Pinched nerve in the groin area: Information on surgery and possible complications

This leaflet is intended to inform patients who will undergo surgery related to a 'pinched' (or so called ‘entrapped’) groin nerve. This pinched nerve is often the result of a groin hernia operation or a caesarean section/bikini incision but may also occur spontaneously. This leaflet contains information on surgery, possible complications and postoperative advice. Most patients have already undergone a variety of pain treatments that were not beneficial in the long term (injections, PRF, TENS, pain killers etc). They are extensively counselled in the outpatient department regarding the pros and cons of an operation by one of our surgeons.

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Surgery

The surgeon usually reopens the old scar (from the hernia surgery or bikini incision). Occasionally a new incision is required, or the old scar is extended. He dissects through skin and subcutaneous fat towards the abdominal muscles and tries to locate the pinched nerve. He then loosens the nerve from the surrounding scar tissue or from the synthetic mesh (in case of previous mesh implantation for inguinal hernia) followed by removal of a portion of the nerve (1-5 cm). Muscles are then closed in order to prevent a hernia recurrence. The skin is then closed. This type of surgery is termed a neurectomy.

During and after the surgery

The surgery itself lasts only about half an hour. As the loco regional or general anesthesia is often not bothersome, this procedure should not lead to any generalized problem in healthy people.

Wound pain
At the end of surgery, the wound is locally anaesthetized with an analgesic agent. After the surgery, the pain is therefore usually well tolerated and can be controlled with pain killers such as Naproxen and Paracetamol.
Some patients, however, do have a great deal of pain during the first day, once this local anaesthetic has worn off. This pain may also worsen during movement and exertion because of the adhesions to the muscles that have been operated on. However, this pain is normal and is usually well treated using the patient's own medication.

Urinating
Sometimes you are unable to urinate immediately after surgery. This usually resolves spontaneously. If necessary, an ultrasound of the bladder can be done with a BladderScan to see if the bladder is distended. If so, the nurse can temporarily once insert a catheter in order to empty the bladder.

Swelling
Sometimes there is a swelling at the site of the wound, an accumulation of old blood and wound fluids. This swelling usually disappears spontaneously after 1-2 weeks. Only in rare cases it is necessary to remove this fluid via a puncture.

Bruising
A small bruise is sometimes seen after several days as a blue discoloration in the wound area. This is not alarming and disappears after a few weeks.
If larger amounts of blood accumulate in the surgical area and you feel a painful, hard swelling, this is called a hematoma. This is, fortunately, rare, affecting less than 1% of people, sometimes as a result of anticoagulant medication. Most hematomas dissolve over the next few weeks. In rare cases, puncturing and aspiration is necessary in order to remove a dissolved blood clot. Very rarely, surgery is required for these hematomas.

Wound infection
Wound infection can occur as can happen following any type of surgery (<5%). If a wound infection is diagnosed, antibiotics may be given. In rare cases, the wound is surgically opened.

Numbness
Removal of a nerve can cause numbness in the groin and sometimes also in the scrotum in men (and in upper portions of the vulva in women). Sporadically, we also observe hypersensitivity (increased soreness) of the skin area around the wound. This phenomenon often resolves spontaneously in the course of time. Sometimes it helps, in the case of hypersensitivity of the wound area, to give local injections or an ointment with an anaesthetizing substance.

Infertility
In men, the vas deferens (structure transporting semen from testicle to penis) may be harmed. The risk is very small and has no consequences after a unilateral operation.

However, in a double-sided operation, infertility may occur. Damage to the blood vessels running towards the testicle can cause it to shrink after a 2-3 days painful period (ischemic orchitis). Both complications are very rare (< 5%).

General complications
Not a single type of surgery and/or anesthesia is without risk.
As with any surgery, there is the possibility of general complications including thrombosis, myocardial infarction, lung infections, urinary tract infections and so on. Fortunately, these complications are exceedingly rare and, thus far, we have not yet seen any of these major complications in >3000 neurectomies.

Effect on the groin pain
After several weeks, patients are well able to tell whether the surgery was successful. After an inguinal hernia with synthetic mesh, 50-55% of the patients indicate that they are good to excellent after a neurectomy; 25% say that they are doing fairly well and 20-25% indicate that they are doing badly (or sometimes, worse than before). For those with a caesarean scar, the results are, in general, slightly better: 70-75% good to excellent; 15% fair; 10-15% bad (or worse than before).
In retrospect, most patients with successful surgery say afterwards that their original pain disappeared almost immediately after the procedure. For some, the pain does not immediately disappear and it takes longer for the pain to go away; the pain gradually subsides, as it were. This is, perhaps, understandable if we consider that the pain system has long been overstimulated. In other words, it needs time to calm down, to normalize. In a portion of patients (<30%), the surgery turns out unsuccessful. This can only be assessed after 6-8 weeks, when the wound has healed properly.

Advice for home
In the course of the day you had the surgery (or a day later if, for example, you live far from the hospital), you will be discharged from the hospital. You can take care of yourself. That is, you can walk, eat, dress and wash yourself. Your partner or family is often in the vicinity. The pain is under control with paracetamol or possibly your own pain medication. The wound has generally been closed with subcutaneous sutures which dissolve spontaneously.
The day after the surgery, you may shower and, if necessary, put a new bandage on the wound.
Within 48 hours after the surgery, a nurse will call you to inquire about your health situation. All activities you can do without too much difficulty or pain are allowed including walking and cycling. If that goes well, you can quickly increase your activities. This also applies to resuming your work.

Reducing your pain medication
The "standard" pain medication that you get in the hospital after the surgery consists of 4x daily paracetamol (1000 mg) and, if necessary, an NSAID such as diclofenac or ibuprofen (subject to contraindication). If necessary, this is combined with a gastric acid-suppressing drug and a weak morphine-like agent (an opioid) such as zaldiar or tramadol.

If you are used to opioids at home, zaldiar or tramadol will generally not be prescribed, but the opioids will be continued after the surgery. This includes Lyrica, etc. If so, it is our policy not to interfere with each individual patient's different types of chronic pain medication. We advise you to reduce it at home, in consultation with the person who prescribed the medication (GP / pain specialist, etc.).

Contact

If you have any problems or questions right after the procedure, you can always contact the outpatient surgery clinic, phone:
0031 40 8888 551.
Be sure to contact us in the following situations:

- severe, increasing pain at the wound area that does not go away after taking (preferably your own) analgesic medication.
- increasing swelling
- increasing pain and redness of the wound area
- a temperature above 38.5 degrees Celsius
- nausea with vomiting
- sudden shortness of breath
- difficulty urinating
- a heavily bleeding wound

During business hours (Monday / Friday from 8:30 am to 4:30 pm) please call SolviMáx, Expertise Centre for abdominal wall and groin pain: (040) 888 85 51. Outside of office hours, call the emergency department (Urgent Care), Veldhoven location: (040) 888 88 11.

We hope that the above information provides insight into the treatment of chronic groin pain at Máxima MC.