

Hernia

What is a hernia?

A hernia develops when the outer layers of the abdominal wall weaken, bulge or tear. The hole in this outer layer allows the inner lining of the cavity to protrude and form a sac. Any part of the abdominal wall can develop a hernia. However, the most common site (80% of the time) is the groin.* A hernia in the groin area is called an inguinal hernia. In an inguinal hernia, the sac protrudes into the groin toward, and sometimes into, the scrotum. An umbilical hernia develops through the navel. A hernia that pushes through a surgical incision or operation site is called an incisional hernia. A hiatal hernia forms when the upper portion of the stomach slides into the chest cavity through the normal opening created by the esophagus.

Who is at risk for developing hernias?

Most inguinal hernias in adults result from strain on the abdominal muscles which have been weakened by age or by congenital factors. Although most common in men, groin hernias can also occur in women. The types of activity associated with the appearance of an inguinal hernia include: lifting heavy objects, sudden twists, pulls or muscle strains, marked gains in weight, chronic constipation and repeated attacks or coughing.

What are the symptoms of a hernia?

The symptoms of inguinal hernias vary. Sometimes the onset is gradual, with no symptoms other than the development of a bulge. Other times, the hernia will occur suddenly with a feeling that something has "given way." This feeling can be accompanied by pain or discomfort. Signs and symptoms of inguinal hernias can include: visible bulges, a feeling of weakness or pressure in the groin and/or a painful or burning sensation at the site of the hernia.

What tests will I need?

A hernia is primarily diagnosed through symptoms and the doctor's physical examination. Your surgeon may require additional studies depending on your condition and age. Unless the hernia is strangulated, hernia repair typically is an elective operation. Only you can decide whether or not to proceed with the repair. However, you must realize that (1) the hernia is not going to heal itself, (2) pain may increase in the area of the hernia, and (3) the hernia will usually increase in size over time.

What procedures will my general surgeon recommend?

Today, general surgeons are performing a variety of techniques to repair hernias. You should talk with your surgeon to determine what type of repair method is appropriate for you.

The Conventional Method: In this case, an incision is made over the site of the hernia. The protruding tissue is returned to the abdominal cavity, and the sac that has formed is removed. The surgeon repairs the hole or weakness in the abdominal wall by sewing strong surrounding muscle over the defect.

Tension-Free Mesh Technique: For this technique, an incision is made at the site of the hernia and a piece of mesh is inserted to cover the area of the abdominal wall defect without sewing together the surrounding muscles. The likelihood of the hernia recurring is small with this repair. The mesh is safe and generally well-accepted by the body's natural tissues. This is the most common method of hernia repair.

The Laparoscopic Method: A laparoscope (fiber optic camera) is inserted into the abdominal cavity through a small incision and is used to view the hernia in the abdominal wall. The surgeon repairs the hernia through additional tubes that are inserted into the abdomen through separate incisions. This method is minimally-invasive and generally requires less recovery time.

*American College of Surgeons