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Inguinal Hernia

A patient guide

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An inguinal hernia is a weakness in the groin through which fat or bowel can bulge. Some hernias cause very little trouble and can be observed; others cause pain, restrict activity or are better treated surgically.

At a glance

- Not every inguinal hernia needs an operation immediately.
- Watchful waiting can be reasonable for a hernia causing little or no discomfort.
- Surgery is usually considered when symptoms affect quality of life or the hernia becomes difficult to manage.
- Repair can be performed by an open or keyhole approach depending on the patient and the hernia.
- Surgery aims to repair the hernia, but it cannot guarantee that all pre-existing groin pain will disappear.

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What is an inguinal hernia?

An inguinal hernia occurs when fat or part of the bowel pushes through a weak area in the groin. It may appear as a lump that becomes more noticeable when standing, coughing or straining and may reduce or disappear when lying down.

What symptoms can it cause?

- A lump or swelling in the groin
- A dragging, aching or burning sensation
- Discomfort with lifting, coughing, exercise or prolonged standing
- A feeling of pressure or heaviness
- Occasionally pain or altered sensation extending towards the scrotum in men

Some inguinal hernias cause no pain at all and are discovered incidentally.

When to seek urgent medical help

Urgent assessment is needed if a previously reducible hernia becomes suddenly very painful and cannot be pushed back, especially with vomiting, abdominal swelling, inability to pass stool or wind, or a change in colour of the skin over the lump. These can be signs of obstruction or strangulation.

Do all inguinal hernias need surgery?

No. If a hernia causes little or no discomfort, watchful waiting may be reasonable. This means monitoring it and seeking review if it becomes more painful, increases in size or becomes difficult to reduce. Surgery is more likely to be considered when the hernia causes pain, interferes with work or exercise, affects day-to-day life, enlarges significantly or becomes harder to manage.

What can I do while observing a hernia?

- Remain active, but avoid activities that clearly provoke significant pain.
- Treat constipation and avoid unnecessary straining.
- Maintain a healthy weight where possible.
- A hernia support or truss can help some patients temporarily, but it does not repair the hernia.

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How is an inguinal hernia repaired?

The aim of surgery is to return the hernia contents to the abdomen and reinforce the weak area. The two main approaches are open and laparoscopic (keyhole) repair.

Open repair	Laparoscopic repair
A cut is made in the groin over the hernia.	Several small cuts are made in the abdomen.
Often repaired using mesh. Selected repairs can be performed under local or general anaesthetic.	Usually repaired with mesh and requires a general anaesthetic.
Often suitable for a straightforward one-sided primary hernia.	Can be particularly useful for bilateral or recurrent hernias and in selected patients.

The best approach depends on the type of hernia, whether it is on one or both sides, any previous repairs, your general health and the surgeon's experience.

What is mesh?

Mesh is a thin synthetic material used to reinforce the weak area and reduce the chance of the hernia returning. It remains in the body permanently in most standard adult inguinal hernia repairs. Different types of mesh are available and your surgeon can discuss the material and technique planned for you.

Potential benefits

- Repairs the groin defect and removes the bulge in most patients.
- Reduces the risk of the hernia enlarging or becoming difficult to reduce.
- Often improves discomfort that is genuinely caused by the hernia.
- Can allow a return to activities that have been limited by the hernia.

Groin pain has several possible causes. Repairing a hernia does not guarantee that pain will disappear, particularly when the symptoms were not clearly coming from the hernia before surgery.

Potential risks

- Pain, bruising, bleeding or wound infection
- Seroma (a temporary fluid collection)
- Haematoma or bruising in the groin or scrotum
- Difficulty passing urine, occasionally requiring a temporary catheter
- Numbness or altered sensation around the scar or groin
- Persistent or chronic groin pain, which can occasionally be significant
- Recurrence of the hernia
- Mesh infection, which is uncommon but may require further treatment
- Injury to nearby structures, including blood vessels, bowel or structures supplying the testicle
- Testicular pain, swelling or, rarely, damage to the testicle
- Blood clots, chest infection, heart or anaesthetic complications

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Recovery after surgery

Most inguinal hernia repairs are day-case procedures. Some discomfort, tightness, bruising or swelling is normal during early recovery. Men may notice bruising extending into the scrotum.

- Gentle walking is encouraged from the day of surgery.
- Increase activity gradually according to comfort.
- Many people return to light or desk-based work within 1-2 weeks; physical work may take longer.
- Progressively return to exercise and lifting as pain settles; individual advice may vary depending on the repair.
- Do not drive until you can safely control the car and perform an emergency stop without pain, and you are no longer affected by sedating medication.

When should I seek advice after surgery?

- Increasing redness, swelling, discharge or fever
- Severe or worsening groin or abdominal pain
- Persistent vomiting or abdominal swelling
- Difficulty passing urine that does not settle
- A new painful lump that does not reduce
- Breathlessness, chest pain or a swollen painful calf

Questions to ask at your consultation

- Do I need surgery now or is watchful waiting reasonable?
- Do you recommend an open or keyhole repair for me, and why?
- Will mesh be used?
- What are my individual risks of recurrence and chronic pain?
- What restrictions will I have after surgery and when can I return to work or exercise?

About Mr Peter Asaad

Mr Peter Asaad is a Consultant General & Colorectal Surgeon. He assesses and treats patients with groin hernias and performs open inguinal hernia repair in his private general surgical practice.

Important information

This leaflet provides general information only. It does not replace an individual consultation, examination or consent discussion. The treatment that is appropriate for you depends on your symptoms, medical history and individual circumstances.

If you become acutely unwell, seek urgent medical attention rather than relying on this leaflet.