

Inguinal Hernia

The word hernia is derived from the Latin word for rupture. An abdominal wall hernia occurs when abdominal contents (fat, intestine) that would normally be contained by the abdominal wall protrudes through a weak area or defect in the abdominal wall. 75% of abdominal hernias occur in the groin region and are called inguinal hernias. The three main types of inguinal hernia are direct inguinal hernia, indirect inguinal hernia, and femoral hernia. The classification is based on the location of the weak area or defect. About 25% of males and about 3% of females will develop an inguinal hernia at some time in their life. Right inguinal hernias are more common than left inguinal hernias. Indirect hernias are twice as common as direct hernias. Femoral hernias are the least common.

Symptoms of an inguinal hernia include a bulge or swelling in the groin region lateral to the pubic bone, either intermittent or constant, often becoming larger with standing, coughing or physical exertion. This can be associated with a burning or an aching sensation in the region of the bulge, or pain in the groin region. Over time hernias will generally enlarge and cause more symptoms. Complications of hernia include incarceration and strangulation which results in the hernia contents becoming trapped outside the abdominal cavity or even injured due to the hernia contents blood supply becoming compromised. Strangulated hernias can be life-threatening if not treated.

Risks factors for the development of an inguinal hernia include smoking, COPD, chronic cough, obesity, pregnancy, peritoneal dialysis, ascites, collagen vascular disease, heredity, and previous open appendectomy. Many of these risk factors of inguinal hernias are related to increased intraabdominal pressure and may also involve abnormal collagen remodeling.

Inguinal hernias in adults will not resolve without intervention and surgical repair is recommended for symptomatic and enlarging inguinal hernias. Because the increased risk of strangulation, all femoral hernias are recommended to be repaired when diagnosed. The goal of surgical repair is to return the protruded abdominal contents to the abdominal cavity and to close and reinforce the weak area the contents had protruded through. In adults, most inguinal hernias are repaired with some type of synthetic mesh to reinforce or close the defect. Hernia surgery is generally an outpatient procedure. Return to work and usual activity is usually possible within a few weeks following surgery.