Introduction
An abdominal hernia is usually the consequence of a weakness in the muscular wall of the abdomen, which it is desirable after repair surgery to strengthen. This involves exercising the rectus abdominis, and desirably the transversus abdominis, the two muscles “which keep your insides inside you”. Setbacks in rehabilitation can occur when some form of straining generates excessive intra-abdominal pressure, in disregard of the Grunt Rule.

An inguinal hernia is in a slightly different category, in that there is no obvious muscular wall to be restored, and in fact in the young male there is a definite passage to enable the descent of the testes. This should be effectively closed in an adult, but there can still be a weakness in the various structures in the groin, often caused by injury. This means that rehabilitation after repair more or less amounts to the progressive return to the level of physical activity previously enjoyed by the patient.

General Exercise
Obviously from the time you were first released from hospital, you would have been moving about to pursue your daily life. If a normal level of domestic activity has caused you no concerns or “twinges” during the first three or four weeks, then you should begin increasing your level of activity. I would suggest that it would be ideal initially to fit in about 15 minutes of walking each day. At this stage it doesn't have to be "power walking", but just a reasonably brisk walk, and on a good surface, because at this stage a stumble could precipitate a muscular overload, which is what you don't want. A cyclist could also return to cycling, but ensuring that the seat is correctly adjusted.

Again, you must monitor your own progress, and if you experience no aches or pains, or other contra-indications, then after a couple of weeks you can build up the intensity of your exercise. Increase the vigour and duration of your walking, and build up to power walking or jogging, although power walking is probably more beneficial for your condition.

Gym Work
By this time, gym enthusiasts can consider returning to the gym, starting principally with upper body work, which of course will have been neglected while concentrating on walking activities. I would suggest that for a while heavy weights work with the upper body, should be avoided, because that still demands support and stability from the legs. Moving down to strengthening your mid section, especially the obliques, will also be good for the groin. There is one exercise which should be useful at this stage to strengthen the groin; it is leg adduction, but it should be commenced cautiously. Three lower body exercises to avoid for a considerable period are squats, dead lifts, and leg presses, while calf raises should preferably be on a seated calf raise machine. These should be reintroduced very cautiously, as confidence is built up.

Racket Sports
If reasonably active walking exercise has given no cause for concern, then it is probably appropriate to return to the court. You should always take note of what an eminent surgeon told me: "Listen to your body: it can tell you more than I ever can". I would suggest starting with an hour’s game at "knock-up" level, with a friend you can trust to match the standard of play which you set yourself, and not to tempt you into an indiscretion. The problem with all racket sports is the instinctive determination to go for a difficult “save”, rather than lose the point, which may lead you into an extreme leg position, combined with a high level of intra-abdominal pressure.
Then assess the next day what aftereffects you have. If they are negligible, then you can cautiously increase the intensity in your next game, but I would suggest at least for the first month avoiding any extreme moves, which could cause you to apply more stress than you intended.

If after your first game, or indeed any game, you feel some pain the next day when walking, I would suggest that you avoid playing again until that has cleared, and then resume at the same intensity as the previous game. You have to take the responsibility for monitoring the progress of your return to the sport: there is no way of avoiding that.

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