

FEMORAL HERNIA



WHAT IS AN FEMORAL HERNIA?

A femoral hernia is a type of groin hernia that occurs in a slightly different place to the more common inguinal hernia. This type of hernia are more common in older women but can occur in men and women of any age. They become more common as we get older and like most types of hernia can be caused by straining constipation heavy lifting or pushing.

When a femoral hernia occurs they have a greater risk of becoming irreducible and strangulation may occur. It is for this reason that doctors recommend that a femoral hernia is repaired as soon as possible.

TREATMENT

When you arrive at the hospital you will meet a nurse, the anaesthetist and your surgeon. Most femoral hernias are repaired under a general anaesthetic. The operation normally involves making a small incision in the groin over the hernia. The surgeon will free up the hernia and push it back into the abdomen. The defect is usually quite small and is repaired with stitches. The wound is closed with a dissolvable suture or wound glue. The operation takes around 30 minutes to perform and patients are usually able to go home later the same day.

WHAT ARE THE RISKS OF THE OPERATION?

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 the wound or a swelling develop beneath the wound. This is usually blood and / or tissue fluids which accumulates in the space where the hernia was. The fluid will normally gradually resolve. Very occasionally a collection of fluid may need to be drained.

You should contact your doctor if after the

operation you develop any of the following:

- Redness around or drainage from the incision
- Fever
- Bleeding from the incision
- 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.

The main vein from the leg runs close to the site of a femoral hernia. Very rarely this can become compressed by the repair and lead to a thrombosis or clot.

In the longer term there is a small risk of the hernia recurring in about 5% of patients.

AFTER THE OPERATION

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.