Open hernia repair surgery

In an open hernia repair, the surgeon makes an incision through the skin and the body wall and directly repairs the weakness causing the hernia. No laparoscope is used. Open hernia repair has not been completely eclipsed by laparoscopic techniques; there are still circumstances in which an open operation is the best treatment.

Open hernia repair for small ‘virgin’ hernias

There is still a role for open hernia surgery, especially if the inguinal hernia is large and affects the scrotum, or if an incisional hernia has a neck larger than 7 cm. These are now always repaired using mesh in a procedure called a tension-free Lichtenstein repair. This has been shown to significantly reduce the chance of the hernia coming back.

The incision used is as small as possible to allow the body wall to be strengthened using a small piece of mesh, which is sewn in place. The incision can then be closed and in many cases is no larger than the main port incision used in a laparoscopic hernia repair.

Patients more suited to open hernia repair

Sometimes the decision of an open operation versus a laparoscopic procedure is dictated by the patient rather than the hernia. Patients who may need an open operation include those who have a lot of abdominal scarring as a result of previous surgery. This may be unconnected with the hernia but will cause problems getting the laparoscope into the body as the scar tissue is dense and also less elastic than normal skin. If there is a risk that this would cause tearing and perhaps excessive bleeding, the surgeon will advise open surgery.

Open hernia repair for recurrent hernias

If your hernia was originally repaired a few years ago, you may have had open surgery with a large incision, and a repair without mesh. These hernia repairs can fail, leaving you with a hernia that is complicated by the presence of scar tissue from the first operation. In order to visualise the damage to the body wall and to repair the hernia effectively, the surgeon may prefer to avoid laparoscopic surgery.

In some cases, an open hernia repair tackles the hernia, adding mesh to support the internal organs, and is then followed by plastic surgery to improve the scarring on the abdomen.

Open hernia repair for complex hernias

Open surgery is used for very large hernias and for those that have recurred or have become infected. Find out more about repairing complex hernias.

How is an open hernia repair performed?

An open hernia repair can be done with a local anaesthetic or a general anaesthetic. A small first-time hernia is more suitable for a local but you will probably be more comfortable having a general if your hernia is complex.

Once the anaesthetic has taken effect, the surgeon will make the incision in the skin over the hernia and examine the area carefully to make sure any bowel that is sticking through is still healthy. This is then pushed back into place and a piece of mesh is stitched over the weak part of the body wall using dissolvable stitches.

The incision is then closed, also with dissolvable stitches. If plastic surgery is required to deal with scar tissue in the case of a complex hernia, you may have a team of surgeons working on the operation. They may use skin grafts from your back or thighs to replace the scarred skin to give the best cosmetic appearance possible.

Recovering from an open hernia repair
More complex hernia surgery requires a longer recovery time than a simple open repair or a laparoscopic repair. You will probably be in hospital overnight and will then need to rest at home, remaining gently mobile until your abdomen heals. This can take up to two weeks and you may then need more time before you are up to doing normal everyday activities and can go back to work.

Strenuous exercise and lifting should be avoided for six weeks, but if you are feeling up to starting exercise again, it’s a good idea to check with your doctor first.