



# Patient Information

## The Facts About Hernia

**A** *hernia* (**huh**-nee-uh) occurs when part of an organ protrudes through a small hole in nearby muscle tissue or in the cavity surrounding the organ. Most hernias involve a small section of the intestine protruding through a hole in the abdominal wall—the thin, muscular wall that extends from the ribs to the legs at the groin. This small hole can form when a sudden strain is placed on a weakened section of the abdominal wall, such as might occur when you lift a heavy object, strain during a bowel movement or urination, cough, or sneeze.

The majority of hernias occur near the groin, or *inguinal* (**ing**-gwuhn-uhl) area, because of a natural weakness in the muscles located in this section of the abdominal wall. These are referred to as inguinal hernias. Other typical locations for hernias include the area below the groin; around the naval, or belly button; between the naval and bottom of the rib cage; and along an incision from a past surgery or operation.

### How do I know if I'm at risk?

Hernias occur more often in men than women, especially inguinal hernias, but hernias affect women and children as well. Your risk of developing one is greater if: you or a sibling or parent had a hernia in the past, you have certain medical conditions that cause you to cough a lot (such as cystic fibrosis), you smoke, you are overweight or pregnant (which can add extra stress that weakens the abdominal wall), or you have chronic constipation or an enlarged prostate (which make you

strain more frequently while using the toilet). Also, if you lift heavy objects regularly, whether for your job or for sport (such as weightlifting), you have a greater risk of developing a hernia.

Premature (or early) birth also puts infants at risk for hernia because the abdominal wall may not have had a chance to develop fully in the womb.

### What are the warning signs?

Some hernias can be painless and might only be discovered by your doctor during a routine physical examination. Often, however, a hernia is accompanied by pain or discomfort in the groin area that gets worse with bending, lifting, or coughing; a visible bulge in the groin area, abdominal wall, or scrotum (which may or may not burn, feel tender, or feel heavy); a gurgling or full feeling in the stomach; nausea; or constipation. In infants or children, the bulge resulting from the hernia may be visible only when the child is crying or coughing.

Sometimes, a hernia can become serious very quickly if the tissue that protrudes through the hole is unable to be pushed back in and becomes trapped outside the abdominal wall. This is referred to as *incarceration* (**in**-kar-suh-**ray**-shuhn) and can lead to tissue damage due to the cutting off of the blood supply to that area.

### What tests do I need?

To check for a hernia, your doctor will perform a physical examination and ask about your symptoms. He or she may ask

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you to stand, strain, or cough to make the hernia's bulge more evident.

### How can I avoid the problem?

Although you can't help the fact that some parts of your abdominal wall may be naturally weaker, you can take care to avoid putting excess strain on these muscles. For example, if you must lift heavy objects, bend at the knees rather than at the waist. You also can eat a balanced diet that includes plenty of fruits, vegetables, and whole grains—all of which contain fiber—to prevent constipation and maintain a healthy weight.

### How is it treated?

Your doctor may want you to wear a truss temporarily. This device looks like a large belt and compresses your abdominal wall, pushing the protruding tissue back in through the hole. This is only a short-term solution, however. Surgery is the only way to repair a hernia.

There are several surgical options available for closing the muscle tear in the abdominal wall. One such procedure is called *herniorrhaphy* (huhr-nee-or-uh-fee) and involves the surgeon pushing in the protruding tissue and stitching the torn muscles securely back together. Often, the surgeon will use a small piece of plastic mesh that is designed to reinforce the weakened muscles. This procedure is called a *hernioplasty* (huhr-nee-uh-plast-ee).

Both of these operations can be performed under local *anesthesia* (an-uhs-thee-zhuh), in which only the part of your body being operated on will be numbed, or general anesthesia, in which you are put to sleep during the operation. The type of anesthesia you receive will depend

on your health condition and your doctor's recommendations. Most likely, you will be able to return home from the hospital a few hours after surgery and will feel much better a few days later. Your doctor may advise that you do not exercise or perform any vigorous activity for four to six weeks.

*Laparoscopic* (lap-uh-ruh-skahp-ik) surgery may be an option if your hernia is small; if you have two hernias, one on each side of the body (such as inguinal hernias on opposite sides of the groin); or if your hernia came back after a first repair. In this procedure, three small incisions are made instead of one larger cut. Your surgeon places a very tiny camera in one incision and miniature surgical instruments in the other two. The camera is used to guide the entire procedure. Often, laparoscopic surgery causes less scarring than a herniorrhaphy or hernioplasty and allows you to return to normal activities within a few days.

If complications have developed with the hernia, such as incarceration, surgery will need to be performed right away. In this case, the surgeon may remove the trapped or twisted tissue. When the tissue removed is a section of intestine, the procedure is called a bowel resection.

For more information on hernia repair, visit the patient education web site of the American College of Surgeons ([www.facs.org/patienteducation/patientlinks1.html](http://www.facs.org/patienteducation/patientlinks1.html)) and click on hernia. ●

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