

Shared Decision making – inguinal hernia

Next clinical review date March 2018

Deciding what to do about inguinal hernia

This short decision aid is to help you decide what treatment to choose if you have an inguinal hernia.

The main treatment options for inguinal hernia are:

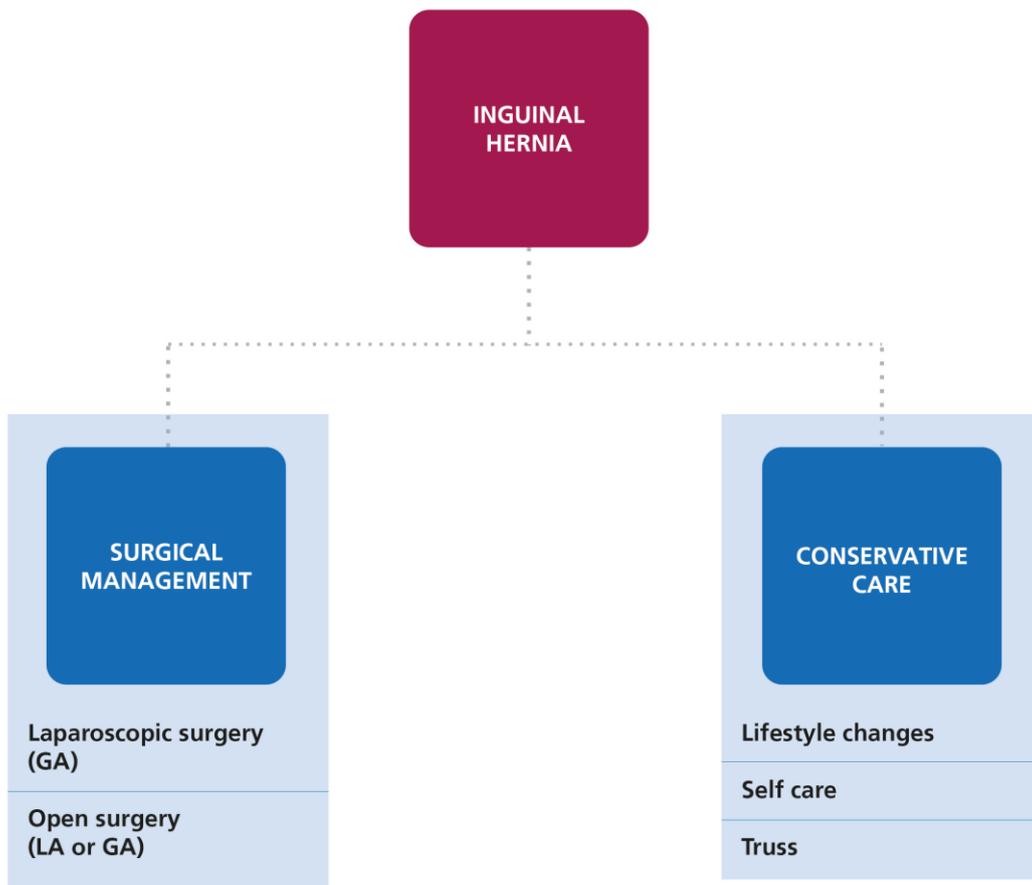
- **Surgical repair:** This is an operation. It can be done in two main ways: open surgery, where a single cut (incision) of approximately 10 centimetres is made in the groin area in order to reach the hernia and repair it; or 'keyhole' surgery, (laparoscopy), where the operation is carried out using keyhole/ laparoscopic instruments through several small (less than 1 centimetre) cuts (incisions).
- **Conservative treatment:** This means living with the hernia, making lifestyle changes and watching for changes to the hernia. It can include: avoiding straining or heavy lifting; wearing a special belt called a 'truss'; waiting to see if symptoms (pain or discomfort) appear or get worse.

Anyone who decides to have surgery will have conservative treatment while waiting for the operation. The choices people make will depend on how much the hernia is affecting them, how long they have had it, how active they are in their daily lives, other medical problems they may have and what treatments they have already tried.

The decisions people with inguinal hernia are making include

- My hernia is painful. Should I have an operation?
- My hernia is not painful. Should I have an operation?
- I have conservative treatment now can I still decide to have an operation later?
- I make changes to my lifestyle will my hernia get better on its own?

The right choice for people with inguinal hernia may change over time. This decision aid aims to help people make the right choice for them now, but they may want to change their minds as their hernia or their life changes



What are my options?

	Conservative Treatment	Surgical Repair
What is the treatment?	<p>Conservative treatment means living with the hernia, making lifestyle changes and watching for changes to the hernia.</p> <p>Lifestyle changes may include giving up smoking and avoiding heavy lifting, or wearing a special belt called a 'truss'.</p>	<p>This is an operation to push the hernia back into the abdomen. It can be done by: open surgery, where one large cut (incision) is made in the groin area in order to reach the hernia and repair it; or 'keyhole' surgery (laparoscopy), where the operation is carried out using a few small cuts.</p>

	Conservative Treatment	Surgical Repair
What is the effect on my symptoms?	<p>Symptoms don't go away completely with conservative treatment and may get worse if the hernia gets bigger. If this happens people can always change their minds and have surgery.</p>	<p>Most people with inguinal hernia are free of symptoms by two weeks after surgical repair. But about 30 out of 100 people continue to feel pain and discomfort at the site of the repair. [17] [18]</p>

	Conservative Treatment	Surgical Repair
What are the potential health problems?	<p>The main possible complications of conservative treatment are that the hernia will get bigger and more uncomfortable, or become stuck (irreducible) in the groin or scrotum. When this happens an emergency operation may be needed to prevent serious complications like bowel obstruction and strangulation.</p> <p>Women with inguinal hernias are more likely to have emergency operations than men. They also have a higher chance of having part of their bowel removed because of complications.[19]</p>	<p>The main short-term possible complications of surgical repair are [20]:bruising, swelling and numbness, difficulty passing urine and infection of the wound. Just over 22 people in 100 get complications after surgery.</p> <p>The main long-term possible health problems are: chronic pain that may last for several years, and recurrence of the hernia. [20]</p>

	Conservative Treatment	Surgical Repair
What is the effect of the treatment on your quality of life?	People having conservative treatment while waiting for surgical repair of inguinal hernia say they have a worse quality of life than people of similar age and health status. Quality of life is lowest for people with the largest hernias. Manual workers tend to have lower quality of life than those in sedentary jobs. [20]	Quality of life after surgical repair depends on whether or not symptoms persist. People left with chronic pain and discomfort report a lower quality of life than those who are symptom free. [21] [22]

	Conservative Treatment	Surgical Repair
What is the effect on your life?	Conservative care will have little effect on the lives of people with inguinal hernias that cause few, if any, symptoms. Hernias that cause pain or discomfort can limit leisure activities and cause people to take time off work. [23]	Both types of surgery for inguinal hernia can be done as day surgery without needing to stay overnight in hospital. People who have complications may need to stay longer. It can take between three and four weeks to recover completely. People usually need about seven days off work and should avoid heavy lifting for two to three weeks. [23] About seven in 100 people can't return to work and 17 in 100 can't go back to strenuous leisure activities after 30 days either because of pain or problems with the wound.[24]

What are the pros and cons of each option?

People with inguinal hernia have different experiences about the health problem and views on treatment. Choosing the treatment option that is best for the patient means considering how the consequences of each treatment option will affect their life.

Here are some questions people may want to consider about treatment for inguinal hernia:

- How concerned am I about the risks of surgery?
- How important is it for me to be free of pain and discomfort?
- How important is it to me to avoid complications in the future?

- I value my quality of life most of all, which treatment is best for me?
- Do I have strong preferences about staying out of hospital?
- How important is it to me that my hernia does not come back if I decide to have surgery?

How do I get support to help me make a decision that is right for me?

People using this type of information say they understand the health problem and treatment choices more clearly, and why one treatment is better for them than another. They also say they can talk more confidently about their reasons for liking or not liking an option with health professionals, friends and family.

References

17. Bay-Nielsen M, Andersen TH, Bendix JH et al. Convalescence after inguinal herniorrhaphy. *Br J Surg* 2004 Mar;91(3):362-7
18. Franneby U, Sandblom G, Nordin P. Risk factors for long-term pain after hernia surgery. *Ann Surg* 2006 August;244(2):212-19
19. Koch A, Edwards A, Haapaniemi S, et al. Prospective evaluation of 6895 groin hernia repairs in women. *Br J Surg* 2005 Dec;92(12):1553-8
20. Mathur S, Bartlett AS, Gilkison W, et al. Quality of life assessments in patients with inguinal hernia. *ANZ J Surg* 2006 Jun;76(6):491-3
21. Kalliomaki ML, Sandblom G, Gunnarson U, et al. Persistent pain after groin hernia surgery: a qualitative analysis of pain and its consequences for quality of life. *Acta Anaesthesiologica Scandinavica* 2009;53:236-246
22. van Hanswijck DE, Jonge P, Lloyd A, et al. The measurement of chronic pain and health-related quality of life following inguinal hernia repair: a review of the literature. *Hernia* 2008;12:561-569
23. Association of Surgeons of Great Britain and Ireland/British Hernia Society. Groin hernia guidelines. May 2013. Available at: <http://www.britishherniasociety.org/uptodate/inguinal-hernia-guidelines-2013/>.
24. Bay-Nielsen M, Thomsen H, Andersen FH. Convalescence after inguinal herniorrhaphy. *Br J Surg* 2004 Mar;91(3):362-7