involved in the different stages of your Laparoscopic Hernia Surgery. If you have any questions or concerns, please speak with your doctor or medical team.

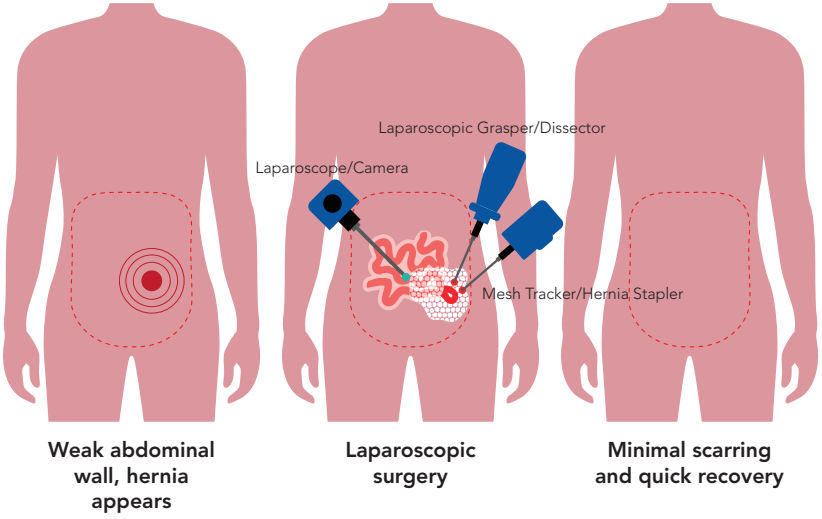
Understanding Laparoscopic Hernia Surgery

Laparoscopic Hernia Surgery, also known as Laparoscopic Hernia Repair (herniorrhaphy or hernioplasty), is a minimally invasive procedure used to repair hernias in the abdomen or groin.

Rather than making one large incision over the hernia, the surgeon makes several small incisions in the abdomen. The number and location of these incisions will depend on the type and location of your hernia. Through these small openings, a laparoscope (a thin tube with a camera) and specialised surgical instruments are inserted to repair the hernia. In most cases, a surgical mesh is used to reinforce the weakened area of the abdominal wall and reduce the risk of the hernia returning.

This minimally invasive approach generally results in less pain, smaller scars, a shorter hospital stay, and a faster recovery compared with traditional open surgery.

A laparoscope, which is a thin tube with a camera and light attached to it, is inserted through one of the incisions. This allows the surgeon to visualise the inside of the abdomen on a monitor. Specialised surgical instruments are then inserted through the other incisions to repair the hernia by placing a mesh patch over the hernia defect to reinforce the area and prevent the hernia from recurring.



Laparoscopic Hernia Surgery

How to Prepare for Your Laparoscopic Hernia Surgery

Your doctor will advise you to:

- Do pre-operative blood tests, an echocardiogram (ECG), and scans.
- Have a Pre-Anaesthesia Check-up Appointment (PAC) with the anaesthetist, who will inform you when you are to stop eating and drinking and if there is a need to do any further investigations before the procedure.
- Avoid blood thinners 3 to 5 days before the surgery. Speak to your doctor to confirm timing.
- Follow specific instructions about if and when to take your insulin or other diabetic medication if you have diabetes.
- Take all other medications as usual with small sips of water on the morning of your procedure.
- Leave your jewellery and other valuables at home.
- Bring a current list of medications and allergies with you to the hospital.
- Bring your government-issued identification.
- Ensure you have someone to drive you home after your procedure and to help you at home with everyday tasks such as cooking, bathing, and laundry.

The Day of the Procedure

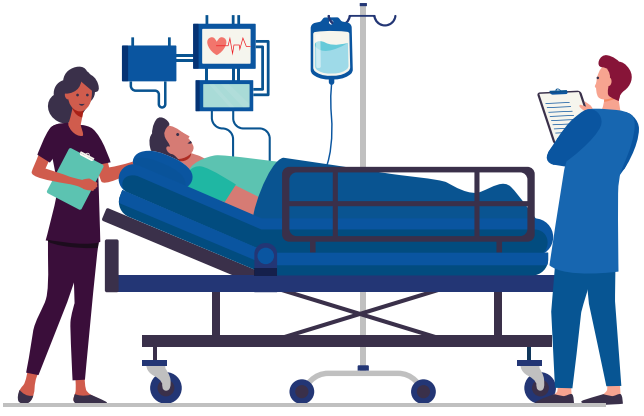
Make sure that you do not eat anything and follow the instructions given by the anaesthetist regarding your routine medications.

What to Expect During the Procedure

These are these steps you will go through when you come to Health City for a Laparoscopic Hernia Surgery.

STEP 1

You will be admitted 60 minutes before your procedure unless otherwise advised by the patient care coordinator. After check-in, a healthcare provider will lead you to a room where you can change into a hospital gown. A nurse will check your vitals such as blood pressure, pulse, and oxygen, and place an IV line in your arm to begin delivering fluids. From there, you will be taken inside the operating room for your procedure.



STEP 2

The anaesthetist will give you a general anaesthetic to ensure you are unconscious and pain-free during the procedure. The surgical team prepares your abdomen by cleaning and sterilising the area around the surgical site.

STEP 3

Trocars, which are hollow tubes with valves to prevent air leakage, are inserted through these incisions. These trocars serve as ports for the laparoscope and surgical instruments. The placement of the trocars depends on the location and type of the hernia. Carbon dioxide gas is gently pumped into the abdomen through one of the trocars. This creates a space inside the abdominal cavity, allowing the surgeon to see and access the hernia site more easily.

STEP 4

A laparoscope, which is a thin tube with a camera and light source attached to it, is inserted through one of the trocars. The camera sends real-time images of the inside of the abdomen to a monitor in the operating room, allowing the surgeon to visualise the hernia and surrounding structures. The surgeon carefully examines the abdominal cavity to locate the hernia and assess its size, location, and any associated structures that may be affected. If necessary, the surgeon gently pushes the protruding tissue or organs back into the abdominal cavity, reducing the hernia.

STEP 5

A synthetic mesh patch or plug is inserted through one of the trocars and positioned over the hernia defect. The mesh is secured in place using surgical staples, tacks, or sutures, depending on the specific technique and surgeon preference. The mesh provides additional support to the weakened abdominal wall, reducing the risk of hernia recurrence. Once the mesh is securely in place, the surgeon removes the laparoscope and other instruments from the abdominal cavity. The trocars are removed, and the small incisions are closed with sutures or surgical glue.

STEP 6

After surgery, you will rest in a recovery area for a short time before being taken back to your hospital room. You will likely stay in the hospital overnight. However, your surgeon will discuss with you before your surgery how long you are expected to stay in the hospital; this all depends on your individual needs. Your care team will need to ensure that all is stable before you are discharged by checking that:

- your vital signs are within an acceptable range;
- your pain is manageable, and you do not feel nauseous;
- you can get out of bed and stand up from a chair without assistance.

Recovery

The recovery timeline for laparoscopic hernia surgery can vary depending on factors such as the size and location of the hernia, individual healing ability, and any complications that may arise during or after the procedure.

Timeline	Recovery/Activity
Immediate Post-Surgery -Days 1-2	You'll likely experience some discomfort or pain around the incision sites and the area where the hernia was repaired. Pain medications prescribed by your doctor can help manage any discomfort. You may be encouraged to walk and move around gently to prevent blood clots and aid in the recovery process.
Week 1	You'll gradually start to feel better, but you may still experience some pain, swelling, and bruising. You'll need to avoid heavy lifting, strenuous activity, and driving for the first week or as directed by your surgeon.

Timeline	Recovery/Activity
Weeks 2-3	Pain and discomfort should continue to improve, and you may be able to gradually increase your activity level. Your surgeon may recommend starting gentle exercises to promote mobility and prevent stiffness, but be cautious not to overexert yourself. Returning to work or normal daily activities may be possible depending on the type of work you do and how you're feeling.
Weeks 4-6	By this time, you should be experiencing minimal to no pain and swelling. You may gradually resume more strenuous activities, such as lifting heavier objects or participating in exercise or sports, but consult with your surgeon before doing so. Follow-up appointments with your surgeon may be scheduled to monitor your progress and ensure that the hernia repair is healing properly.

Timeline	Recovery/Activity
Months 3-6	Most patients are fully recovered by this time and can return to all normal activities without restrictions. Any residual swelling or discomfort should have resolved, and you should feel back to your usual self. It's essential to continue to listen to your body and avoid pushing yourself too hard, as it may take several months for the tissues to fully heal.

It's important to note that this timeline is a general guideline, and individual recovery experiences may vary. Be sure to follow any specific instructions provided by your surgeon and seek medical attention if you experience severe pain, swelling, fever, or any other concerning symptoms during your recovery.



FAQs

These are some common questions about Laparoscopic Hernia Surgery.



Q: What are the potential risks or complications of Laparoscopic Hernia Surgery?

A: Laparoscopic Hernia Surgery is a commonly performed procedure and is considered safe and effective. However, as with any surgery, there are some risks and potential complications. Your surgeon will discuss these with you before your operation.

Possible risks include:

- **Infection:** There is a small risk of infection at the incision sites or within the abdominal cavity. Most infections can be treated with antibiotics.
- **Bleeding:** Bleeding may occur during or after surgery. In some cases, further treatment or surgery may be required to control it.

- **Injury to nearby organs or structures:** Although uncommon, nearby structures such as blood vessels, nerves, the bladder, or intestines may be injured during surgery. This may require additional treatment or surgery.
- **Hernia recurrence:** While every effort is made to repair the hernia permanently, there is a small chance that it may return in the future. This risk may be higher depending on the type of hernia, wound healing, or activities that place excessive strain on the abdominal wall.
- **Urinary retention:** Some patients, particularly men, may have difficulty passing urine after surgery. This is usually temporary but may require a catheter until normal bladder function returns.
- **Mesh-related complications:** If surgical mesh is used to strengthen the repair, there is a small risk of complications such as infection, chronic pain, mesh movement (migration), mesh shrinkage, or an inflammatory reaction. These complications are uncommon but may require further treatment.
- **Fluid collections (seroma or haematoma):** Fluid or blood may collect beneath the skin after surgery. These collections often resolve on their own but may occasionally require drainage.

- **Paralytic ileus:** The bowel may temporarily slow down or stop working after surgery, causing abdominal bloating, nausea, vomiting, and delayed passage of gas or stool. This usually resolves with supportive care.
- **Bowel obstruction:** Although rare, scar tissue (adhesions) or other complications may cause a blockage of the bowel after surgery, which may require further treatment.

- **Anaesthesia-related risks:** General anaesthesia carries its own risks, including allergic reactions, breathing difficulties, heart complications, nausea and vomiting, or other rare complications.

Most patients recover without experiencing any major complications. Your surgical team takes every precaution to minimise these risks and ensure your safety throughout the procedure. If you have any concerns, please discuss them with your surgeon before your operation.

Q:What are the benefits of Laparoscopic Hernia Surgery?

A: Laparoscopic Hernia Surgery offers several potential advantages over traditional open hernia repair, including:

1. Smaller incisions, which may result in less pain and scarring
2. Faster recovery time
3. Reduced risk of complications such as wound infection and hernia recurrence
4. Better visualisation of the hernia defect and surrounding tissues, allowing for more precise repair.

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