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## Inguinal hernia pdf

A hernia occurs when an organ inside the body (usually the intestine or bladder) pushes through an opening in the abdominal wall. Learn to spot signs of two common hernias and when to seek treatment. A hernia occurs when an organ inside the body protrudes through an incomplete closure or weakness in another part of the body. There are many types of hernias, but the two most common in children involve the abdomen: umbilical hernia (in the area of the navel or belly button) and inguinal hernia (in the groin area). An abdominal organ, usually the intestine, presses against an opening in the abdominal muscle wall, tissue, or membrane that normally holds the organ in place, and a bag develops (containing intestines or adipose tissue). Hernias may be present at birth or appear later in childhood; they usually appear as soft lumps under the skin. They can develop as a result of obesity, chronic constipation, or too much coughing or screaming, anything that increases pressure inside the abdomen. They often change size, depending on the movement or activity of the body. An umbilical hernia usually appears in the area of the belly button during the first weeks or months of a baby's life. It can become more visible and increase in size when the baby cries or has bowel movement, which increases pressure in the abdomen. The hernia itself is usually not painful or sensitive to touch. A groin hernia usually involves the intestine or bladder pushing through an opening or weakness in the groin area, creating a visible or lumpy bulge, and usually appears during childhood. Inguinal hernias can be large or small and can occur on one or both sides of the groin. Premature babies are more likely to have a groin hernia, which appears as a swollen scrotum. In girls, the hernia appears in the large fold of skin around the vagina. Usually the hernia does not disturb the baby and the contents of the hernia bag slip back into place easily. Hernias incarcerated and strangulated in rare cases, abdominal content or intestines can become trapped, or imprisoned, and cannot be rejected in their place. Incarcerated hernias are potentially life-threatening. They are extremely painful, hard, swollen and red or blue in color. They can cut blood flow and blood supply, which leads to a strangulated hernia. A strangulated hernia is an emergency; immediate surgery is needed to prevent permanent lesions to the intestines. There is no way to prevent hernias in children. The doctor treats hernias at well-children's appointments, but always consult your doctor if you discover a lump in the area of the baby's navel or groin. You can also reduce any risk of developing hernias by dealing with problems of the child, prevent excessive weight gain, reduce constipation, and look out for chronic cough. All hernias must be evaluated by a doctor. The doctor may be able to push the intestine or bladder in its place, but weakness cannot repair himself. Over time, umbilical hernias can disappear on their own without special treatment, but inguinal hernias usually need surgery because they can become incarcerated or strangulated. In most cases, the doctor will recommend immediate surgery to repair abdominal weakness and prevent hernia from recurring. The surgery is a safe and outpatient procedure and the recovery time is minimal. If the child has another health problem, such as a heart condition or blood disorders, the doctor will recommend hospitalization. Copyright? Meredith Corporation (2012) All content on this website, including medical advice and any other health-related information, is for informational purposes only and should not be considered a specific diagnosis or treatment plan for any individual situation. The use of this site and the information contained in this document do not create a doctor-patient relationship. Always seek your doctor's direct advice in relation to any questions or issues you may have regarding your health or the health of others. A groin hernia occurs in the abdomen near the groin area. They develop when fatty or intestinal tissues push through a weakness in the abdominal wall near the right or left groin canal. Each groin canal resides at the base of the abdomen. Both men and women have groin channels. In men, head tests usually descend through their channel about a couple of weeks before birth. In women, each canal is the passing position for the round ligament of the uterus. If you have a hernia in or near this step, it results in a protruding bulge. It can be painful during movement. Many people do not seek treatment for this type of hernia because it can be small or do not cause any symptoms. Timely medical treatment can help prevent further protrusions and discomfort. Inguinal hernias are most evident from their appearance. They cause bulges along the pubic area or groin that may seem to increase in size when getting up or coughing. This type of hernia can be painful or sensitive to touch. Other symptoms may include: There is no cause for this type of hernia. However, weak spots within the abdominal and groin muscles are thought to be an important contributor. Additional pressure on this area of the body can eventually cause a hernia. Some risk factors may increase the chances of this condition. These include: inguinal hernias can be indirect or direct, incarcerated, or strangulated. Indirect inguinal hernia An indirect inguinal hernia is the most common type. It often occurs in premature births, before the groin canal closes. However, this type of hernia can occur at any time during life. This condition is most common in males. Direct inguinal hernia A direct inguinal hernia occurs most often in adults with age. The popular belief is that weakening muscles during adulthood leads to a direct groin hernia. According to the National Institute of Diabetes and Digestive and Kidney Diseases this type of hernia is much more prevalent in men. Incarcerated inguinal hernia A groin hernia occurs when the tissue gets stuck in the groin and is not reducible. This means he can't be pushed back in his place. Strangled groin hernia/inguinal altars are a more serious medical condition. This is when the intestine in an incarcerated hernia has its blood flow cut off. Strangled hernias are life-threatening and require emergency medical attention. The doctor can usually diagnose a groin hernia during a physical examination. During the examination, your doctor will ask you to cough while standing so that they can check the hernia when it is most noticeable. Whenever possible, you or your doctor should be able to easily push a groin hernia into your abdomen when lying on your back. However, if this is unsuccessful, you may have an incarcerated or strangulated groin hernia. Surgery is the primary treatment for inguinal hernias. It is a very common operation and a very successful procedure when performed by a well-trained surgeon. Options include an open laparoscopic herniorrhaphy or inguinal herniorrissi. In the open groin hernia, a larger incision is made on the abdomen near the groin. In laparoscopic inguinal/herniorrhaphy, smaller abdominal incisions are made. A long, thin tube with a camera on at the end helps the surgeon see inside the body to perform surgery. The goal of both surgical approaches is to return the internal abdominal tissues into the abdominal cavity and repair the abdominal wall defect. Mesh is commonly positioned to strengthen the abdominal wall. Once the structures are put in place, the surgeon will close the opening with sutures, staples or adhesive glue. There are potential pros and cons to open the repair of the inguinal hernia against laparoscopic. For example, laparoscopic herniorrhaphy may be preferable if you want a shorter recovery time. But the risk of recurrence of the hernia can be greater with laparoscopic repair. Although it is not possible to prevent genetic risk factors, it is possible to reduce the risk of onset or the severity of abdominal hernias. Follow these tips: Early surgical treatment can help treat inguinal hernias. However, there is always a slight risk of recurrence and complications. These may include infection after surgery or poor healing of the surgical wound. Call your doctor if new symptoms occur or if side effects occur after treatment. Do you have pain in your lower abdomen or groin? Have you noticed a bulge in the lower abdomen or groin area? Does lifting heavy objects, coughing, sneezing or straining increase the size of the bulge? You can push the Do you suffer from constipation? Did you have bloody stools? Careful abdominal examination Groin examination (including testicular and scrotal examination in men) Avarre Stool sample/Pelvic ultrasound Abdominal/pelvic scan Disclaimer: As a service for our readers, Harvard Publishing gives you access to our archived content library. Please note the date of the last revision or update on all items. No content on this site, regardless of date, should ever be used as a substitute for medical advice directed by your doctor or other qualified doctor. Clinical.