



Understanding
Hernia



HERNIA TREATMENT
AT APOLLO INSTITUTE OF
GENERAL & LAPAROSCOPIC
SURGERY

Understanding hernias

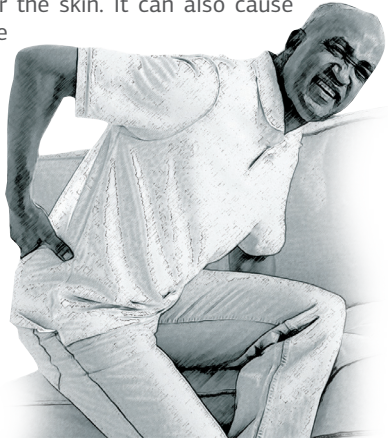
A hernia (or “rupture”) is a weakness or defect in the wall of the abdomen. This weakness may be present from birth or it can be caused by the wear and tear from daily living. Although men are more likely to have hernias, they also occur in women and children. In fact, hernias are so common that people of any age can get them. Most hernias aren’t life threatening. But, treatment can help eliminate discomfort and prevent complications.

When does a bulge form?

A weakness or break in the abdominal wall allows the contents of the abdomen to be pushed outwards. This often causes a bulge under the skin. It can also cause discomfort or pain. Your symptoms depend on the size and location of your hernia.

Common symptoms include:

- 🔗 A bulge in the groin, abdomen, thigh or genitals. The bulge may get bigger when you stand and vanish when you lie down
- 🔗 Discomfort or pain, which is worse at the end of the day or after standing for long periods
- 🔗 Pain during lifting, coughing, sneezing or physical activities
- 🔗 A feeling of weakness or pressure in the groin
- 🔗 Discomfort or pain during urination or bowel movements



How can hernias be treated?

A hernia will not heal on its own. Surgery is needed to repair the defect in the abdominal wall. If not treated, a hernia can get larger. It can also lead to serious medical complications. Fortunately, hernia surgery can be done quickly and safely. Below is an overview of the surgical treatment.

Your evaluation

Your doctor will ask questions about your symptoms and overall health. You’ll also be examined. In some cases, tests are needed to make sure that you’re healthy enough for surgery.

Surgical treatment

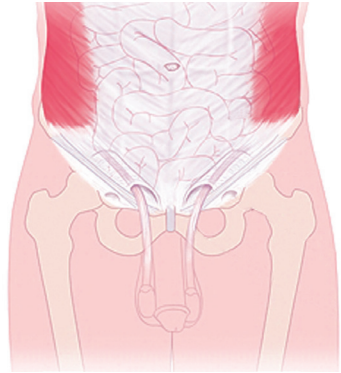
Surgery is used to repair the weakness in the abdominal wall. Different methods are used depending on the location and type of hernia. You can usually go home, the same day as the surgery.

Your recovery

After surgery, you can return to your normal routine within a short time. Repairing the hernia will also make it easier to enjoy daily activities without pain or worry.

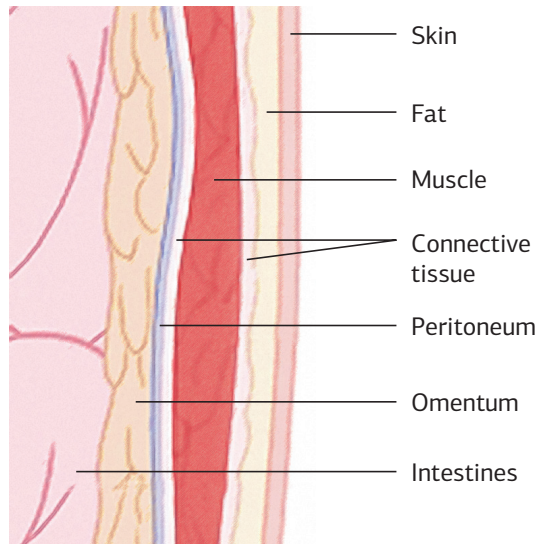
The abdomen and groin

Hernias occur when a part of the body bulges into an area where it shouldn't. Most often, this happens when tissues in the abdomen bulge through an opening into the groin. Normally, the abdomen and groin are kept separate by a wall of muscle and tissue. The only natural openings in the wall are small tunnels, called canals. These allow nerves, blood vessels and other structures to pass between these two areas.



Areas of weakness

Certain areas of the abdominal wall are naturally prone to weakness. With time and physical stress these areas may weaken further and tear. This can allow the intestines or other tissues to bulge out through the opening. It may help, to think of the abdominal wall as the rubber on a bicycle tyre. If a spot on the outside of the tyre weakens and frays, the inner tube will bulge out.



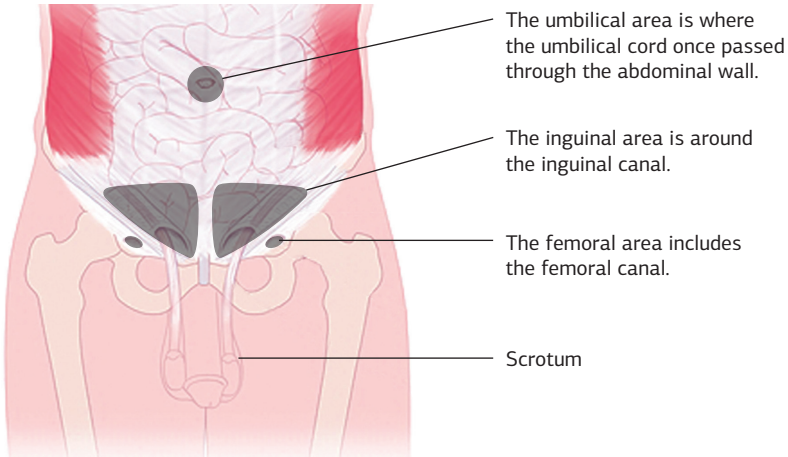
The abdominal wall

What makes the abdominal wall weak?

Any opening in the abdominal wall is prone to weakness. This includes canals in the groin area and previous openings that have closed, such as the navel or the site of a healed surgical incision. In other areas, the abdominal wall can be weakened by injury or aging.

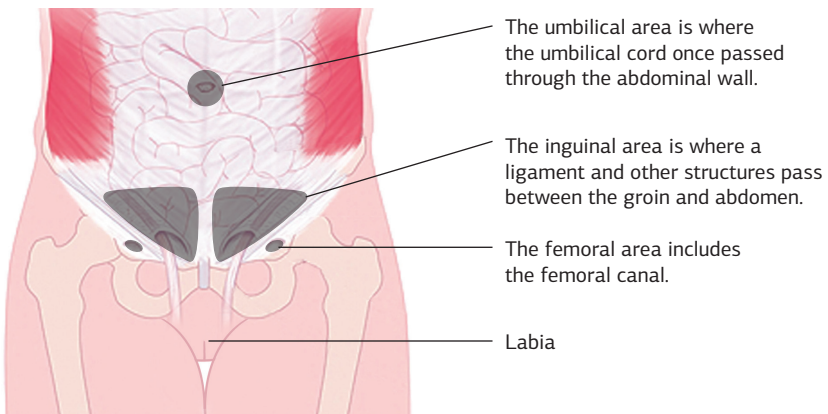
Weak areas in men

Most hernias in men occur at or near the inguinal canal. This is where nerves and vessels pass, between the groin and abdomen.



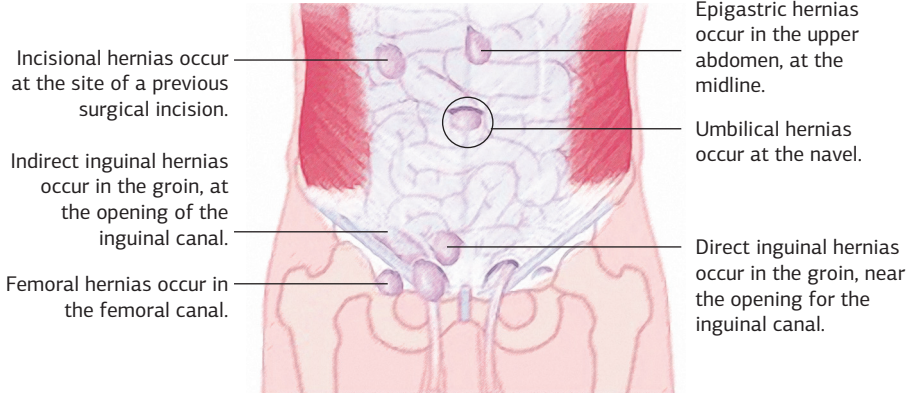
Weak areas in women

Like men, women also, are most likely to get hernias in the inguinal area. But women are more likely to have femoral hernias than men.



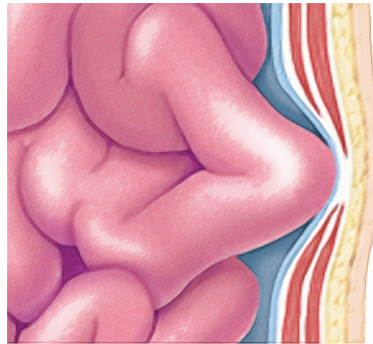
Locations of hernia

The type of hernia that you have depends on its location. The most common types of hernias form in the groin while others are formed in the abdomen. Hernias can also form on both sides of the body (bilateral hernias), or recur in the same spot (recurrent hernias). In some cases, you can have more than one type at a time.



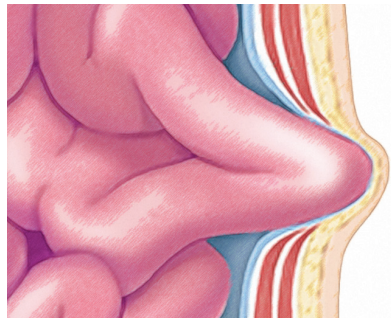
How does a hernia develop?

Although a hernia bulge may appear suddenly, hernias often take years to develop. They grow larger as pressure inside the body presses the intestines or other tissues out, through a weak area. With time, these tissues can bulge out, beneath the skin of the abdomen or they can bulge into the groin, thigh, scrotum, or labia. In some cases, a loop of intestine may become tightly trapped by muscle tissue which can cause severe pain and requires immediate treatment.



The wall weakens or tears

The abdominal lining bulges out through a weak area and begins to form a hernia sac. The sac may contain fat, intestine, or other tissues. At this point, the hernia may or may not cause a visible bulge.



Abdominal hernias

Abdominal hernias most often form around the navel or the site of a previous surgery.

Groin hernias

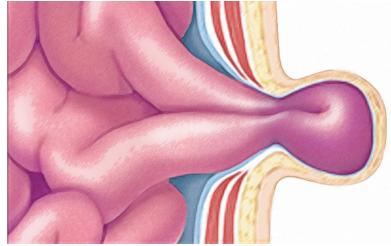
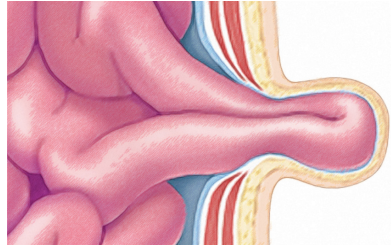
Groin hernias are the most common types of hernias.

The intestine pushes into the sac

As the intestine pushes further into the sac, it forms a visible bulge. The bulge may flatten when you lie down or push against it. This is called a reducible hernia and does not cause any immediate danger.

The intestine may get trapped

The sac containing the intestine may get trapped by muscles (incarcerated). If this happens, you won't be able to flatten the bulge. You may also have pain and prompt treatment may be needed.

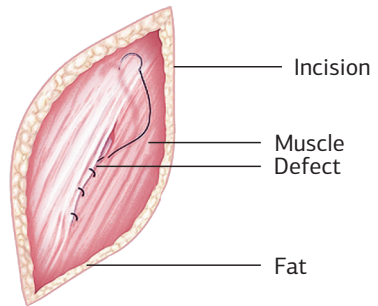


The intestine may become strangulated

If the intestine is tightly trapped, it becomes strangulated. The strangulated area loses blood supply and may die. This can cause severe pain and block the intestine. Emergency surgery is needed to relieve the blockage.

How does surgery work?

Surgery treats a hernia by repairing the weakness in the abdominal wall. An incision is made, so that the surgeon has a direct view of the hernia. The repair is then done through this incision (open surgery). To repair the defect, muscle and connective tissue may be sewn (sutured) together to make a “traditional repair.” More often, though, special mesh materials are used to patch the weak area and make a “tension-free repair.”



Your surgical experience

The first step in preparing for surgery is having a physical exam. Your doctor will also ask about your medical history. Then you and your doctor will schedule a date for surgery. Follow your doctor's advice on how to get ready for the procedure. You can usually go home the same day as your surgery. In some cases, though, you may need to stay in the hospital overnight.

Medical history and physical exam

Your doctor will ask questions about your symptoms, health, and any history of hernia problems. You'll then have a physical exam. You may be asked to cough or tighten your stomach muscles while your doctor checks for signs of a hernia. Certain tests may also be needed to ensure that you're healthy enough for surgery.

Getting ready for surgery

Your doctor will talk with you about preparing for surgery. Follow all the instructions you're given and be sure to: tell your doctor about any medications, supplements or herbs you take. This includes both prescription and over-the-counter items. Stop taking aspirin, ibuprofen, and naproxen as directed. Arrange for an adult family member or friend to give you a ride home after surgery. Stop smoking. Smoking affects blood flow and can slow healing. Gently wash the surgical area the night before surgery. Don't eat or drink after midnight, the night before your surgery.

The day of surgery

Arrive at the hospital or surgical center at your scheduled time. You'll be asked to change into a patient gown. You'll then be given an IV to provide fluids and medication to your body. Shortly before surgery, an anaesthesiologist will talk with you. He or she will explain the types of anaesthesia used, to prevent pain during surgery. You will have one or more of the following: Monitored sedation to make you relaxed and sleepy. Local anaesthesia to numb the surgical site. Regional anaesthesia to numb specific areas of your body. General anaesthesia to let you sleep during surgery.



After surgery










When the procedure is over, you'll be taken to the recovery area to rest. Your blood pressure and heart rate will be monitored. You'll also have a bandage over the surgical site. To help reduce discomfort, you'll be given pain medications. You may also be given breathing exercises to keep your lungs clear. Later, you'll be asked to get up and walk. This helps prevent blood clots in the legs. You can go home when your doctor says that you're ready.

Your recovery

Help make your surgery a success by taking an active role in your recovery. Start by reducing pain and swelling. Then begin easing back into your routine. For best results, take short walks as soon as you can. This helps prevent blood clots in the legs. It will also help speed up your healing. Follow your doctor's advice about caring for your incision and be sure to keep appointments for follow-up visits.

Risks and complications

Hernia surgery is safe, but does have risks including:

-  Bleeding
-  Infection
-  Numbness or pain in the groin or leg
-  Recurrence of hernia
-  Damage to the testicles or testicular function
-  Anaesthesia risks
-  Mesh complications
-  Inability to urinate
-  Bowel or bladder injury



Reduce swelling

For the first few days, it's common for the area around the incision to be swollen, discolored, and sore. To help reduce swelling, you can put an ice pack or bag of frozen peas wrapped in a thin towel. Then place the towel on the swollen area three to five times a day, for 15 to 20 minutes at a time. Take care of the incision as advised by your doctor. You should also ask your doctor when it's okay to start bathing again. In most cases, this is a day or two after surgery.

If a groin hernia was repaired

You may have swelling that gets worse after a few days. This is because blood and fluids can collect in the groin and genitals. To help reduce swelling, use ice packs (see above instructions). Wearing supportive underwear, such as briefs, can also help reduce discomfort.

Manage pain

You will most likely have some pain for the first few days. You may also feel bloated and tired. To help make you feel better, your doctor will prescribe pain medications. Don't wait for the pain to get bad. Take your medications on time as directed. Be aware that some pain medications can cause constipation. So, your doctor may also suggest a laxative or stool softener.

Return to activity








You can start getting back to your routine as soon as you feel able. Just take it easy at first. Follow all your doctor's advice for recovery. The following tips may help: Take short walks to improve circulation. Avoid heavy lifting for at least a week. Ask your doctor about returning to work. Eat healthy, high-fibre foods and drink lots of fluids. You can begin having sex again when you feel ready.

Keep follow-up appointments

Keep follow-up appointments during your recovery. These allow your doctor to check your progress and make sure that you're healing well. You may also need to have your stitches, staples, or bandage removed. During office visits, tell your doctor if you have any new symptoms. Your doctor can also help answer any questions or concerns that you may have.

When to call your doctor?

Call your doctor if you have any of the following:

-  A large amount of swelling or bruising (some testicular swelling and bruising is common)
-  Bleeding
-  Increasing pain
-  Fever over 101°F (38.3°C)
-  Increasing redness or drainage of the incision
-  Trouble urinating
-  Nausea or vomiting

Hernias in children

Hernias in children are not uncommon. They're caused by an abdominal wall defect that is present at birth. Most often, the hernia forms in the groin or umbilical area. It can usually be felt as a bulge under the skin. Childhood hernias can be safely repaired using outpatient (same day) surgery. Best of all, most children recover quickly with only minor discomfort.

Questions you may have

It's normal to have concerns about your child's surgery. Here are answers to some common questions:

Is surgery safe?

Yes. Complications from hernia surgery are rare. In fact, most children get back to normal in a very short time.

Will my child be in pain during surgery?




No. Your child will be given medications that make him or her sleep during surgery. Some mild discomfort after the operation is normal.

Is surgery always needed?

Umbilical hernias in infants may get better without surgery. But repairing a groin hernia is safer than leaving it untreated.









Preparing your child for surgery

Follow your doctor's advice to help get your child ready for surgery. You may be asked to:

-  Tell the doctor about any medications your child takes, including children's pain relievers.
-  Accompany your child during tests. These may include urine and blood tests.
-  Unless you're told otherwise, don't let your child eat or drink after midnight, the night before surgery.

Risks and complications

Hernia surgery for children is safe, but does have some risks. These include:

-  Bleeding
-  Infection
-  Numbness or pain in the groin or leg
-  Inability to urinate
-  Risk the hernia will recur
-  Bowel or bladder injury
-  Damage to the testicles or ovaries
-  Anaesthesia risks

The day of surgery

Your child will be given an IV to provide fluids and medications. You'll then meet with the anaesthesiologist. He or she will talk with you about the anaesthesia used to prevent pain during surgery. The type of surgery your child has, depends on the location of the hernia. If your child has a related problem, such as an undescended testicle, it may also be repaired at the same time as the hernia.

Groin hernia

An incision is made in the lower abdomen. Any protruding tissue is pushed back into place. The hernia sac is then removed and the incision is closed with sutures.

Umbilical hernia

A semicircular incision is made under the navel. Any protruding tissue is pushed back into place and the hernia sac is removed. The abdominal wall is then closed with sutures.








Your child's recovery

Your child can likely go home the same day as surgery. Don't worry if you notice some swelling or bruising. This is normal and should go away in a short time. To help speed recovery, encourage your child to move around. But children should avoid rough play for about a week. After that, it's okay to let them get back to doing things they enjoy. If you have questions or concerns, be sure to talk with the doctor during follow-up visits.

Feeling good again

Don't let a hernia put limits on your life. By deciding to have surgery, you can help eliminate discomfort and prevent future problems. This makes it easier to enjoy daily activities – even if it's just a day on the job.

When to call the doctor?

-  After surgery, call the doctor if your child has any of the following:
-  A large amount of swelling or bruising
-  Fever over 101°F(38.3°C)
-  Increasing redness or drainage of the incision
-  Bleeding
-  Increasing pain
-  Nausea or vomiting

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