

## PATIENT INFORMATION · PROCEDURE 02

# Inguinal Hernia Repair

Groin hernia repair — laparoscopic (TEP/TAPP) and open techniques.

An inguinal hernia is a bulge in the groin where abdominal contents push through a weak point in the muscle wall. Left untreated it will only grow, and in rare cases can strangulate — a surgical emergency.

## What it involves

Repair reinforces the weak area with a fine polypropylene mesh. Dr Marais performs both laparoscopic repairs (TEP and TAPP — done through three small incisions) and open repairs, choosing the approach that best fits your anatomy and lifestyle.

Inguinal hernias are the most common hernia in adults. They form because the inguinal canal — a passage in the lower abdominal wall that carries the spermatic cord in men and the round ligament in women — is a natural weak point. When intra-abdominal pressure rises (lifting, coughing, straining), tissue can push through.

The two laparoscopic approaches used at Johannesburg Surgical Hospital are TEP (totally extraperitoneal) and TAPP (transabdominal preperitoneal). Both place a mesh behind the weakness through small incisions. Laparoscopic repair has the edge for bilateral hernias, recurrent hernias, and patients returning to physical work.

Open repair (the Lichtenstein technique) remains excellent for large or complicated hernias and is done under local or spinal anaesthesia when general anaesthetic carries higher risk.

## When it's indicated

If you can feel or see a bulge in the groin — especially one that appears with coughing, lifting, or standing — you should be assessed. Repair is elective unless the hernia becomes painful, hard, or irreducible.

## The approach

Most patients go home the same day. Return to desk work is typically within a week; heavier physical work within four to six weeks.

## Recovery

Same-day discharge for most patients. Simple painkillers for the first three to five days. Driving after seven days if you can perform an emergency stop without hesitation. Return to desk work at one week; gym and heavy lifting from four to six weeks. The mesh is fully incorporated by three months and the repair is permanent.

## Common questions

### **Do hernias ever heal on their own?**

No. Adult inguinal hernias do not close spontaneously and generally enlarge over time. Watchful waiting is only appropriate for very small, asymptomatic hernias in patients unfit for surgery.

### **Is mesh safe?**

Polypropylene mesh has been used in hernia surgery for decades and is the standard of care. It becomes incorporated into your own tissue over three to six months. The mesh-associated complications reported in older gynaecological trials involved a different mesh in a different tissue plane.

### **Which is better — laparoscopic or open repair?**

For bilateral, recurrent, and physically-active patients, laparoscopic (TEP/TAPP) usually has the edge on recovery. For very large hernias or patients with medical reasons to avoid a general anaesthetic, open repair is preferred. Dr Marais does both and will recommend based on your anatomy and lifestyle.

### **How soon can I return to work?**

Desk work: one week. Light physical work: two to three weeks. Heavy manual labour, gym, contact sport: four to six weeks. Push through pain during recovery is never a good idea.

### **What are the risks?**

The main risks are recurrence (under 2% with mesh), chronic groin pain (2–5%), wound infection, and bruising. Dr Marais discusses these in detail at consultation.

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*This brochure is general information about a surgical procedure and does not replace a consultation. Every patient's circumstances are different — please discuss your specific case with Dr Marais before deciding on treatment.*