

necessarily advocating it as a routine, it is extremely useful to have the facility available in cases of doubt and in re-explorations.

A D BARNES ChM FRCS
Consultant Surgeon

Queen Elizabeth Hospital
Birmingham

How long do patients convalesce after inguinal herniorrhaphy? Current principles and practice

We read the paper of Robertson *et al.* (*Annals*, January 1993, vol 75, p30) with interest. We have recently performed a similar audit on when patients return to work after a routine inguinal hernia repair in Nottinghamshire. The advice offered by the 32 local consultant surgeons (100% response rate) was influenced by the type of work the patient did in all but six cases. The advice offered by the 487 Nottingham general practitioners was sought and of the 337 (69%) responders only 22 gave advice on when to return to work that was not influenced by the type of work the patient did. When patients actually do return to work was considered by asking 320 working males (224; 70% response rate) after a routine unilateral inguinal hernia repair. This was also strongly influenced by the type of work the patient did. Our results (Table I) show for those doctors whose advice on when to return to work varied with the type of work the patient did, the advice given was similar to that which Robertson *et al.* suggest occurs elsewhere in the country. In Nottingham, however, it appears that patients actually return to work earlier than elsewhere in the country.

Table I. Comparison of convalescence periods (in weeks) advised by surgeons and GPs after routine hernia repair compared with the actual time taken for different types of work

	<i>Sedentary work</i>	<i>Light work</i>	<i>Heavy work</i>
Surgeon's advice (mean, SD)	2.8 (1.7)	5.3 (3.1)	7.2 (2.6)
Range	1-8	2-12	4-12
GP's advice (mean, SD)	5.1 (2.1)	7.3 (2.9)	9.9 (3.2)
Range	1-13	2-24	4-24
Patient practice (mean, SD)	3.4 (2.0)	4.9 (3.0)	7.1 (3.6)
Range	1-8	1-13	1-17

It is well established that hernia recurrence rate is independent of time off work and the type of work done (1,2). Therefore, the conclusion from both studies must be that the advice doctors are giving on when to return to work after a routine inguinal hernia repair is not in line with current surgical thinking. The convalescent period should be dictated by when the patient finds work activities comfortable (an individually very variable factor) and not by the amount of physical activity associated with their job.

D M BAKER FRCS
Registrar in General Surgery
M A RIDER MB BS
SHO in General Surgery

A LOCKER FRCS
Senior Registrar in General Surgery
A N FAWCETT FRCS
Consultant General Surgeon

Queen's Medical Centre
Nottingham

References

- 1 Ross APJ. Incidence of inguinal hernia recurrence. *Ann R Coll Surg Engl* 1975; 57: 326-8.
- 2 Taylor EW, Dewar EP. Early return to work after repair of unilateral inguinal hernia. *Br J Surg* 1983; 70: 599-600.

I read with great interest the article by Robertson, Haynes and Burton (*Annals*, January 1993, vol 75, p30). It is my experience that the suspicions voiced in their final paragraph are true. Patients do return to work much sooner than shown in their study, if reassured that there will be no detrimental effect.

In my practice, an early return to work is recommended and encouraged in all patients. Those with a sedentary occupation (eg lawyers, accountants) are advised to return to work after 1 week. 'Light' workers (eg chauffeurs) after 2 weeks and those with 'heavy' jobs (eg construction work) after 4 weeks.

At their first consultation every patient is given a printed recuperation programme as shown below, and the importance of early mobilisation is emphasised.

"Inguinal Hernia Repair"

Recuperation programme

- Week 1* Stand upright and walk 10 minutes first day after operation.
Thereafter walk gently 4 times a day (10 minutes)
- Week 2* Return to work: Sedentary occupation
Walk for 30 minutes 2 times a day for 4 days
Brisk walking or jogging thereafter
Gentle sexual intercourse
May drive
- Week 3* Running in straight lines
Gentle sit-ups
Gentle press-ups
Moderate gentle lifting (10 kg)
- Week 4* Swimming (crawl)
Cycling
Heavy lifting (15 kg): MUST AVOID JERKING
- Week 5* ALL ACTIVITIES ALLOWED

The majority of operations are carried out under general anaesthesia as a day or overnight case. An ilio-inguinal local anaesthetic (Marcain® 0.5%) nerve block is administered, in theatre, to all patients. This minimises postoperative pain and, therefore, encourages early mobilisation.

All my patients are either covered by medical insurance (often paid for by their employer) or are paying their own accounts. My reassurance that an early return to work will have no detriment is generally well received and this advice is followed by over 80% of patients.

It is clear that the traditionally accepted normal period of rehabilitation following hernia repair can be dramatically reduced by the appropriate surgery and psychological support.

O J A GILMORE MS FRCS FRCSed
Consultant Surgeon

108 Harley Street
London W1N 1AF