

## PATIENT INFORMATION · PROCEDURE 03

# Ventral & Incisional Hernia Repair

Repair of umbilical, epigastric and post-surgical hernias.

Ventral hernias appear anywhere along the front of the abdomen — most commonly at the belly button (umbilical), above it (epigastric), or through the scar of a previous operation (incisional).

## What it involves

The repair strengthens the abdominal wall, usually with mesh reinforcement. For smaller defects Dr Marais uses a laparoscopic approach; larger or complex incisional hernias may require an open reconstruction with component separation.

Umbilical hernias appear at the navel and are often noticed after pregnancy or significant weight change. Epigastric hernias sit between the navel and breastbone. Incisional hernias develop in the scar of a previous abdominal operation and are typically larger and more complex.

Small defects (under 2 cm) can sometimes be repaired with sutures alone, but for anything larger a mesh reinforcement dramatically reduces recurrence. Placement can be onlay (above the muscle), sublay (behind the muscle — usually best), or intraperitoneal for laparoscopic repairs.

Complex incisional hernias — particularly those wider than 10 cm or with loss of abdominal domain — may need component separation, a technique that relaxes lateral abdominal wall muscles so the midline can be closed without tension.

## When it's indicated

Any bulge that appears on the abdominal wall, especially one that worsens with straining, warrants assessment. Repair prevents progression and — importantly — prevents bowel from becoming trapped.

## The approach

The technique is matched to the hernia, not the other way round. That means the recovery plan is honest about what each approach realistically involves.

## Recovery

Small umbilical or epigastric repairs: same-day or one-night stay, back to desk work in one week.  
Large incisional or component-separation repairs: two to four nights in hospital, six weeks off heavy lifting, and a binder worn during the day for four to six weeks.

## Common questions

**How urgent is repair?**

Elective repair is safer than emergency repair. If the hernia becomes painful, hard, discoloured, or the bulge won't push back in, go to casualty — this can indicate strangulation.

**Will I need mesh?**

For hernias over 2 cm, yes. Mesh reduces recurrence rates from 30–50% down to under 10%. Very small umbilical hernias in slim patients can sometimes be repaired without mesh.

**Can I lose weight before surgery?**

For elective ventral hernia repair, yes — losing weight before surgery reduces complication rates and recurrence. The practice can refer you to a dietitian if needed.

**How long is recovery for a large incisional hernia?**

Realistically, four to six weeks before you feel yourself again, and three months before the repair is fully mature. Dr Marais will give you a plan for each phase.

---

*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.*