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## Femoral hernia repair

Femoral hernia repair is surgery to repair a hernia near the groin in the upper thigh. A femoral hernia is tissue that bulges out of a weak spot in the groin. Usually, this tissue is part of the intestine.

### Description

During surgery to repair the hernia, the bulging tissue is pushed back in. The weakened area is sewn closed or strengthened. This repair can be done with open or laparoscopic surgery. You and your surgeon can discuss which type of surgery is right for you.

In open surgery:

- You may receive general anesthesia. This is medicine that keeps you asleep and pain-free. Or, you may receive regional anesthesia, which numbs you from the waist to your feet. Or, your surgeon may choose to give you local anesthesia and medicine to relax you.
- Your surgeon makes a cut (incision) in your groin area.
- The hernia is located and separated from the tissues around it. Some of the extra hernia tissue may be removed. The rest of the hernia contents are gently pushed back inside your abdomen.
- The surgeon then closes your weakened abdominal muscles with stitches.
- Often a piece of mesh is also sewn into place to strengthen your abdominal wall. This repairs the weakness in the wall.
- At the end of the repair, the cuts are stitched, stapled, or glued.

In laparoscopic surgery:

- The surgeon makes 3 to 5 small cuts in your groin and lower belly.
- A medical device called a laparoscope is inserted through one of the cuts. The scope is a thin, lighted tube with a camera on the end. It lets the surgeon see inside your belly.
- Gas is pumped into your belly to expand the space. This gives your surgeon more room to see and work.
- Other tools are inserted through the other cuts. Your surgeon uses these tools to repair the hernia.
- The same repair will be done as in open surgery.
- At the end of the repair, the scope and other tools are removed. The cuts are stitched, stapled, or glued.

# Why the Procedure is Performed

A femoral hernia should be repaired, even if it does not cause symptoms. If the hernia is not repaired, the intestine can get trapped inside the hernia. This is called an incarcerated, or strangulated, hernia. It can cut off blood supply to the intestines. This can be life threatening. If this happens, you would need emergency surgery.

## Risks

Risks for anesthesia and surgery in general are:

- Reactions to medicines
- Breathing problems
- Bleeding, blood clots, or infection
- Nausea and vomiting

Risks for this surgery are:

- Damage to blood vessels that go to the leg
- Damage to the nearby nerve
- Damage near the reproductive organs, for women
- Long-term pain
- Return of the hernia
- Difficulty passing your urine

## Before the Procedure

Tell your surgeon or nurse if:

- You are or could be pregnant.
- You are taking any medicines, including medicines, drugs, supplements, or herbs you bought without a prescription.

Planning for your surgery:

- If you have diabetes, heart disease, or other medical conditions, your surgeon may ask you to see the health care provider who treats you for these conditions.
- If you smoke, it's important to cut back or quit. Smoking can slow healing and increase the risk for blood clots. Ask your provider for help quitting smoking.
- If needed, prepare your home to make it easier to recover after surgery.
- Ask your surgeon if you need to arrange to have someone drive you home after your surgery.

During the week before your surgery:

- You may be asked to temporarily stop taking blood thinners. These include aspirin, ibuprofen (Advil, Motrin), clopidogrel (Plavix), warfarin (Coumadin, Jantoven), naproxen (Aleve, Naprosyn), and others.
- Ask your surgeon which medicines you should still take on the day of surgery.

- Let your surgeon know about any illness you may have before your surgery. This includes COVID-19, cold, flu, fever, herpes breakout, or other illness. If you do get sick, your surgery may need to be postponed.

On the day of surgery:

- Follow instructions about when to stop eating and drinking.
- Take the medicines your surgeon told you to take with a small sip of water.
- Arrive at the hospital on time.

## After the Procedure

Most people can go home on the same day as the surgery. Some need to stay in the hospital overnight. If your surgery was done as an emergency, you may need to stay in the hospital a few days longer.

After surgery, you may have some swelling, bruising, or soreness around the incisions. Taking pain medicines and moving carefully can help.

Follow instructions about how active you can be while recovering. This may include:

- Returning to light activities soon after going home, but avoiding strenuous activities and heavy lifting for a few weeks.
- Avoiding activities that can increase pressure in the groin area. Move slowly from a lying to a seated position.
- Drinking plenty of fluids and eating lots of fiber to prevent constipation.

## Outlook (Prognosis)

The outcome of this surgery is often very good. In some people, the hernia returns.

## Alternative Names

Femorocele repair; Herniorrhaphy; Hernioplasty - femoral

## References

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