

# Laparoscopic Inguinal Hernia Repair (TEP)

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This fact sheet is for general information about this procedure only. It is not intended to be used as medical advice or to replace advice that your relevant healthcare professional would give you. If you have a particular medical problem, please consult a healthcare professional.

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## What is an inguinal hernia?

Your abdominal cavity contains your intestines and other structures. These are protected by your abdominal wall, which is made up of four layers. Weak spots can develop in the layer of muscle, resulting in the contents of your abdomen, along with the inner layer, pushing through your abdominal wall. This produces a lump called a hernia.

An inguinal hernia happens at the inguinal canal. This is a narrow passage through your abdominal wall.

## What are the benefits of surgery?

You should no longer have the hernia. Surgery should prevent the serious complications that a hernia can cause and allow you to return to normal activities.

## Are there any alternatives to surgery?

You can sometimes control the hernia with a truss (padded support belt) or simply leave it alone. It will not get better without surgery.

## What will happen if I decide not to have the operation or the operation is delayed?

Occasionally, the hernia can get larger with time. It can also be dangerous because your intestines or other structures within your abdomen can get trapped and have their blood supply cut off (strangulated hernia). The symptoms that may suggest a strangulated hernia are:

- severe pain;
- a hernia that will not disappear when you lie down;
- vomiting.

If you have any of these symptoms you must call your healthcare team immediately as you may need an urgent operation.

## What does the operation involve?

The operation is performed under a general anaesthetic and usually takes about 30 minutes (less than an hour for a repair to both sides).

Your surgeon will make a small cut on or near your belly button so they can insert an instrument in your abdominal cavity to inflate it with gas (carbon dioxide). They will make two small cuts on your abdomen so they can insert tubes (ports) into your abdomen. Your surgeon will insert surgical instruments through the ports along with a telescope so they can see inside your abdomen and perform the operation.

Your surgeon will return the part of your abdomen that is causing the hernia, and insert a synthetic mesh to cover the weak spot.

## How can I prepare myself for the operation?

If you smoke, stopping smoking now may reduce your risk of developing complications and will improve your long-term health.

Try to maintain a healthy weight. You have a higher risk of developing complications if you are overweight.

Regular exercise should help to prepare you for the operation, help you to recover and improve your long-term health. Do not do exercises that involve heavy lifting or make your hernia painful. Before you start exercising, ask the healthcare team or your GP for advice.

Speak to the healthcare team about any vaccinations you might need to reduce your risk of serious illness while you recover. When you come into hospital, practise hand washing and wear a face covering when asked.

## What complications can happen?

The healthcare team will try to reduce the risk of complications.

Any numbers which relate to risk are from studies of people who have had this operation. Your doctor may be able to tell you if the risk of a complication is higher or lower for you. Some risks are higher if you are older, obese, you are a smoker or have other health problems. These health problems include diabetes, heart disease or lung disease.

Some complications can be serious and may even cause death. Using keyhole surgery means it may be more difficult for your surgeon to notice some complications that may happen during the operation.

## General complications of any operation

- Bleeding during or after the operation.
- Infection of the surgical site (wound).
- Allergic reaction to the equipment, materials or medication.
- Blood clot in your leg (deep-vein thrombosis – DVT).
- Blood clot in your lung (pulmonary embolus), if a blood clot moves through your bloodstream to your lungs.
- Chest infection. Your risk will be lower if you have stopped smoking and you are free of Covid-19 (coronavirus) symptoms for at least 7 weeks before the operation.

## Specific complications of this operation

### Keyhole surgery complications

- Surgical emphysema (a crackling sensation in your skin caused by trapped carbon dioxide), which settles quickly and is not serious.
- Injury to your bowel. You may need another operation.
- Gas embolism. This is when gas (carbon dioxide) gets into the bloodstream and blocks a blood vessel.

### Hernia repair complications

- Developing a collection of blood (haematoma) or fluid (seroma) at the site of the original hernia.
- Continued discomfort or pain in your groin.
- For men, discomfort or pain in your testicle on the side of the operation.
- For men, difficulty passing urine. You may need a catheter (tube) in your bladder for 1 to 2 days.
- For men, damage to the blood supply of your testicle. Your testicle on the same side as the operation may shrink and not work.
- The problem coming back. You may need another procedure to fix it.

## Consequences of this procedure

- Pain.
- Unsightly scarring of your skin.

## How soon will I recover?

You should be able to go home the same day or the day after.

You may return to normal activities when you feel comfortable to do so, usually after a week.

Do not play sports or do strenuous exercise for 6 weeks.

Regular exercise should help you to return to normal activities as soon as possible. Before you start exercising, ask the healthcare team or your GP for advice.

Most people make a full recovery and can return to normal activities.

The hernia can come back many years later and you may need another operation.

## Summary

An inguinal hernia is a common condition caused by a weakness in your abdominal wall, near the inguinal canal. If left untreated, an inguinal hernia can cause serious complications.

[Keep this information document. Use it to help you if you need to talk to the healthcare team.](#)

[Some information, such as risk and complication statistics, is taken from global studies and/or databases. Please ask your surgeon or doctor for more information about the risks that are specific to you, and they may be able to tell you about any other suitable treatments options.](#)

[This document is intended for information purposes only and should not replace advice that your relevant healthcare team would give you.](#)

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## Illustrator

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