

Inguinal hernia

Information and treatment options for a groin hernia

What is an inguinal hernia

An inguinal hernia occurs when fat or bowel pushes through a weak area in the lower abdominal wall into the groin. It may affect one or both sides and sometimes extends into the scrotum.

A hernia does not close by itself in an adult. Some remain comfortable for years; others enlarge or become painful. A femoral hernia occurs slightly lower in the groin and has a greater risk of trapping bowel.

Common symptoms

- A groin bulge that is more obvious when standing, coughing or straining.
- A dragging sensation, pressure or ache with activity.
- A lump that becomes smaller or disappears when lying down.

How I assess it

I will examine your groin and discuss symptoms, previous surgery and general health. Examination often establishes the diagnosis. Ultrasound or another scan may help if the findings are uncertain.

Groin pain can also come from muscles, joints or nerves. Repairing a hernia may not resolve pain arising from another cause.

Do I need an operation

Repair is usually recommended when a hernia causes troublesome symptoms. Watchful waiting can be reasonable for selected men with little or no discomfort and a hernia that goes back in easily. Many eventually choose surgery as symptoms develop.

Women with a groin hernia generally need timely repair because a femoral hernia may be present. A new groin lump during pregnancy needs separate assessment and may have a different cause.

I will weigh the expected benefit against your operative risks and preferences. A support belt may ease symptoms in selected people, but it does not repair the weakness.

When to seek urgent help

Attend an emergency department for a newly painful or tender bulge that will not go back in, severe or worsening abdominal pain, vomiting, abdominal swelling or inability to pass wind or stool. Trapped bowel may lose its blood supply. Do not force a painful lump back in.

Choosing a repair

Open repair uses a cut in the groin and can sometimes be performed under local anaesthetic. Keyhole repair uses small abdominal cuts and a general anaesthetic. It is particularly useful for both sides or recurrence after an open repair. In experienced hands, it often offers less persistent pain and a quicker recovery.

Mesh reinforces the weakened area and lowers the chance of recurrence. Most repairs use mesh. A non-mesh tissue repair may suit selected patients when appropriate expertise is available. I will explain the approach that fits your hernia.

Possible risks

Risks include bleeding, infection, fluid collection, urinary retention, numbness, recurrence and anaesthetic or blood-clot complications. Persistent groin pain lasting beyond three months can affect daily life and may need treatment. Rare injuries can involve bowel, bladder, blood vessels or the testicle and its blood supply.

Mesh infection or other mesh-related problems occasionally require further surgery. Persistent pain can occur after either mesh or non-mesh repair.

Recovery

Many repairs are day procedures. Bruising, swelling and discomfort are common initially. Walk early and increase activity as comfort allows. I will tailor advice about lifting, exercise and work to your repair and recovery.

Drive only after the anaesthetic restriction has passed, when you are not impaired by pain medicine and can comfortably control the car and perform an emergency stop. Check your insurer's requirements.

Seek urgent review after surgery for worsening pain, fever, wound redness or discharge, persistent vomiting or difficulty passing urine. Call 000 for chest pain, severe breathlessness or collapse.

Options at a glance

Option	Main benefit	Main consideration
Watchful waiting	Avoids immediate surgery	Selected men; symptoms may progress
Open repair	Direct access to the groin	Groin wound and pain risks
Keyhole repair	Smaller cuts; often quicker recovery	General anaesthetic and specialist skill

Your treatment plan

Before you go home, confirm your wound care, pain relief, activity advice and follow-up arrangements. Contact the practice if recovery is not progressing as expected.

My plan: side / observation or repair / approach and mesh / activity / review

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