Dr Prashant Philip Das

THE PATIENT'S HANDBOOK

Groin Hernia Repair the keyhole way.

A clear guide to laparoscopic TEP repair — the totally extra-peritoneal technique for inguinal (groin) hernias. Understand what a hernia is, why mesh works, and how a keyhole repair gets you back on your feet quickly.

Laparoscopic TEP | Mesh-reinforced repair | Day-care or 1 night stay

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START HERE

What this handbook is for

You have an **inguinal (groin) hernia**, and a keyhole repair called **TEP — Totally Extra-Peritoneal repair** has been recommended. This guide explains what a hernia is, why it won't heal on its own, what the operation involves, and how to recover comfortably. The aim is simple: that you understand your surgery before you consent to it.

What is a hernia?

A hernia is a **gap or weakness in the muscle wall** of the abdomen, through which the contents inside (fat or a loop of bowel) push out, creating a bulge. An **inguinal hernia** appears in the groin, where there is a natural weak point. It often shows as a lump that gets bigger on standing, coughing or lifting, and may ache or drag.

1 in 4	3	30–60	Days
men develop one in their lifetime	small keyhole incisions	minutes — typical surgery	back to light activity*

Why a hernia won't fix itself

A hernia is a mechanical gap — it cannot heal with rest, medicines or exercises, and it tends to **slowly enlarge over time**. Surgery is the only definitive cure. Repairing it while it is small and uncomplicated is far easier than waiting until it becomes large or causes problems.

Why repair it — and why not wait?

Beyond the discomfort and the visible bulge, the important reason to repair a hernia is to prevent two complications:

Obstruction

A trapped loop of bowel can become blocked, causing pain, vomiting and a surgical emergency.

Strangulation

If the blood supply to trapped bowel is cut off, the tissue can die — a life-threatening emergency needing urgent surgery.

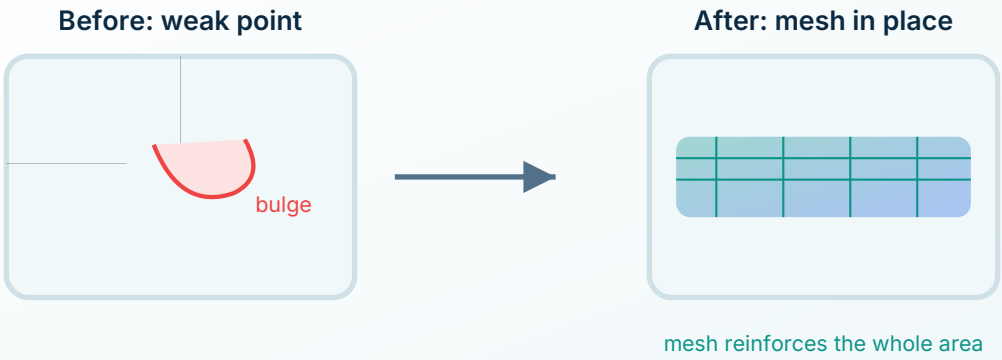
Planned, elective repair while you are well is safer and recovers faster than an emergency operation.

THE OPERATION

What TEP repair means

TEP stands for **Totally Extra-Peritoneal** repair. In plain terms: the surgeon repairs the hernia from **behind the muscle wall**, working in the layer just outside the abdominal cavity — **without entering the cavity itself**. A space is created behind the muscle, the hernia is reduced (pushed back), and a **mesh** is laid over the weak area to reinforce it. The mesh stays in place and your tissue grows into it, creating a strong, lasting repair.

HOW THE MESH REINFORCES THE WALL



The mesh acts like a patch behind the wall; your own tissue grows into it for a durable repair.

TEP vs open hernia surgery

Laparoscopic TEP

- ✓ Three small 5–10 mm cuts
- ✓ Less pain, fewer painkillers
- ✓ Faster return to work & activity
- ✓ Ideal for both-sided & recurrent hernias
- ✓ Lower risk of long-term groin pain
- ✓ Tiny, fading scars

Open repair

- × One groin incision (~5–8 cm)
- × More local soreness
- × Slower return for active jobs
- × Separate cut needed for each side
- × Valid option in selected cases
- × Larger scar

Is mesh safe?

Surgical mesh is a sterile, medical-grade material used worldwide to reinforce hernia repairs. It **dramatically reduces the chance of the hernia coming back**. Modern meshes used in laparoscopic repair have a strong, well-studied safety record. Your surgeon will explain the type planned for you and why.

BEFORE THE DAY

Preparing for surgery

1. **Pre-operative assessment**

   Blood tests, and sometimes an ECG or chest X-ray. Tell us about all medical conditions, allergies and previous surgeries.

2. **Medication review**

   Blood thinners (aspirin, clopidogrel, warfarin) and some diabetes medicines may need pausing. Never stop anything without instruction — we'll guide you.

3 **Fasting**

An empty stomach is needed for anaesthesia — usually **no food for 6 hours** and **no clear fluids for 2 hours** before surgery.

4 **On admission**

Gown, confirmation of details and consent, and a meeting with the anaesthetist to plan your anaesthesia.

✦ Bring with you

- ✓ Previous reports, scans & prescriptions
- ✓ A list of current medications
- ✓ Insurance / cashless card details
- ✓ Loose, comfortable clothing
- ✓ A family member or friend

✦ Leave at home

- × Jewellery & valuables
- × Contact lenses (wear glasses)
- × Large amounts of cash

On the day of surgery

ARRIVE

Admission & check-in

Paperwork, consent confirmation, gown, and marking of the side to be repaired.

ANAESTHESIA

You go to sleep

TEP repair is done under general anaesthesia — you are fully asleep throughout.

30–60 MIN

The repair

The hernia is reduced and the mesh placed behind the muscle wall through keyhole ports.

RECOVERY

Waking up

You wake in recovery, monitored closely. Some groin or lower-abdomen ache is normal and controlled with painkillers.

SAME DAY+

Eating & moving

You start fluids then light food, and are encouraged to walk gently the same day.

RECOVERY

After your operation

Most people go home the **same day or after one night**. Expect some groin and lower-abdominal soreness, and possibly mild bruising or swelling in the groin or genital area — this is normal, settles within a couple of weeks, and is helped by supportive underwear and gentle movement.

Your recovery timeline

DAYS 1–3

Rest & gentle walking

Regular painkillers, short frequent walks, wounds kept clean and dry. Avoid straining.

DAYS 4–7

Steady improvement

Pain eases. You can shower (pat dry). Light household activity is fine.

~1 WEEK

Back to desk work

Many return to light/office work in about a week, sooner than after open repair.

2–4 WEEKS

Full activity & lifting

Gradually resume exercise, sport and heavier lifting as comfort allows and as advised at follow-up.

✓

Do

- ✓ Walk gently and regularly
- ✓ Take painkillers as prescribed
- ✓ Wear supportive underwear
- ✓ Keep wounds clean and dry
- ✓ Eat fibre & drink fluids to avoid straining
- ✓ Support the groin when you cough or sneeze

×

Avoid

- × Heavy lifting for 2–4 weeks
- × Straining on the toilet (treat constipation)
- × Strenuous exercise too soon
- × Driving until pain-free & alert
- × Soaking wounds (baths, pools)
- × Smoking — it slows healing

Bruising & swelling — what's normal

Some bruising and a feeling of fullness or a small swelling in the groin (sometimes called a **seroma** — a collection of fluid) is common after TEP and usually settles by itself over a few weeks. Mention it at your follow-up if it is large or uncomfortable.

SAFETY

Risks & when to seek help

Laparoscopic TEP repair is safe and very effective, but as with any surgery there are risks. Serious problems are uncommon. Knowing the warning signs means anything unusual is caught early.

Generally minor & common

- Groin / lower-abdominal soreness
- Bruising of the groin or genitals
- A temporary fluid swelling (seroma)
- Mild difficulty passing urine at first

Uncommon, discussed with you

- Bleeding or wound infection
- Injury to nearby structures or vessels
- Chronic groin discomfort
- Recurrence of the hernia (low with mesh)
- Conversion to open surgery

Contact us or go to A&E if you have:

- **Fever or chills** (temperature above 38°C)
- Severe or increasing groin / abdominal pain not eased by painkillers
- A hard, very tender or rapidly enlarging swelling
- Inability to pass urine
- Redness, swelling, warmth or discharge from a wound
- Persistent vomiting, or a swollen painful calf or breathlessness

Your follow-up

You'll have a review appointment to check your wounds and recovery and to clear you for return to full activity. Bring any questions, written down so nothing is missed.

Common questions

Will the mesh set off airport scanners or need removing?

No. The mesh is soft and non-metallic; it will not trigger scanners and is designed to stay in your body permanently.

Can both sides be done at once?

Yes — a major advantage of TEP is that hernias on both sides can usually be repaired in the same operation through the same small cuts.

When can I return to the gym or heavy work?

Light activity within days; gradual return to heavier lifting and sport over 2–4 weeks, guided by comfort and your follow-up review.

Is it covered by insurance?

Most laparoscopic hernia repairs are covered by health insurance and cashless schemes, subject to your policy. The hospital's insurance desk can verify cover before admission.

Questions before your surgery?

Bring your reports and your list of questions to the consultation — an informed decision is always the best one.

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