SUSSEX SURGEON

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PATIENT INFORMATION LEAFLET

Incisional Hernia Repair with Mesh

What you need to know before your operation

Background

An incisional hernia occurs when tissue or bowel pushes through a weakness in the abdominal wall at the site of a previous surgical scar. This can happen months or even years after the original surgery. It usually appears as a bulge beneath the skin, which may be more noticeable when you stand, cough, or strain, and often disappears when you lie down.

The hernia may cause discomfort or a dragging sensation, particularly after activity or prolonged standing. In a small number of cases the hernia can become trapped or strangulated, which is a surgical emergency. We will have discussed at your consultation whether surgery is in your best interests.

The Operation

Your repair will be performed as open surgery under a general anaesthetic. A cut will be made directly over the hernia site to expose and repair the defect in the abdominal wall. The surgeon will close the gap and place a piece of inert polypropylene mesh to reinforce the repair. The mesh acts as a patch, significantly reducing the chance of the hernia returning compared to repair without mesh.

The skin wound will be closed with dissolvable sutures beneath the skin, and skin glue will be applied along the length of the wound. A dressing may also be placed over the wound. The dressing should be left in place for 5 days — you may shower but should not bathe during this time. No suture removal is needed.

As the wound heals you may notice a ridge of firm tissue beneath the scar. This is a normal part of the body's response to surgery and will settle over 2–3 months.

Benefits of Surgery

The main benefits of having this operation are:

SYMPTOM RELIEF	DURABILITY	SAFETY	RECOVERY
Pain & discomfort	**Lower recurrence**	**Prevents emergency**	**Return to activities**
Most patients find pain and the bulge resolve after surgery.	Mesh repair is substantially less likely to fail than no mesh.	Reduces risk of strangulation, which requires urgent surgery.	Most patients return to normal daily life after recovery.

Risks and Complications

All operations carry some risk. These are the most important ones to be aware of:

COMMON

- **Pain and discomfort** — Expected after surgery and managed with painkillers. Usually settles within a few weeks.
- **Bruising and swelling** — Around the wound site. Typically resolves within 2–4 weeks.
- **Seroma (fluid collection)** — A pocket of fluid can form beneath the wound. Most resolve without treatment; occasionally drainage is required.
- **Wound infection** — Redness, warmth, or discharge from the wound. Usually treated with antibiotics.

LESS COMMON

- **Hernia recurrence** — There is approximately a 5% lifetime risk of the hernia returning even after mesh repair.
- **Chronic pain** — A small number of patients experience longer-term discomfort in the repair area (estimated 3–4%).
- **Mesh infection** — Rare but serious. May require antibiotics or, uncommonly, removal of the mesh.
- **Injury to nearby structures** — Very rarely, bowel, bladder, or blood vessels in the area may be affected during surgery.
- **Deep vein thrombosis (DVT)** — A blood clot in the leg. Early mobilisation, compression stockings, and blood thinners are used routinely to minimise this risk.
- **Risks of general anaesthetic** — Including nausea, sore throat, and very rarely more serious reactions. Your anaesthetist will discuss these separately with you.

Post-operative Activity Levels

You are encouraged to walk as much as feels comfortable from the day after surgery — the distance you can manage will increase steadily with time. You will be able to manage stairs.

HOSPITAL STAY	DRIVING	RETURN TO WORK	HEAVY LIFTING
1–3 days	**1–2 weeks**	**2–6 weeks**	**6–8 weeks**
Depending on the size of the repair and your recovery.	Only when an emergency stop can be done without pain.	Office work sooner; physical roles need light duties 4–6 wks.	Avoid strenuous activity until cleared at follow-up.

Please avoid any strenuous exercise or heavy lifting for at least 6–8 weeks. This allows time for the mesh to become securely incorporated into the surrounding tissue. A sick note can be provided if required by your employer.

Warning Signs — When to Seek Help

Please contact the hospital or my secretary if you experience any of the following after going home:

- Increasing redness, heat, swelling, or discharge from your wound
- A temperature above 38°C (100.4°F)
- Pain that worsens rather than gradually improving after the first few days
- Swelling, redness, or pain in one leg (possible DVT)
- Difficulty passing urine or opening your bowels

If you feel very unwell, have severe pain, or experience shortness of breath, call **999** or go to your nearest Emergency Department immediately.

Contacting Us

If you have any concerns during your recovery, please contact the hospital at which your surgery was performed using the number on your discharge paperwork. Alternatively, my secretary can be reached directly:

■ **Email:** secretary@sussexsurgeon.com ■ **Phone:** 07963 466976 ■ **Hours:** Monday to Friday, 09:00–16:30 (except Wednesday)

Andrew Day, Consultant Surgeon — Sussex Surgeon

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