Surgical Care at the District Hospital
Abdominal Wall Hernia

Key Points
8.1 Groin Hernias

• An **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

• A **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 females
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 indirec**t** 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
8.2 Surgical Repair of **Inguinal** Hernia

**SLIDING HERNIA**

![Diagram of surgical repair of inguinal hernia](image)
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
  – 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 & Para-Umbilical Hernia