PROCEDURE

Femoral hernia repair

Femoral hernia repair is surgery that closes a weak spot in the upper thigh or groin.

PURPOSE
Return trapped tissue and close the abdominal wall opening

PROCEDURE TYPE
Therapeutic surgery, open or minimally invasive

WHERE IT IS DONE
Operating theatre

ANAESTHESIA
General; selected open repairs use local or spinal anaesthesia

HOW LONG IT TAKES
Usually 30 to 90 minutes; emergencies may take longer

PREPARATION
Fasting and medication review, including blood thinners

RECOVERY
Usually same day; no driving after anaesthesia

MAIN RISKS
Bleeding, infection, ongoing pain, hernia recurrence

RESULTS
Repair outcome known immediately; tissue tests may take days

Overview

A femoral hernia forms when fatty tissue or bowel pushes through a weak area into the upper inner thigh, below the groin crease. Repair returns the tissue to the abdomen and closes the opening.

Surgery may use one larger cut, called open surgery, or several small cuts and a camera, called laparoscopic or keyhole surgery. The opening is often reinforced with permanent surgical mesh, although stitches may be used instead.

Because femoral hernias have a narrow opening, tissue can become trapped and lose its blood supply. Surgery is therefore usually recommended rather than long-term observation.

Why the procedure is performed

Repair aims to prevent bowel from becoming trapped or damaged. It may also relieve a painful or uncomfortable lump.

Planned surgery may follow an examination or scan. Urgent repair may be needed if the lump becomes painful, firm, or impossible to push back.

Emergency surgery is required if bowel is trapped or may have lost its blood supply. The surgeon examines the bowel and may remove a damaged section before joining the healthy ends.

Who should and should not have it

Repair is generally considered for adults with a confirmed femoral hernia, even when symptoms are mild, because trapping can occur without much warning.

A non-urgent operation may be delayed because of:

Age alone does not determine suitability. The team considers your general health, anaesthesia risk, daily function, symptoms, and the risk of leaving the hernia unrepaired.

Emergency repair is not usually delayed when trapped or damaged bowel is suspected because waiting may be more dangerous than surgery.

- An infection near the planned incision
- A serious medical condition that needs stabilising
- Blood-thinning medicine that has not been safely managed
- Uncertainty about the cause of the lump
- Pregnancy, when the diagnosis and timing need individual review

How to prepare

Follow your treating facility's instructions, even if they differ from this general information. You will be told when to stop eating and drinking.

Tell the team about all medicines, vitamins, supplements, allergies, previous anaesthesia problems, diabetes, and any chance of pregnancy.

Blood thinners like warfarin or apixaban can increase bleeding, but stopping them without medical advice can be dangerous. The surgical or anaesthesia team will tell you whether and when to change them. Do not adjust them yourself.

Smoking affects breathing and wound healing. Ask about support to stop or reduce smoking before surgery.

Arrange for an adult to take you home. After general anaesthesia or sedation, you may also need someone to stay with you for the first night.

Contact the facility before arriving if you develop a fever, respiratory illness, skin infection, or major change in your symptoms.

What happens during the procedure

The team confirms the procedure and correct side before surgery. You may receive antibiotics like amoxicillin or doxycycline , and devices around your legs may be used to reduce blood-clot risk.

Most repairs use general anaesthesia, so you are unconscious. Selected open repairs may use local anaesthetic to numb the area or spinal anaesthesia to numb the lower body.

During open repair, the surgeon makes a cut in the groin or lower abdomen, returns the hernia contents to the abdomen, and closes the opening, often with mesh.

During keyhole surgery, a camera and instruments are inserted through small abdominal cuts. The surgeon repairs the hernia from inside, usually with mesh, and can inspect both groins.

If trapped bowel is healthy, it is returned to the abdomen. Bowel that has lost its blood supply may need to be removed, making the operation and hospital stay longer. Incisions are closed with stitches, clips, skin adhesive, or a combination.

Recovery and what to expect afterward

Groin soreness, bruising, and swelling are common and may extend into the upper thigh or genital area. Take pain medicine as directed and support the wound when coughing.

You can usually drink and eat when awake and no longer feeling sick. Eating may restart more slowly after emergency bowel surgery.

Gentle walking supports circulation and bowel function. Increase activity gradually, avoid heavy lifting and strenuous exercise for the period advised, and follow instructions for bathing, dressings, and wound care.

Do not drive home. After anaesthesia or sedation, wait at least as long as your facility instructs. Do not resume driving until you can brake suddenly and control the vehicle safely without pain, restricted movement, or sedating medicine.

Return to work may take several days to a few weeks. Physical work and recovery after emergency surgery or bowel removal usually require longer.

Many people go home the same day. You may stay overnight or longer after emergency or bowel surgery, or if you have other health needs.

Risks and possible complications

Possible complications include:

General anaesthesia may cause nausea, sore throat, dental injury, breathing problems, or medicine reactions. Mesh can become infected or contribute to long-term discomfort. It may not be suitable during a contaminated emergency operation.

- Bleeding, bruising, or blood collecting under the skin
- Wound, deeper tissue, or mesh infection
- Fluid collecting near the repair
- Difficulty passing urine
- Persistent numbness, tenderness, or groin pain
- Injury to nearby blood vessels, nerves, bladder, or bowel
- Blood clots in the legs or lungs
- The hernia returning

Results and follow up

The surgeon usually knows immediately whether the repair went as planned and whether the bowel was healthy. They should explain the findings, technique used, and whether mesh was placed. Laboratory results from removed tissue may take several days or longer.

Follow-up may be in person, by telephone, or arranged only if needed. It covers wound healing, pain, activity, and possible recurrence. A small firm ridge beneath the incision can occur during healing, but a new or enlarging bulge should be assessed.

Alternatives

Medicine and exercise cannot close a femoral hernia.

Observation avoids immediate surgery and anaesthesia, but the hernia remains at risk of trapping bowel. Long-term watchful waiting is generally less suitable for femoral hernias than for some other groin hernias.

A hernia belt or truss may support the lump temporarily but does not repair the opening or reliably prevent trapping. It may also irritate the skin or make assessment harder.

Open and keyhole surgery are alternative repair methods. Open surgery may use local or spinal anaesthesia in selected cases. Keyhole surgery uses smaller cuts and allows examination of both groins but usually requires general anaesthesia and specialist experience.

People with major health risks may need planned repair after careful preparation or observation with a clear emergency plan.

When to call your healthcare team

Contact your surgical team promptly for increasing wound redness, warmth, swelling or drainage, fever, worsening pain, repeated vomiting, difficulty passing urine, or a new groin bulge.

Before surgery, go to an emergency department for a suddenly painful or firm hernia that will not go back in, especially with vomiting, abdominal swelling, or inability to pass stool or gas.

After surgery, seek emergency help for severe breathing difficulty, chest pain, fainting, coughing up blood, or a painful swollen leg. Do not wait for routine follow-up.

Common questions

Will I be asleep?

Most repairs use general anaesthesia. Selected open repairs may use local or spinal anaesthesia.

Can I drive home?

No. Arrange transport. Resume driving only after the anaesthetic restriction has passed and you can control the vehicle safely without pain or sedating medicine.

How painful is femoral hernia repair?

Soreness is common for several days and should gradually improve. Emergency bowel surgery usually causes more discomfort and a longer recovery.

When will I know if it worked?

The surgeon usually confirms the repair afterward. Removed tissue may take several days to test.

Will I have mesh?

Many repairs use mesh. Stitches may be used instead in selected cases, including some contaminated emergency operations.

How big will the scar be?

Open repair leaves one groin or lower-abdominal scar. Keyhole surgery leaves several smaller abdominal scars. Scars usually soften and fade.

Sources

- NHS. Femoral hernia repair
- American College of Surgeons. Adult groin hernia repair
- HerniaSurge Group. "International guidelines for groin hernia management." Hernia . 2018;22:1-165.
- Stabilini C, van Veenendaal N, Aasvang E, et al. "Update of the international HerniaSurge guidelines for groin hernia management." BJS Open . 2023;7(5):zrad080.