

Laparoscopic Incisional Hernia Repair Surgery

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An incisional hernia is a hernia through a surgical scar. Although the skin remains intact, the underlying tissues separate and fatty tissue or parts of the bowel can protrude and cause a bulge. Incisional hernias are not usually dangerous because there is a relatively low likelihood of bowel blockage or significant pain, but they do tend to enlarge over time and can become unsightly and interfere with clothing. A repair is often indicated to control the bulge and prevent any worsening in the future.

Types of Repair

Incisional hernias can be repaired in a variety of techniques. The lowest recurrence rates are achieved if an artificial mesh of some description is placed to strengthen the abdominal wall when the repair is made. Standard "open" methods involve opening up the wound, placing a mesh either above or below the abdominal wall and the closing the wound up again. Laparoscopic incisional hernia repair is a relatively new procedure that involves placing a mesh within the abdominal cavity itself with minimal degree of scarring. The feasibility of laparoscopic repair has been improved because of a new mesh design. Traditional meshes carry the risk of complications where as the newer mesh materials are safer to place within the abdomen.

How Is The Operation Performed?

The operation involves keyhole surgery, usually through three or more small incisions through which instruments are manipulated. These are usually placed on one side or the other of the abdomen. Gas is insufflated to create a view and then any adhesions from the abdominal contents to the underside of the wound are freed-up. A mesh can be placed up underneath this and is tacked in place with some screw-like metal staples. In addition, a number of sutures are placed through the abdominal wall and tied underneath the skin. The procedure is performed under a general anaesthetic and normally you would be admitted on the day of the surgery.

Recovery after the Operation

Although keyhole surgery is a minimally invasive technique, the staples securing the mesh can be quite uncomfortable for a number of days. You are likely to require 1-4 days in hospital after the procedure before you will be comfortable enough to return home. You should be able to eat and drink straight after the operation and we would encourage you to get out of bed and move around as early as possible. Activity is beneficial as it helps the whole body to recover from surgery.

Return to normal activity depends partly on the size of the mesh, the amount of dissection within the abdomen and the motivation of the patient. It is perfectly safe to take some gentle exercise straightaway, although often pain will prevent a great deal of activity. As the pain settles, you should be able to increase the activity correspondingly. You can drive when you feel safe to do so and are able to do an emergency stop without worrying about discomfort. Going back to work depends on the nature of your work, but will typically be in 2-4 weeks.

What Can Go Wrong?

There are a number of risks specifically relating to laparoscopic hernia repair and the placing of mesh within the abdominal cavity. The initial placing of the instruments within the cavity can rarely damage the bowel or cause bleeding. During the dissection of adhesions from the abdominal wall there is a small risk of injuring the bowel. If this occurs and there is any significant contamination, it is not safe to leave a mesh in the abdominal cavity. If this were to happen therefore, your operation would have to be stopped and the bowel repaired. I would then plan another operation when the bowel had completely healed and at that time put a mesh in. As with any keyhole operation, there may be reasons why the operation needs to be converted to an open procedure. These include difficulty identifying the anatomy, bleeding that is uncontrollable, or significant injury that cannot be repaired laparoscopically.

Long-Term Results

The long-term results of this kind of mesh repair are usually very good. There is still likely to be a bulge where the incision is but this should not be of any significant size. There does remain a risk of recurrence, even with mesh placement, which is of the order of 5-10%.

NRH January 2008