

# Patient information from BMJ

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## Inguinal hernia: what treatments work?

You might notice an inguinal hernia as a bulge you can see or feel in your groin. It may be tender or uncomfortable and you may not like the way it looks. Doctors usually recommend surgery to repair a hernia.

Hernias can happen in several different parts of your body. But this information is about inguinal hernias, which are the most common type of hernia that happens in your lower abdomen or groin (the word inguinal means groin).

You can use our information to talk to your doctor about which treatment approach is right for you.

### What is a hernia?

A hernia can happen if there's a weak spot in the muscles in the wall of the abdomen (belly). A section of bowel or fatty tissue can poke through the weak spot. This causes a bulge in your groin or the lower part of your abdomen.

Hernias happen in one of two ways:

- You may have been born with a weak spot in your muscles.
- Something may have damaged your muscles. This could be another medical condition. Things like heavy lifting, a bad cough, or straining when you go to the toilet can make hernias worse, but they don't cause them in the first place.

### What treatments work?

Surgery is the only treatment for a hernia. But if your hernia doesn't cause you any problems your doctor might suggest that you try **watchful waiting**. This means that you delay having surgery until your hernia is bothering you. Some people never need to have surgery.

There are two main types of surgery that can repair a hernia.

- **Open surgery** is done through a cut that opens up your groin.
- **Keyhole surgery** (also called laparoscopic surgery) involves making several smaller cuts. The surgeon works through the cuts, using a camera to see inside your groin.

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You may have heard of supports or **trusses** to hold in a hernia. But they don't cure the problem. Doctors sometimes suggest using them if you need to wait a while before you have surgery. But otherwise they are not used much any more.

### Open surgery

If you have open surgery your surgeon makes a cut between 5 and 10 centimetres (about 2 to 4 inches) long down the crease of your groin. He or she then pushes the hernia back into place or cuts it away. A mesh patch is usually used to cover the weak spot in your stomach muscles.

Stitches can be used in your muscle instead of a patch but mesh is more suitable for most hernias. The cut in your skin will then be closed with stitches. These are usually the kind that dissolve.

Open surgery often works best for simple hernias that are only on one side of the body (**unilateral hernias**). People who have open surgery for this type of hernia are less likely than those who have keyhole surgery to need a second operation.

### Keyhole surgery

If you have keyhole surgery your surgeon makes a small cut near your belly button (umbilicus). The cut is about a centimetre (half an inch) long. A thin tube with a camera on the end is put through the cut. The camera sends pictures to a screen so the surgeon can see inside your groin.

The surgeon also makes one or more small cuts lower down your abdomen. He or she puts small tools through these cuts to push the hernia back into place. A mesh patch is used to close the hole in your stomach muscles.

Keyhole surgery seems to work best for hernias that are on both sides of the body (**bilateral hernias**). This type of surgery also seems to work better than open surgery for people whose hernia has been operated on and has then come back (recurred).

Keyhole surgery can have some advantages over open surgery. For example, people who have keyhole surgery tend to:

- have less pain after the operation
- have less scarring, and
- be able to get back to their normal activities a bit sooner.

### What are the benefits of surgery?

Most people with a hernia have surgery. If you don't have treatment there's a small chance that your stomach muscles could trap the section of bowel that's poking through and cut off the blood supply (called a **strangulated hernia**). This is very dangerous.

But strangulated hernias are rare in men whose hernias don't bother them and who choose to wait before having surgery.

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## What are the risks?

All operations have risks. You and your surgeon should discuss these before you have your hernia repaired.

Some people feel sick or vomit when they come round from the anaesthetic. More serious problems, such as an allergic reaction to the anaesthetic, are rare.

Some people bleed heavily under the skin after their operation. This can cause a large bruise called a **haematoma**. Some people get a build-up of fluid under their skin. This is more common with keyhole surgery.

Sometimes the surgeon might accidentally damage an organ. For example, you could get damage to your bladder. Damage to an organ is very rare during open surgery.

There's a small chance that your hernia will come back after surgery. You can have another operation if this happens.

## What will happen to me?

Most people with an inguinal hernia have surgery. But if your hernia is small and you don't have any other symptoms (like a sore groin), you can talk with your doctor about whether you need to have it repaired straight away. You might be able to wait and see what happens before you decide about treatment.

If you decide to try 'watchful waiting' your doctor should make sure that you are checked every six months in case your hernia is becoming more of a problem.

Choosing not to have surgery right away does not increase your chance of having problems or of having a worse outcome from surgery in the future.

Most people recover well after surgery and only need one follow-up appointment to check that they are healing and recovering well. But you should go back to hospital right away if you are in a lot of pain or if you vomit. One or two in every 100 people who have mesh surgery for a hernia will need a second operation.

You should avoid straining, heavy lifting, or strenuous exercise until you are recovered.

For more background information on inguinal hernia see our leaflet *Inguinal hernia: what is it?*

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