



WHAT IS AN SPIGUELIAN HERNIA?

A spigelian hernia is an uncommon hernia in the abdominal wall. Symptoms may include a bulge appearing below and to the side of the belly button. Patients may feel a certain amount of discomfort which can be made more painful when lifting heavy objects or straining. The surgeon may request an ultrasound scan or CT scan to confirm the diagnosis. Spigelian hernias are repaired in the same way as the majority of hernias with tension-free mesh reinforcement.

TREATMENT

For small hernias that are not causing any symptoms a surgical repair may not be necessary. All surgery carries the risk of complication so for some patients watchful waiting is advised.

For those who want to avoid surgery, modern elasticated support garments may provide an alternative but there isn't any good evidence that they will prevent hernias enlarging.

Other practical things that can be done to avoid hernia enlargement are:

- Avoid heavy lifting if possible.
- If you need to lift heavy objects, use your legs and not your back.
- Don't get constipated or have to strain during a bowel movement.
- Maintain a healthy weight.
- Don't smoke.

A hernia repair is usually advised if a hernia becomes symptomatic i.e. starts enlarging causing discomfort, or generally interfering with the activities of daily living.

The inability to "reduce", or push back the bulge into the abdomen usually means the hernia is 'incarcerated' which may require urgent treatment. When this happens there is a risk of other serious complications such as obstruction when a part of the bowel that is trapped in the hernia becomes blocked. This can lead to crampy abdominal pains and vomiting. If an incarcerated or obstructed hernia is not repaired then strangulation may occur. This happens when the blood supply to a piece of

bowel is cut off. If this is not repaired urgently then the affected bowel will 'die' and turn gangrenous potentially leading to more serious complications. These complications are rare with spigelian hernias.

THE OPERATION

The operation is usually performed as a day case procedure under a general anaesthetic. This can be carried out as a key hole procedure in most cases.

Using small incisions, a number of ports are introduced into the abdomen. The surgeon can see the defect between the muscles from the inside. A piece of mesh is then fixed over the defect in using special fixing tacks.

The procedure will normally take 30-60 minutes to complete.

Local anaesthetic is usually injected into the wounds at the end of the procedure. The wounds are usually closed with a dissolvable suture or wound glue.

WHAT ARE THE RISKS?

Wound infections are uncommon after this type of surgery. When they do occur patients may need a course of antibiotics. Sometimes bruising may occur around wounds.

You should contact your doctor if after the operation you develop any of the following:

- Redness around or drainage from the incisions.
- Fever.
- Bleeding from the incisions.
- Pain that is not relieved by medication or pain that suddenly worsens.

Some patients particularly men can find it difficult to pass urine after a hernia repair. It is always important to tell your surgeon, before coming in to hospital, if you are experiencing any difficulties passing urine. Occasionally a catheter may need to be passed if a patient is unable to pass urine and if that is necessary patients usually will have to stay overnight before the catheter can be removed the next day.

A few patients may continue to experience pain at a hernia repair site that does not settle down straightaway. We think that this may occur if a nerve is trapped in the mesh material or the scar. Usually this will improve with time. Sometimes a local anaesthetic and steroid injection will relieve symptoms.

A small number of people will develop a recurrence of the hernia. Recurrences are uncommon with the use of a mesh but nevertheless can occur occasionally.

RECOVERY

We encourage all patients to stay active following surgery. Walking regularly is the most useful exercise after the operation. Following the operation you should avoid heavy lifting for 4-6 weeks.

After about 4 weeks you should be able to increase your exercise activities. Starting with gentle rhythmic exercises such as cycling or cross-training and gradually building up to your normal exercise regimen. Provided there are no wound problems swimming can also be good at this stage.

You should be able to return to work within one or two weeks but if your job involves any strenuous activities you may need to be off work for longer or carry out only light duties.

Patients can usually drive again after one to two weeks but your surgeon will give you specific instructions regarding this.