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Understanding Types of **Hernia & Their Treatments**



Introduction

Hernia occurs when an internal part of the body pushes through a weak spot in the surrounding muscle or tissue wall. Abdominal hernia occurs when weakness in the wall of the tummy (abdominal wall) results in some of the contents in the abdominal cavity to bulge through. Some hernias may need surgical treatment. There are different types of surgeries for hernia and most of them are successful.

What are the symptoms of Hernia?

Sometimes hernia is noticed after a strain - for example, after lifting a heavy object. Sometimes one may develop hernia without any reason and it may come to notice as a small lump, usually in the groin area. Usually, at first, the lump can be pushed back but may pop out after straining again. Coughing is a common strain that brings them out. The swelling often disappears when you lie down.

Hernias are not usually painful but many people feel an ache over a hernia, which worsens after doing any activity. In time, they might become bigger as the gap in their muscle or ligament tissue becomes larger. Sometimes, in men, they track down into the scrotum.

Who develops Hernia?

Hernia may occur in adults as a result of the strain which raises the pressure in the tummy (abdomen), causing a weakness or tear in the abdominal wall. This can be caused by:



- Chronic persistent cough
- Being overweight or pregnant
- Lifting, carrying or pushing heavy loads
- Straining on the toilet
- Congenital weakness

Why do they need treatment?

Although having hernia is not usually a serious condition like cancer but treatment to manage it is usually advised for two reasons:

- It may gradually become bigger and more uncomfortable.
- The contents of hernia may become trapped in the weak point in the abdominal wall. This can cause bowel obstruction with severe pain, nausea and vomiting (incarcerated hernia).

There is a small chance that hernia might strangulate –

- This happens when the bowel (intestine) that comes through the gap in the weak spot becomes squeezed. This can cut off the blood supply to the portion of intestine in hernia.
- This can lead to severe pain and some damage to the part of intestines in the hernia.
- A strangulated hernia is uncommon but dangerous and is usually dealt with emergency surgery.



The risk of strangulation is greater with a femoral hernia than with an inguinal hernia. The risk is also greater with smaller hernias

What are the types of Hernia?

Inguinal Hernia

This is the most common type of hernia. They are more likely to develop in males, as they have a small tunnel in the tissues of their groins which occurred when they were growing as a baby. This tunnel allowed the testicles (testes) to come down from the tummy (abdomen) into the scrotum. Tissue from the intestines can also pass into this tunnel, forming an inguinal hernia.

- Indirect, which are usually congenital and common in boys
- Direct, which are more common in adult men

Femoral Hernia

This also occurs when some tissue pushes through in the groin. It occurs a little lower down than where an inguinal hernia occurs, and tends to be smaller. It occurs more commonly in women.

Incisional Hernia

This occurs when tissue pushes through a previous scar or wound. It is more common if you have had a scar in the past that has not healed well. For example, if the wound had an infection after the operation. It can occur within two years of having an operation.



Umbilical and Paraumbilical Hernia

These occur when some tissue pushes through the abdomen near to the belly button (umbilicus). Umbilical hernias can be present from birth and in most cases the hernia goes back in and the muscles re-seal on their own before the baby is 1 year old. They will generally be repaired if they persist beyond 5 years of age or if they are very large.

Umbilical hernias may develop in adults who are overweight (obesity) and have excessive accumulation of fluid within the peritoneum of the abdomen. The peritoneum is a lining of the abdomen consisting of two layers, one which lines the abdominal wall and the other which covers the organs in the abdomen.

Paraumbilical hernias occur in adults and appear above or below the umbilicus. Although generally small, they usually need repairing because there is a risk of intestines contained within them becoming strangulated.

Epigastric Hernia

These present with a lump in the middle of the body, usually between the belly button and the sternum (breastbone). They generally appear between the ages of 20 and 50 years and are more common in men than in women. They are usually repaired surgically because small epigastric hernias are at risk of strangulation, and large ones are uncomfortable.



How are Hernias repaired?

A small operation is usually recommended to repair hernia. Wearing a support (truss) was a method used in the past but now it is not recommended by healthcare experts.

The operation is one of the most common treatments performed by surgeons. The repair can usually be performed as a day care procedure so that there is no need to stay overnight in the hospital. Hernia can either be repaired under a local or a general anaesthetic depending on the actual type of operation needed.

There are now various ways of repairing hernia, which will depend on many factors. For example, the type and size of hernia, and your general health. Your surgeon will be able to discuss the type of operation with you in more detail.

Inguinal Hernia repair:

This can be done by opening the tummy (abdomen) or by a 'keyhole' operation. The keyhole option is becoming more popular with surgeons as the recovery is quicker compared to having an open operation. The keyhole operation is performed through three tiny cuts, the largest of which is only around 1 cm in size.

Inguinal hernias are commonly repaired by using a mesh. This is a thin sheet of material which is usually stitched or glued over the hole of hernia. This has been shown to be stronger and more effective than sewing the edges of the hole together. With time, the

mesh safely becomes incorporated into the muscle layer, which results in a very strong, permanent repair.

Femoral Hernia repair:

As the hole through which a femoral hernia has to pass is very tight, there is a significant chance that any bowel that passes into it will become strangulated. This means that a femoral repair should be done early. Femoral hernias are usually repaired using a mesh although some surgeons favour open repair.

Incisional Hernia repair:

Incisional hernias vary enormously in size and occurs at weakness site of previous surgical incisions. Again, a mesh is usually used, especially for larger hernias.

Umbilical and Paraumbilical Hernia repair:

Smaller hernias are usually repaired by an operation which simply closes the defect with stitches. However, umbilical and paraumbilical hernias over 2 cm in length are usually repaired by using a mesh.

Laparoscopic repair is favoured as there is least chance of infection.

Epigastric Hernia repair:

The operation dissects out the contents of hernia and closes the gap in the linea alba (a fibrous structure that runs down the front of the abdomen) so that the hernia cannot occur again.

Newer techniques mean that people tend to be off work for much shorter periods than in the past. Even workers involved in heavy work can often be back in two weeks. The operation is usually very successful. However, hernias can return (recur) in a small number of people, when a further operation may be advised.