



hernia clinic
hampshire

PIONEERING SURGERY FOR ALL

www.HerniaClinicHampshire.com

Appointments available

- by calling: 02380 970 709
- by email: info@HerniaClinicHampshire.com

Appointments usually available within 1 week when contacted directly. Surgery dates available within 2-3 weeks after. Evening and telephone consultations available.

No GP referral letter needed

Consultations available at

- Spire Hospital Southampton
- Nuffield Health Wessex Hospital
- Phone

Information for Patients with Hernia Pain

Written by Consultant Surgeon
Mr James Kirkby-Bott



Mr James Kirkby-Bott

Certificate of excellence awarded in
recognition of consistently outstanding
patient feedback.

How do I know if I have a hernia?

A typical description of a hernia is something like this:

- You will have noticed a lump that comes and goes somewhere on the wall of your tummy or groin.
- It can ache and be painful and is made worse by lifting or exercising.
- The symptoms get worse as the day progresses.
- When you go to bed the hernia reduces and often feels comfortable again.
- When you wake up in the morning the symptoms are better, but it protrudes out when you are up and showering, and so the cycle repeats.

Note

- Pain or tenderness without a palpable and reducible lump is not a symptom of a hernia.
- X-Rays and ultrasound will not diagnose a hernia.

Usually it needs an examination and/or a detailed description of symptoms elicited by a trained professional for a hernia diagnosis to be confirmed.

Hernia Clinic Hampshire provides this service, and no GP referral is needed.

Symptoms caused by a hernia

Many hernias are reducible lumps that can be pushed back. Hernias do not always cause any symptoms other than the lump. Hernias cause symptoms when they are protruding (visible/palpable lump).

Symptoms include an ache, dragging or pulling sensation and pain or discomfort that worsens as activity continues. These improve when the aggravating activity ceases, and the hernia reduces back in. These symptoms are felt at or near the site of the lump. Groin hernias can cause testicle discomfort.



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What is a hernia?

A hernia is a lump protruding through your abdominal wall. If relaxed (such as lying down) this lump should disappear (reduce) or you should be able to push it so it goes back in. It might go in and pop out again when you use your tummy muscles or stand up.

Hernias have different names depending on where they appear on the body. Types of hernia include inguinal hernia and umbilical hernia. Inguinal hernias are in the groin and commonly known as a groin hernia. These are the most regular occurring type of hernia, affecting 1 in 8 men.

At Hernia Clinic Hampshire we specialise in hernia repair for all types of hernia, and on men and women old and young.

What factors makes a hernia occur more often and hernia repair less successful

The following factors will increase the chance of a hernia appearing and increase the risk of failure of a hernia repair, causing hernia recurrence:

- Smoking
- Being overweight – The more overweight the greater the risk
- Increased age and frailty
- Chronic lung disease such as poorly controlled asthma and COPD
- Poorly controlled diabetes
- Certain medications such as steroids and immunotherapy

What we can do to lower the risk of recurrence:

- The type of mesh we use embeds well with the surrounding tissues, generating strong new connective tissue, and distributes tension evenly
- Our highly experienced surgeon devices and discusses a bespoke treatment plan to suit your particular needs.
- Our extremely knowledgeable and experienced consultant-level surgeon has performed over 2000 hernia repairs.

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Why choose Hernia Clinic Hampshire?

Get back to life again quicker

Our patients can expect consultations within a week. Consultations face-to-face, by phone, day and evenings.

And thanks to our pioneering private hernia surgery, our patients have reported an average increase of 27% in overall personal health score 8 weeks post surgery.

Gentler on the body

By operating under a local anaesthetic, with sedation, our patients are able to walk out of hospital the same day, and can expect to be able to walk for up to a mile within a week, and carry a light bag of shopping.

Patients can typically meet the legal standard to drive after 10 days.

Skilful and experienced surgeon

Our team is led by the experienced Consultant surgeon Mr James Kirkby-Bott, who is highly respected in this field – local anaesthetic and laparoscopic.

We're very proud of our satisfied patients.

Lower risk so hernia surgery is available to adults of all ages and all conditions

Our pioneering private hernia surgery is available to all. Please contact us, particularly if you've previously been turned down for surgery due to poor health or old age.

Our innovative use of local anaesthetic and sedation greatly reduces the complications and risks of your hernia repair.

Competitive fixed-price private packages

For clarity, we offer competitive and comprehensive fixed-price hernia repair packages for self-paying patients (costs from £3,600).

Medical loans offered at each hospital can help spread the cost of your treatment.

We also work with all the major health insurance providers.

Helpful information

We manage your expectations with clear communication and a straightforward process to repair your hernia.

We offer an initial consultation (including by phone if preferred), followed by surgery and a follow-up.

We provide full written details on what to expect, how to manage pain pre-surgery and the aftercare needed, as well as a follow-up consultation.

Take a look at our [online post surgery patient leaflet](#) which details what to expect and the aftercare needed:

www.HerniaClinicHampshire.com/hernia-surgery/

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Can I ignore hernia pain?

Hernia symptoms affect people in different ways. People often ask if hernias will get better by themselves. If left alone they will develop and become more painful and complicated overtime. As this is a mechanical problem, like a hole in a wall, they don't repair by themselves. Nor are there any medicines to cure hernias.

Population studies show that 60% of patients with a hernia have no related symptoms initially, but will go on to develop activity limiting symptoms with pain requiring surgery within approximately 18 months.

Some medical sources advise you to do fewer activities that push the hernia out further (for example lifting shopping) so that they don't become symptomatic. But this advice can interfere with the quality of your life significantly and therefore impact your health. This stage (hernia stage 2-3 in the diagram below) is the ideal time to get a hernia repaired to prevent this change in lifestyle and incur discomfort. We avoid making you wait with long NHS queues by offering consultation and then surgery within weeks of contacting us.

In the meantime, you can try using a hernia support, which is sold online and we will advise on in your consultation. These may help reduce the discomfort of a hernia but don't fix it. When the right support for you, a good fit and used as the manufacturer recommends, they can control symptoms making them a useful stop gap while preparing for your surgery. They can also be used to improve your recovery post-surgery. Over 99% of our patients recommend hernia supports to other patients.

Our strong recommendation as how long you can wait to repair your hernia is:

When a hernia becomes uncomfortable, and the pain starts to interfere with daily activities (stage 2-3) it is the right time to have an operation to repair it.

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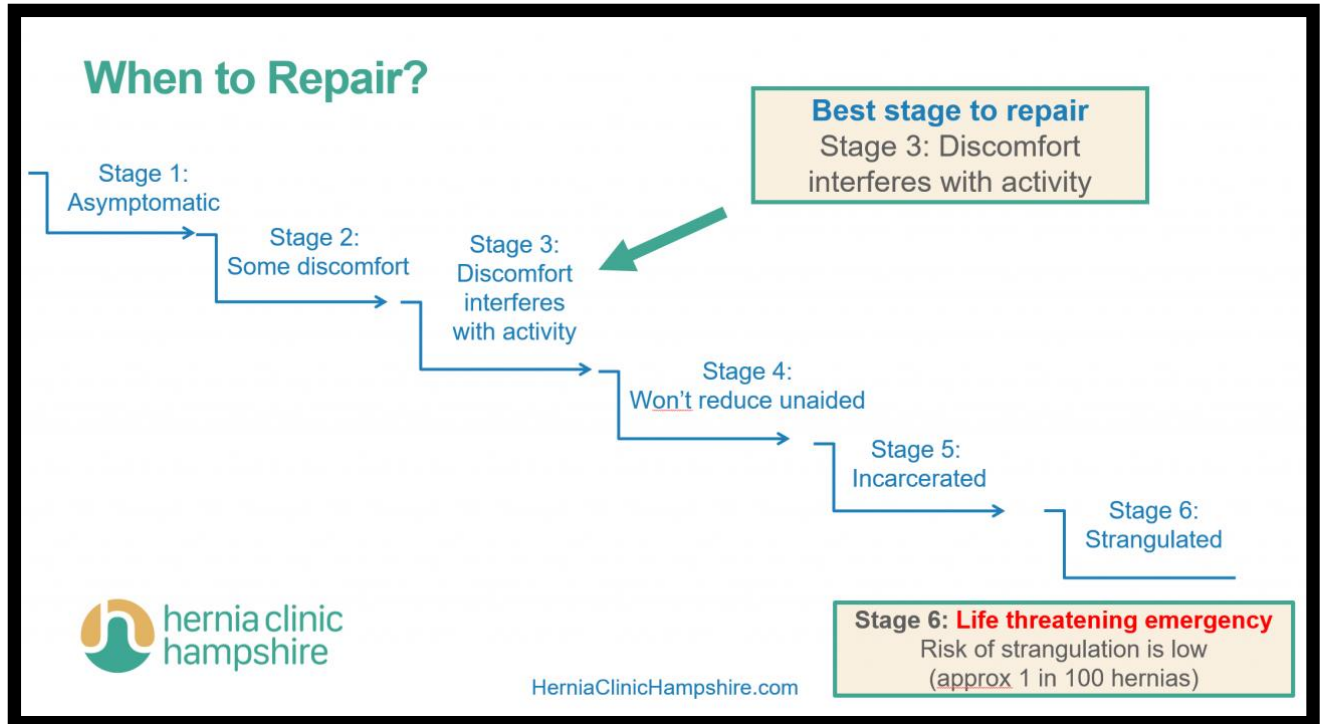
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What happens if I ignore hernia pain?

If left untreated the hernia can, after some time, go through the stages explained in the diagram and then become an emergency (approx. 1 in 100).

- Stage 4 – Difficult to reduce; is an early warning sign of an emergency developing and painful. Seek help by calling us if you reach this point.
- Stage 5 – Incarceration; means the hernia will not reduce under any circumstances and very painful. A specialist hernia surgeon may be able to reduce it for you. If so, use a hernia support brief and get an operation within 1-2 weeks.
- Stage 6 – Obstruction; causes abdominal distention, reduced bowel opening and vomiting. This is a life-threatening emergency and will require emergency surgery.
- If you have hernia pain over an irreducible lump with hot, reddening skin it is strangulated. Seek urgent medical care the same day. **DO NOT** wait for it to get better!

Do not wait for these latter stages to develop before seeking qualified advice.

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How do we repair a hernia?

We recommend open hernia surgery using local anaesthetic with sedation for common hernia repairs

Open surgery allows us to use our pioneering mix of local anaesthetic and sedation (keyhole surgery must be conducted under a general). However, we can carry out keyhole surgery if required.

The operation takes no more than an hour.

Where suitable we perform hernia surgery under a local anaesthetic with sedation. Patients have the area of the hernia blocked so it has no feeling and surgery is comfortable. The sedative makes you feel relaxed and at ease. Some patients stay awake and chat to the staff, others fall asleep. Most do a combination of the above – asleep at times; awake, relaxed and chatty at other times. We can use this to assess your repair as we go along.

By repairing your hernia under local anaesthetic, we are blocking the body's ability to know that you have had an operation. This minimises the body's reaction to the operation, which under general anaesthetic manifests as pain, stiffness and feeling unwell. It is expected that with simple pain relief medication you will remain comfortable after surgery.

The patient is discharged and typically walks out of the hospital within 2 hours of surgery. We like to think of the mesh as the scaffolding for scar tissue to build upon. Mesh technology has evolved faster than mobile phone technology, and what was cutting-edge 20 years ago is now obsolete.

Why do we advise open surgery (with local anaesthetic) rather than keyhole surgery?

Local anaesthetic repair is not possible in keyhole surgery and therefore patients having keyhole surgery must have a general anaesthetic. With general anaesthetic patients often have a longer recovery time and require opioid pain killers with its side effects. The risk of difficulty passing water affects all age groups but is most common after general anaesthetic inguinal hernia repair. The surgical risks are very different between open and keyhole repair. See our website for more details.



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Hernia Clinic Hampshire Patient Testimonials

We ask our patients for feedback and any words of advice for new patients. This is what they have said.



“I was very nervous about having an open surgery hernia repair under local anaesthetic, but Mr Kirkby-Bott assured me I would be very relaxed and not feel a thing and that is exactly how it went.

I'm now 5 weeks post-surgery and feeling great, I have to stop myself from over doing things sometimes as I forget I've had the surgery done. Can't thank Mr Kirkby-Bott enough, he is outstanding in his field of surgery.”

“Getting my hernia sorted out was in the end a straightforward and trouble-free experience with Hernia Clinic Hampshire. In retrospect, I should not have ignored my hernia for years while it slowly grew larger!”

“Mr Kirkby-Bott saw me within days and arranged the surgery within 2 weeks - and took all care to plan the most comprehensive surgery and after-care possible.

Brilliant from beginning to end, and the attention to detail was second-to-none!”



See [website](#) and [facebook](#) for more patient feedback

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About the author



James Kirkby-Bott is an experienced Consultant level General Surgeon based in

Southampton. He specialises in hernia and thyroid and parathyroid surgery. He is recognised nationally as a champion of quality improvement and outcome measurement to innovate practice and improve patient experience.

About Hernia Clinic Hampshire

We formed Hernia Clinic Hampshire during the first Covid lockdown having been asked to improve a surgical service in an elective hospital set up to be covid free. About 50% of patients needed urgent hernia repair. Some patients were too frail for a general anaesthetic. Covid infection within a month of a general anaesthetic also came with a high mortality (>25%) in any patient. The question asked was: "What to do?"

Our Consultant Surgeon Mr Kirkby-Bott's answer was to offer a local anaesthetic repair that he had previously only offered to those too frail for a general anaesthetic. He offered it to everyone and added in some sedation with an anaesthetist present. Since then, there has been no looking back.



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