

A hernia occurs when the contents of abdomen bulge out of its area where they are normally located. These contents, usually portions of intestine or abdominal fatty tissue known as omentum, are covered by a thin membrane (sac) that lines the insides of abdomen. Most of the hernias occur in the lower abdomen in and around genitalia. Dr Suresh Chandra Hari, in this exclusive write up, explains us about various complications of hernia and gives us a thorough insight on how to manage hernia.

Hernias are harmless in early stages but have the risk of becoming irreducible and their blood supply may get cut off resulting in tissue death. If blood supply severs to hernia sac contents at the inner opening in the abdominal wall, it becomes a life threatening emergency.

To have a clear understanding about the dangers of hernia, let's know about various types of hernia.

Different types of hernias:

Inguinal hernia: Making up 75 percent of all hernias and occurring 25 times more often in men than women, these hernias are divided into 2 different types, direct and indirect. Both occur in the area of where skin crease at the top of the thigh joins the abdomen, as a bulge. Though both have different origins treatment is same.

☉ Indirect inguinal hernia occurs at any age but becomes more common as people age.

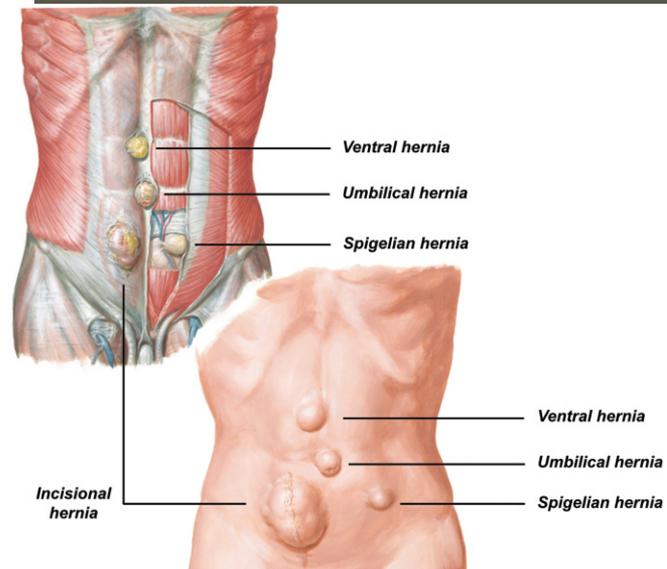
☉ Direct inguinal hernia occurs in the middle-aged and elderly as their abdominal walls weaken with age.

Femoral hernia:

A femoral hernia causes a bulge below the inguinal crease in roughly the middle of the thigh. Rare but more common in women, they have more risk of becoming irreducible and strangulated.

Hernia...

- Dr Suresh Chandra Hari



Umbilical hernia:

This is often noted at birth as a protrusion at the navel. This is a birth defect which usually closes by the age of two years when the opening is small, but larger defects need to be operated as early as the baby is fit for undergoing operation. This condition is also seen in elderly people and middle-aged women who have had children, because of repeated stretching of abdominal wall in pregnancy.

Incisional hernia:

Operations on abdomen may result in weak scars in 2 to 10 percent of all abdominal surgeries. Even after repair, incisional hernias have a high rate of failure (20-45%). Now-a-days with the advent of Mesh repairs, both open and laparoscopic, the results have become better.

Epigastric hernia:

Occurring between the navel and the lower part of the rib cage, in the midline of the abdomen, the bulge is composed usually of fatty tissue and rarely contains intestine. These hernias are often painless and cannot be pushed back into the abdomen when first noticed and require operation when they become painful.

Ever wonder what causes hernia?

THE RISK FACTORS FOR HERNIA are:

- ☉Family history
- ☉Overweight or Obesity
- ☉Undescended testes in groin hernias

Any condition that increases the abdominal pressure: chronic coughing, chronic constipation, enlarged prostate causing straining with urination, Carrying or lifting heavy weights.

Presentation

A Patient with hernia usually presents with a swelling or bulge which may become painful, usually a dragging type of pain. This bulge increases on coughing or straining and reduces on lying down. Patient may have vomiting, constipation and abdominal distension if the hernia gets irreducible and leads to intestinal obstruction. If delayed they may land up with fever, sepsis and shock with hypotension, as the intestines become dead and ruptured within the sac.

How to Diagnose

Simple clinical examination is enough to confirm the diagnosis of hernia, but early hernias may require an ultrasound examination, more so in obese people. In incisional hernia CT scan may be required in some patients to confirm the contents of hernial sac and to know the size of defect.

Treating Hernia

Treatment of a hernia depends on whether it is reducible or irreducible. In general, all hernias should be repaired to avoid the possibility of future complications. Hernias with large openings have a very low risk of complications and surgery may not be needed if there are no symptoms. The treatment of every hernia is different, and is dependant on the risks and benefits of different options available to the surgeon. All irreducible hernias need emergency treatment because of the risk of strangulation. An attempt to push back the hernia with medicine for pain and muscle relaxation has to be made with elevation of foot end of bed. If this attempt fails, emergency surgery is needed. If Hernia gets reduced, elective operation can be performed. If the intestinal contents of the hernia are not reduced in as early as 6 hours and the blood supply gets cut off, the intestine can become dead.

Operations for Hernia repair:

A hernia repair requires surgery. There are different

operations that can be used for different types of hernia. In a standard repair, under anesthesia, a cut is made over the area of the hernia and layer by layer separated away all the normal tissues from the margins of the hole or weakness. The hole is then closed by stitches to approximate the neighboring healthy and tough tissue. When a repair is done by suture alone, the edges of the defect are pulled together which leads to tension in the area and results in pain. This puts excessive strain on the surrounding tissues through which the sutures are passed. With body exertion this strain can lead to the tearing of these stressed tissues and may result in another hernia. The frequency of such recurrent hernias, has led to the development of many different methods of repairs to reduce pain and recurrence.

In order to provide a tension free repair and avoid the stress on the adjacent tissue, caused by pulling the tissue around the hole, a synthetic Mesh is placed on the defect and stitched over the defect. The mesh is a permanent material and, when sewn to the margins of the defect, it allows the body's normal healing process to incorporate it into the local structures. This is a very effective method of repair which also reduces pain and recurrence.

Laparoscopic Repair:

With the advent of keyhole surgery, hernias can now be safely repaired with less scarring and blood loss. This also has added benefits of early return to work and reduced hospital stay. Absence of pain and reduced recurrences, have led to the surge of Laparoscopic TEP repairs of hernia. This procedure needs expertise and is safer in the hands of experienced surgeons. Bilateral hernias can be better tackled by laparoscopy with minimal incisions. Laparoscopic meshplasty also prevents other hernias as the mesh covers all the defects in the inguinal region.

Incisional hernias can also be better repaired by laparoscopy. It needs no large incisions and the recurrences, as well as the wound infections are also less. But the cost of mesh and equipment used in incisional hernia repair is higher than in open repair.



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