Abdominal wall hernia

Key Points
8.1 GROIN HERNIAS

- Inguinal hernia bulges above the inguinal ligament, with the hernia neck above and medial to the pubic tubercle.

- Inguinal hernia is most common in males.

- Femoral hernia bulges below the inguinal ligament in the upper thigh, with the hernia neck below and lateral to the pubic tubercle.

- Femoral hernia, which occurs less frequently than inguinal hernia, is more common in women.
8.1 GROIN HERNIAS

Complications

- Strangulation is the most dangerous complication of a hernia.
- Recurrence is the commonest complication of hernia operation.
8.2 SURGICAL REPAIR OF INGUINAL HERNIA

- If there is a moderate to large defect in the posterior inguinal canal in an indirect hernia, a repair is indicated.

- Indirect hernia in children should be treated with a high ligation of the sac and no repair should be performed.
8.2 SURGICAL REPAIR OF INGUINAL HERNIA

- Indirect hernia in young men with a strong inguinal canal should not be repaired.

- Tightening of the internal ring with one or two sutures is appropriate.

- The inferior epigastric artery is on the lower edge of the ring and should be avoided.
8.2 SURGICAL REPAIR OF INGUINAL HERNIA (Indirect Inguinal)
8.2 SURGICAL REPAIR OF INGUINAL HERNIA
(Indirect Inguinal Continued)
8.2 SURGICAL REPAIR OF INGUINAL HERNIA (Sliding Hernia)
8.2 SURGICAL REPAIR OF INGUINAL HERNIA
(Direct Inguinal Hernia)

Repair of the posterior wall of the inguinal canal is required in a direct hernia.
8.3 SURGICAL REPAIR OF FEMORAL HERNIA

- A femoral hernia is below the posterior wall of the inguinal canal.
- Open the posterior wall of the inguinal canal with blunt dissection.
8.4 SURGICAL TREATMENT OF STRANGULATED GROIN HERNIA

- In strangulated inguinal hernia, extend the inferior end of the skin incision over the hernia mass. This gives good access to the incarcerated mass.

- Always consider strangulated inguinal or femoral hernia as a cause of small bowel obstruction.
8.4 SURGICAL TREATMENT OF STRANGULATED GROIN HERNIA

• Operation for incarceration can be difficult:
  – in children,
  – in patients with recurrent hernias, and
  – in those with large, inguinoscrotal hernias.

• In these cases, consider non-operative reduction when patients present early with no signs of inflammation in the region of the hernia.
8.4 SURGICAL TREATMENT OF STRANGULATED GROIN HERNIA

- To achieve non-operative reduction:
  - place the patient in the Trendelenburg position,
  - support both sides of the neck of the hernia with one hand and apply gentle, firm and continuous pressure to the sac with the opposite hand,
  - narcotic analgesia may be helpful.

- Failure of reduction within 4 hours is an indication for operation.

- Observe the patient for at least 12 hours after a successful non-operative reduction.
8.5 SURGICAL REPAIR OF UMBILICAL AND PARA-UMBILICAL HERNIA