

How to Conquer Inguinal Hernias and Reclaim Your Vitality

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STORY AT-A-GLANCE

- › Inguinal hernias affect about 25% of men and occur when tissue pushes through a weak spot in the groin area, often due to physical strain
- › Surgeons perform approximately 1 million inguinal hernia repairs annually in the U.S., with both open repair and minimally invasive laparoscopic techniques – I interviewed the surgeon who performed my hernia surgery – Dr. Eric Pinnar – to provide clarity on which option is typically best
- › Hernia repair using lightweight synthetic mesh puts less tension on tissues and reduces recurrence rates by 50% compared to non-mesh repairs – and rarely causes complications when properly placed
- › Pinnar recommends addressing hernias promptly rather than "watchful waiting," as the condition typically worsens over time, leading to dangerous complications like strangulation
- › Recovery requires careful attention to rest and gradual return to activity, with patients often experiencing more fatigue than anticipated while their body directs resources toward healing

You might think you'd notice right away if you had a hernia, but I can tell you from personal experience that it sometimes sneaks up on you. Not too long ago, I noticed a lump in my groin that just didn't feel right. It started small, and at first, I paid little attention. Over time, though, it got bigger and would pop out more often, especially when I stood up or lifted something.

In my case, I believe the hernia was the result of not eating enough connective tissues, or collagen, which is necessary to build connective tissue strength. That, combined with heavy resistance training for over two decades, is likely why I developed one. You might be in a similar position – you see a bump, or you feel a dull ache in that area. If you do, know that you are not alone.

When I realized I likely had an inguinal hernia, I started researching my options. Even with my medical training, the amount of conflicting information out there surprised me. You hear stories about people who tried "watchful waiting," but there's also a possibility of strangulation – when part of your intestine loses its blood supply because it gets trapped in your inguinal canal.

I want you to know that having a hernia doesn't mean you're doomed, but you should know what you're dealing with to make informed choices.

One in Four Men Develop Inguinal Hernias

About 1 million inguinal hernia repairs happen every year in the U.S.¹ This means there's a lot of surgical experience, but it also means you need to be selective. As I went through the process of choosing a surgeon, I saw how tough it is, especially if you don't have medical training. It's important to avoid just accepting the first referral you get without asking key questions about the best repair method or the follow-up care you deserve.

I don't want you to feel stuck in a confusing maze, which is why I invited Dr. Eric Pinnar – who performed my hernia surgery – to talk with me about hernias. He's a general surgeon located in Florida who has chosen to focus on hernia repairs. As he told me, "About one in four men will develop an inguinal hernia in their lifetime, so you're certainly not alone."

If you find yourself dealing with a lump in your groin, be sure to watch the whole interview, as the information it contains will help you choose the best way to address it.

Where That Lump Really Comes From

You might be wondering: how does a hernia happen in the first place? If you've pictured a tear in your abdominal wall, you're on the right track. Think of your belly as a sealed container holding everything in place – organs, tissue and fat. When there's a weak point, the material inside pushes through and creates a bump.

Pinnar compares it to a tube of toothpaste: if you squeeze the tube, pressure is evenly distributed unless there's a hole – then all the pressure goes to that one weak spot. This is especially true in men because you have a spot called the inguinal canal, where your testicles descended before birth. That canal should be closed up tight around the structures that pass through, but sometimes it leaves a gap.

Over time, lifting heavy objects or coughing pushes more tissue or fat through that gap, and you see or feel a bulge in your groin. The bulge might get bigger if you bend or strain and might go away when you lie down. If it stays out all the time, you could have even more pressure or pinching on that tissue.

In many cases, an inguinal hernia isn't painful in the early stages. You might just see a bump when you step out of the shower or notice it while putting on clothes. But when the gap gets larger, or if a piece of intestine slips into that hole and can't get back out, it becomes a real emergency. That's when you risk strangulation – where the blood supply is blocked and tissue dies. If that's happening, you'll usually feel pain.

Because of this risk, Pinnar recommends fixing a hernia as soon as you've discovered it. "It's going to get worse over time," he says. "The longer you wait, the bigger it gets, the harder it is to fix." In other words, waiting might sound harmless, but that small gap doesn't heal itself – and the watchful-waiting approach typically leads to bigger problems down the line. If you've already had a hernia for a while, recognizing this allows you to take the best next step.

Two Main Hernia Repair Options

If you do decide to fix a hernia, you'll find there are two main approaches: open repair or minimally invasive repair. Open repair is the conventional method where your surgeon makes an incision in your groin and closes the gap there causing the hernia.

Minimally invasive repair, also called laparoscopic or robotic surgery, is done through a few small incisions in your abdominal wall, letting your surgeon patch the hernia from the inside. I want you to be aware that both methods work well depending on the circumstances.

The right choice depends on your overall health, the size of your hernia and your surgeon's experience. During my journey, I learned that hernia repair causes more tension on your tissues if you choose a non-mesh approach. Pinnar explains that when you pull those muscle layers together, you're putting the tissue under tension.

That causes more pain and a higher chance of hernia recurrence. "It violates one of the cardinal rules of surgery, one of the principles of surgery, which is don't put anything together under tension," he says.

Still, some people prefer a non-mesh approach because they worry about having a foreign material in their body. If you're thinking about that, you should discuss your concerns with your surgeon and ask about the pros and cons for you. Minimally invasive procedures, on the other hand, usually involve placing a small piece of mesh behind the hole from inside your belly. Your surgeon uses instruments guided by a tiny camera or a robotic console.

You typically recover faster with the closed laparoscopic repair, because you won't have a larger incision in your groin, and many patients feel less post-operative pain. Speaking from experience, I was surprised by how small the incisions were — typically 5 millimeters (mm) to 8 mm. But, even laparoscopic incisions need time to recover, so you still have to be cautious in the days and weeks afterward.

Keep in mind that surgeons differ in which approach they prefer, so it's best to find someone who has done a lot of the repair style that fits your situation. Ask how many hernia repairs they do in a year and why they recommend a certain technique for you.

That's exactly what I did with Pinnar. Hearing his rationale and experience helped me realize that there isn't a single right answer for everyone.

You must look at your medical background, the hernia's size and your personal comfort with each procedure.

What Is Surgical Mesh and Why Do Surgeons Use It for Hernia Repair?

Synthetic surgical mesh is typically made of a lightweight plastic material known as polypropylene, which many surgeons have used for years in hernia repairs. The idea is to cover the gap so you don't rely solely on stitching the muscle layers together under tension. When mesh is placed in the right spot, your body's cells grow into it, creating a stronger patch that holds up over time.

If someone simply stitches the gap under tension, there's a bigger risk those stitches will rip through the tissue.

Pinnar explains that people who choose a non-mesh repair often do so because they don't want a foreign body. I felt this way too, initially, but the data show a higher chance of recurrence when you don't use mesh. In fact, Pinnar states that adding mesh reduces the likelihood of the hernia coming back by around 50%. Mesh materials have also improved significantly, making them lighter and more flexible.

You might wonder if mesh is safe to leave in your body. In most cases, surgeons see very few complications directly linked to the mesh itself. Yes, infection is possible with any foreign material, but Pinnar mentioned he hasn't had a single case where a mesh patient needed it removed for an infection. While rare problems do occur, you keep the risk low by choosing an experienced surgical team.

If you're worried about putting [plastics in your body](#), a rightful concern, keep in mind that the average person eats about 5 grams of plastic per week — about the amount found in

one credit card.² Pinnar says the amount of plastic mesh used in hernia repair is "not even close" to one credit card – so it's unlikely to be a significant risk for most people.

However, there is some evidence that the permanent for body can cause persistent abdominal pain that never resolves in some because of an inflammatory reaction.

This is one of the reasons why I opted for a biocompatible non plastic mesh that is absorbed in the body within a year. These are all biocompatible or absorbable meshes. When you're deciding on a surgeon, ask about which mesh option they use and why they recommend them.

My personal preference is a biocompatible absorbable mesh as opposed to a permanent plastic mesh, however this study is done on this suggest there may be no significant difference if you have the latest mesh.

Your Roadmap to a Stronger Future

I want you to feel as prepared as possible if you face an [inguinal hernia](#) repair. Having recently navigating this challenging process, I learned that a bit of planning goes a long way. First, talk openly with your surgeon about what happens before, during and after the operation. Ask how much rest you'll need, when to safely return to everyday activities and what signs might suggest a problem.

I discovered you shouldn't push your limits early on – give your body time to rest and adequately heal.

I would suggest doing as little as possible for the first two weeks following surgery. Limit your walking to roughly 2,000 steps per day so that the energy you would normally expend on exercise can instead be channeled into recovering from the surgical trauma. It may not be obvious at first, but your body requires a great deal of energy to repair, regenerate, and heal. This is not the time for vigorous walks or workouts.

If you or someone you know is preparing for this surgery, be aware that a minimum two-week recovery period is common, and many individuals need more than four weeks of

largely bed-bound rest. You will likely be able to do only brief walks around the house for the first couple of weeks, and that is completely normal. It gives your body the chance to focus its resources on healing.

I also recommend taking full advantage of narcotic analgesics — within reason — so as not to repeat my mistake of under-managing pain. The discomfort can become intense enough to cause nausea and suppress your appetite. Keeping these medications at the lowest effective dose usually helps significantly with recovery but remember that narcotics can lead to constipation. To prevent straining, it is important to keep your stools soft, by taking extra magnesium.

Another important point is that your energy level after surgery may be lower than expected. Your body is directing resources to the repaired area, so daily tasks or errands that once felt effortless can become exhausting. Rather than pushing through the fatigue, it is better to rest and allow your tissues to rebuild. I noticed firsthand that when I attempted longer walks too early, I ended up more sore and slowed my progress.

Every person's situation varies, but a closed laparoscopic procedure often leads to the best overall experience — particularly when performed with the da Vinci robotic system. However, only a small percentage of hernia surgeons are fully trained in this method. Ideally, you should look for a surgeon who has completed at least 500 such cases and, preferably, has thousands of procedures under their belt, ensuring both skill and expertise with the technique.

Pinnar also noted that each person's healing journey is unique. While some people bounce back quickly, especially if their hernia was small and their overall health is good, others take much longer, and that's OK. You'll want to watch for any unusual swelling, redness or persistent pain that gets worse instead of better. In most cases, though, you should see steady progress as your incision heals and the repaired spot gains strength.

By staying informed, you bypass a lot of confusion around hernia repairs. You won't have to rely on luck or random searches on the internet. You'll know why you're choosing one method over another, why mesh is often a smart move and how to pace your recovery so you avoid setbacks. This knowledge will spare you a world of worry.

And if you ever feel stuck or uncertain, continue asking questions until you get the clarity you need. If you'd like to learn more about Pinnar's practice in particular, find him online at [Advanced Hernia Specialists](#).

Sources and References

- ¹ American College of Surgeons, March 8, 2023
- ² WWF Analysis, No Plastic in Nature: Assessing Plastic Ingestion from Nature to People, June 2019