

Upper Gastrointestinal Surgery - Repair of Diaphragmatic Hernia

Introduction

The COVID-19 pandemic has had a significant impact on the NHS ability to provide routine elective services. We recognise that patients are waiting longer than we would all like and it is not always possible to identify when treatment will take place. This document provides you with information on how you are able to support yourself while waiting to attend the hospital. The guidance has been written by clinicians who are responsible for your care.

When you are waiting for further treatment it can sometimes feel like a long wait. The information and advice here is aimed at helping you manage that wait so you arrive for your appointment in the best possible physical and mental health.

The NHS has limited resources which means that we are unable to treat you as quickly as we would like. Each healthcare provider has to consider the type of help you need, how quickly you need treatment, the best course of action to help you and when and where you can be seen.

The process of sorting patients based on their individual needs is called prioritisation. The system of prioritisation is applied consistently across the NHS to help us to decide the order in which patients receive their treatment. This is essential to ensure that we provide care based on need. The system means that care is delivered in the fairest way possible.

Once a referral has been made from primary care to secondary care, the specialist team conduct assessments and then agree with you on the right course of action. At this stage, the urgency will be assessed. If you have a long-term health condition, for example, you may need treatment faster than someone without.

Guidance for Patients

What is a hernia?

A hernia occurs when the layers of muscle of the tummy wall split apart, leaving a gap through which the contents of the abdominal cavity protrude. This is what the lump or bulge is, at the site of your hernia

What is a hernia repair?

To repair a hernia, the split in the muscle layer that has produced the gap needs to be repaired by closing the gap shut with either strong permanent internal stitches, or by patching with an artificial permanent material (usually a type of nylon), often called a mesh.

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Do all hernias need to be operated on?

No. Some small hernias, which are not causing discomfort, can be left alone. Sometimes a small hernia will continue to grow, and eventually after months, but usually after several years, it may reach a size where it causes discomfort or is large enough to cause doctors concern that it could develop complications. If you have a small hernia which has grown significantly larger, tell your general practitioner who will send you back to see a surgeon who will reassess it

Will I have a mesh hernia repair?

The majority of hernias are now repaired with mesh. The mesh is made from synthetic material (usually a type of nylon) which is used to patch the muscle gap which is the hernia. The mesh is permanent, but is usually placed deeply within the layers of muscle, so that you are unaware of its presence. The modern use of mesh has reduced the number of hernias that come back (called “recurrence” of a hernia).

Will my hernia be repaired by keyhole surgery?

This depends on the type of hernia you have, it’s size, and whether your surgeon is trained in keyhole (laparoscopic) surgery. Keyhole surgery is simply a method of repairing a hernia through several small cuts on the tummy, rather than a single larger one. Both keyhole and open surgery aim to close or patch the gap in the muscles that is the hernia. Your surgeon will discuss with you which type of surgery they are planning to perform.

- Keyhole surgery may not be an option for some hernias.
- Keyhole surgery has to be performed under a general anaesthetic.
- Keyhole surgery always involves use of a mesh.

Your surgeon will be happy to discuss the option of keyhole surgery with you, and advise you as to whether your particular hernia is suitable for that method of repair.

Is there anything I can do to improve my health before having surgery?

If you are a smoker you should stop as far in advance (at least 6 weeks) of your surgery as possible (smoking increases the risk of a chest infection after an anaesthetic). If you are overweight, you should try and lose weight, to get down to your target weight for your height. Your General Practitioner may have a nurse in the practice that can help you with a weight reducing diet, or you could join a slimming club. If you are diabetic you need to keep your blood sugar levels in the correct range. If you have high blood pressure that needs to be well controlled before you can have surgery.

What should I do if my health is deteriorating?

If its not an emergency please contact the NHS 111 service. **Urgent Health Advice**

For urgent health advice about physical or mental health, when it’s not an emergency, please call 111 from any landline or mobile phone. You can also visit www.nhs.uk. The NHS 111 service is available 24 hours a day, seven days a week.

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Life Threatening Emergencies

For something life threatening – severe bleeding, breathing difficulties or chest pains – please dial 999.

Contact Us

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