


Understanding and Managing Pain After Hernia Surgery

How long will it last?

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It is not uncommon to experience pain after hernia surgery as you might with any other surgery. With inguinal hernia surgery of the groin, however, the pain may be due to the normal healing of the wound, an immune reaction to the mesh used to repair the hernia, or damage caused to local nerves (resulting in a pain condition known as post-herniorrhaphy neuralgia).

In many cases, the pain will be short-lived, causing dull, pulling, or aching pain that can extend from the groin to the leg or abdomen. Less commonly, there may be chronic postoperative pain that can take months or years to resolve and affect your mobility and quality of life.

This article explains the causes and risk factors of pain after hernia surgery. It also describes the ways that postoperative pain can be treated, ranging from over-the-counter painkillers to nerve blocks.

Types of Pain After Hernia Surgery

With an inguinal hernia, a portion of the intestine bulges through a weakness in the muscles of the groin. An inguinal herniorrhaphy is a surgical technique in which the weakened area is stitched closed, often with a synthetic mesh to reinforce the tissues.

Pain can arise from the normal healing of the wound, which tends to resolve within a week. The acute (sudden, short-lasting) pain can manifest with uncomfortable tugging, aching, or pulling sensations, especially with movement.

There are occasions when the pain is longer lasting. When it persists for more than three months, it is generally regarded as chronic postoperative pain. There are several reasons why this might occur:

Post-Herniorrhaphy Neuralgia

Post-herniorrhaphy neuralgia is a type of chronic postoperative pain caused by mechanical damage to nerves during surgery. The nerve pain (neuropathy) can also arise from nerves that are trapped in sutures, staples, or surgical mesh.

Common symptoms of post-herniorrhaphy neuralgia include:

- Shooting and sharp pain in the groin
- Burning, numbness, tingling, or pins-and-needles sensations
- Pain that radiates to the stomach, abdomen, leg, or testicles
- Feeling as if there is a foreign object in your body
- Pain during sex
- Pain with walking

In some cases, the pain can be so severe that it interferes with your ability to sit or even sleep. In

studies, around 6% of people have reported pain bad enough to interfere with daily activities lasting one to six years.

Mesh-Related Pain

"Inguinodynia" is the term used to describe chronic groin pain. It is a common occurrence associated with the placement of synthetic mesh during hernia repair surgery.

There are several reasons why the mesh can trigger acute or chronic pain:

- Nerves can become trapped in the mesh and supporting sutures, triggering neuropathy.
- Your immune system may regard the mesh as foreign and attack it, triggering chronic inflammation.
- The mesh may rub against muscles, nerves, or other tissues and cause irritation.

Depending on the cause, the pain may be described as being aching, burning, shooting, stabbing, prickly, or radiating. There may also be hypersensitivity around the surgical site, leg weakness, or radiating pain with movement or when shifting positions.

Hernia surgery with mesh generally takes longer to heal than hernia surgery without. Because of this, some researchers suggest that chronic pain be described in this context as lasting more than six months rather than three.

When neuropathy is involved, the pain may even be longer lasting. This is because the regrowth of nerve fibers and their protective coating (called myelin) is extremely slow, often taking years. In some rare cases, the recovery from nerve tissue damage may never be fully complete.

Risk Factors

Chronic pain after inguinal hernia repair is not uncommon. Studies suggest that anywhere from 11% to 54% of people are affected to varying degrees.

Risk factors for chronic postoperative pain after hernia surgery include:

- Younger age
- Being female
- More pre-surgical pain and impairment
- Less optimistic outlook before surgery
- Previous surgery to repair a hernia
- Genetic predisposition
- High pain levels early after surgery
- Less experienced surgeon
- Surgery not in a dedicated hernia center
- Open repair technique
- Use of heavvweight mesh

- Infection or other postoperative complications

Younger and Older Age as a Risk Factor

One study found that 58% of people under age 40 had persistent, postoperative hernia pain compared to only 14% over age 60.

Treatment

Chronic postoperative hernia pain is usually treated conservatively with over-the-counter nonsteroidal anti-inflammatory drugs (NSAIDs) such as Advil (ibuprofen) or Aleve (naproxen). Exercise is usually the best way to overcome this type of pain, along with waiting it out.

Severe pain may require neuropathy medications or prescription opioid medications like:

- Elavil (amitriptyline): an antidepressant sometimes used to treat chronic pain
- Cymbalta (duloxetine): another antidepressant with similar properties
- Lyrica (pregabalin): an anticonvulsant
- Neurontin (gabapentin): an anticonvulsant
- Ultram (tramadol): an opioid painkiller

If these fail to provide relief, your healthcare provider may recommend radiofrequency ablation. This uses focused radio waves to destroy a nerve pathway, thereby decreasing pain signals from that specific area.

A less-invasive version called a nerve block delivers an anesthetic injection to a nerve root to temporarily cut off pain signals. Peripheral nerve field stimulation, which uses electrical pulses to ease chronic nerve pain may also help, although the benefits are uncertain.

Summary

Pain after hernia repair surgery is not uncommon. It is generally short-lived, resolving within a week as your surgical wound heals. However, some people may experience chronic pain lasting for over three months due to injury to nerves or complications arising from the use of surgical mesh.

Chronic postoperative pain can be difficult to treat following hernia repair surgery, although most eventually resolve. Hard-to-treat cases may need prescription medications, nerve blocks, or procedures like radiofrequency ablation to provide sustained relief.

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