
Inguinal Hernias

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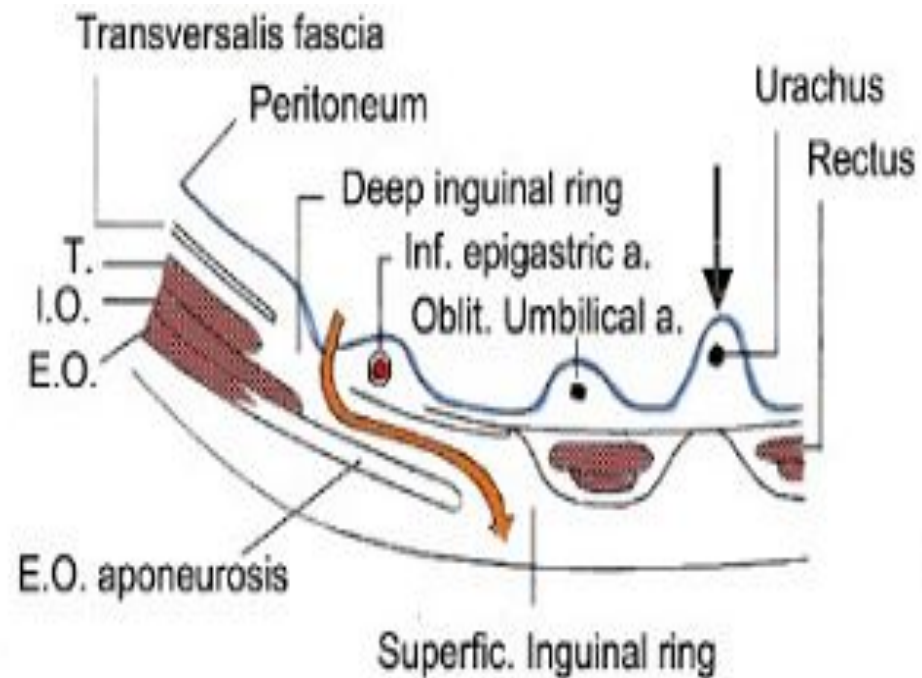
Warm up

- Indirect inguinal hernias are caused by weakness of the transversalis fascia **FALSE**
- Direct inguinal hernias are often more bilateral than indirect **TRUE**
- **Definition**
 - Protruding viscus beyond covering of the cavity in which it is normally contained



Anatomy

- Inguinal Canal
 - *Post* – transversalis fascia
 - *Anterior* – internal & external obliques
 - *Roof* – Conjoint Tendon, transverse abdominis & internal oblique
 - *Floor* – inguinal ligament



Types

- >♂ (descent of testes)
- **Indirect**
 - due to patent processus vaginalis, 70% all inguinal hernias
 - Lateral to inferior epigastric vessel
- **Direct**
 - weakness posterior wall, can be often B/L
 - Medial to inferior epigastric vessel



INDIRECT INGUINAL HERNIA



DIRECT INGUINAL HERNIA

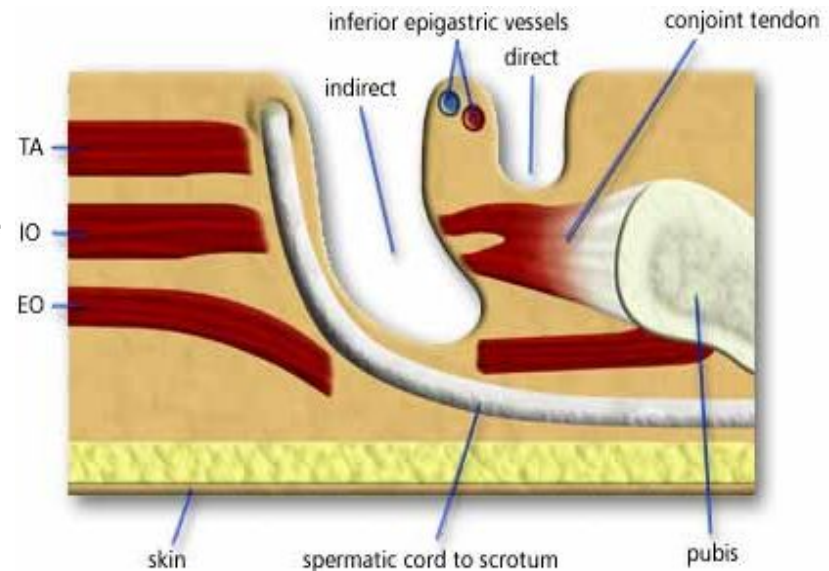
Types

■ Pantaloon

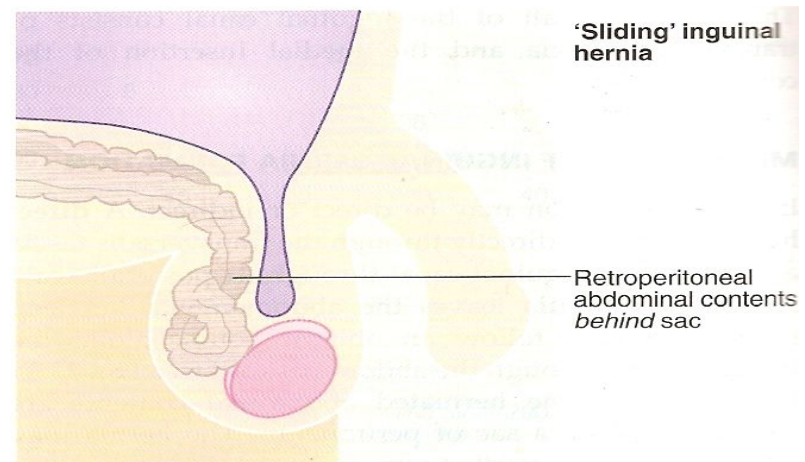
- Indirect & direct at same time
- Tend to be in the elderly

■ Sliding

- Sometimes retroperitoneal structure slides down posterior abdo wall & herniates into inguinal canal taking along overlying peritoneum with it



Combination of indirect and direct hernias, with two sacs separated by the inferior epigastric vessels



Types

■ Incarcerated

- A chronically irreducible hernia which is not strangulated

■ Strangled

- Tends to occur with indirect hernias.
 - Hernia contents become constricted by the narrow deep ring or they twist.
 - Venous return obstructed, swelling appears, arterial obstruction & infarction soon follows.
 - Associated with Sx & Sx of bowel obstruction & peritonitis
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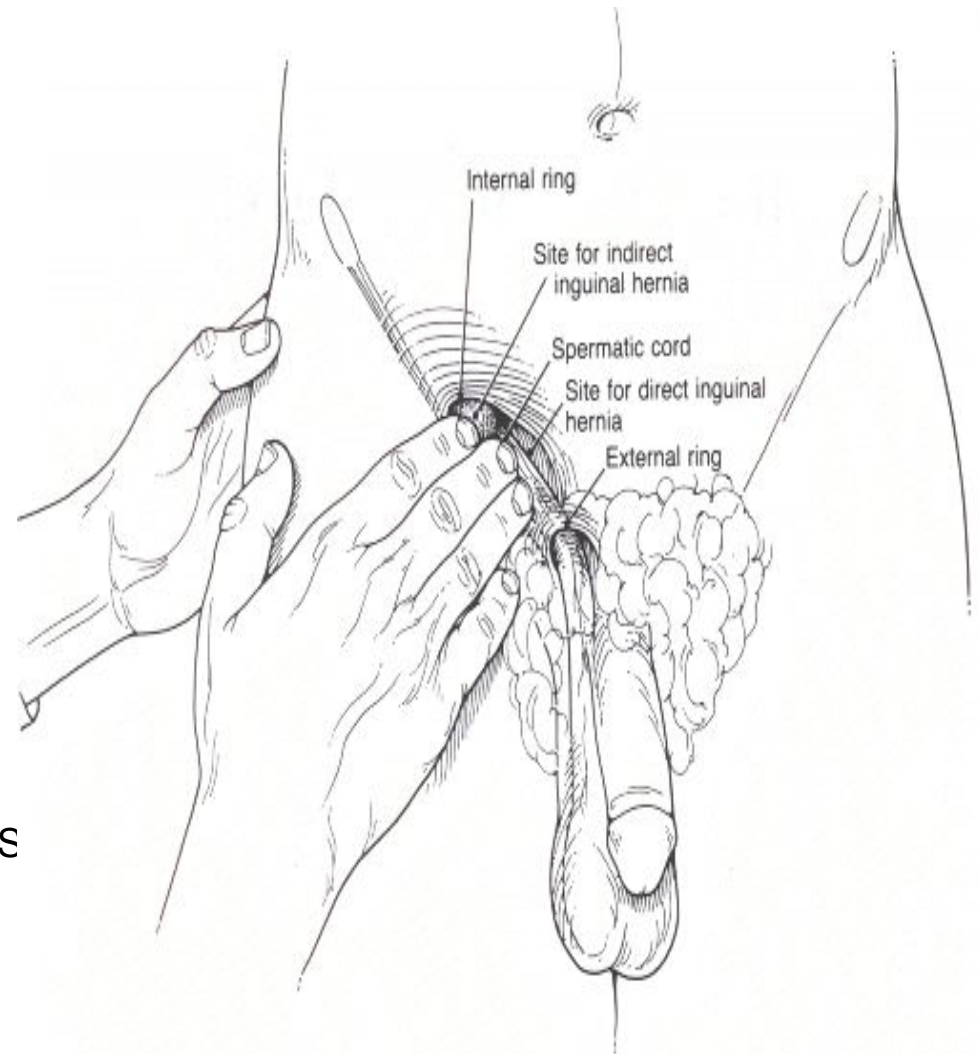
Inguinal Hernias

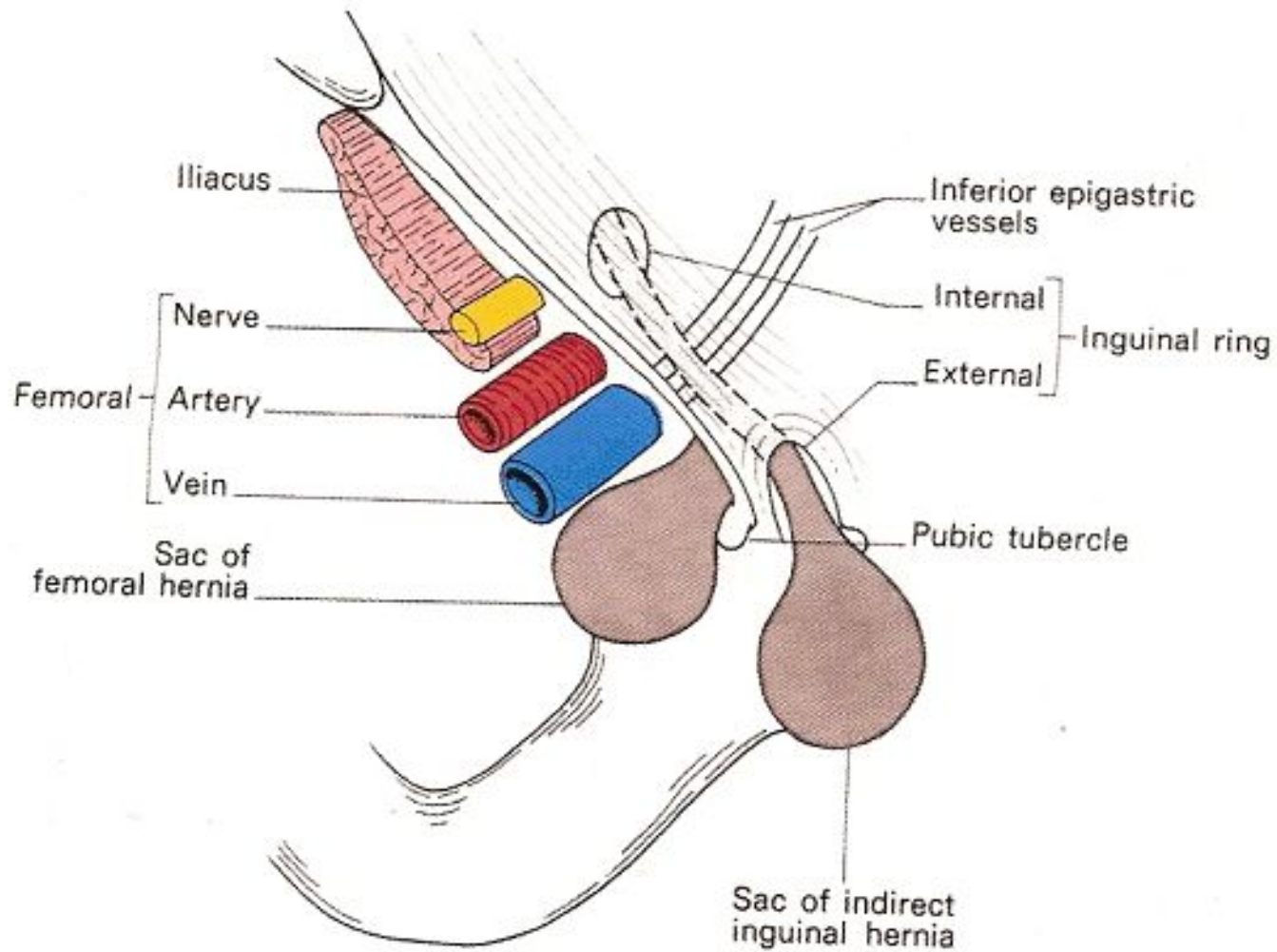
■ Examination

- Supine & standing
- Palpate landmarks
- Ask pt to cough
- Characteristics of lump
 - Reducible / compressible
 - Pulsatile, expansile
 - Hot, tender
 - Smooth, irregular
 - Soft, hard
 - Cough impulse

■ Surface landmarks

- ASIS & pubic tubercle – inguinal ligament lies b/w
- Deep ring 2cm above midpoint of inguinal ligament
- Mid inguinal point is $\frac{1}{2}$ way b/w ASIS & pubic symphysis – femoral artery
- Superficial ring is 2cm above & medial to pubic tubercle





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Investigations

- Underlying diseases such as chronic respiratory problems, constipation, urinary issues
- Herniography
 - Not commonly used – dye into peritoneum
- CT – rare hernias



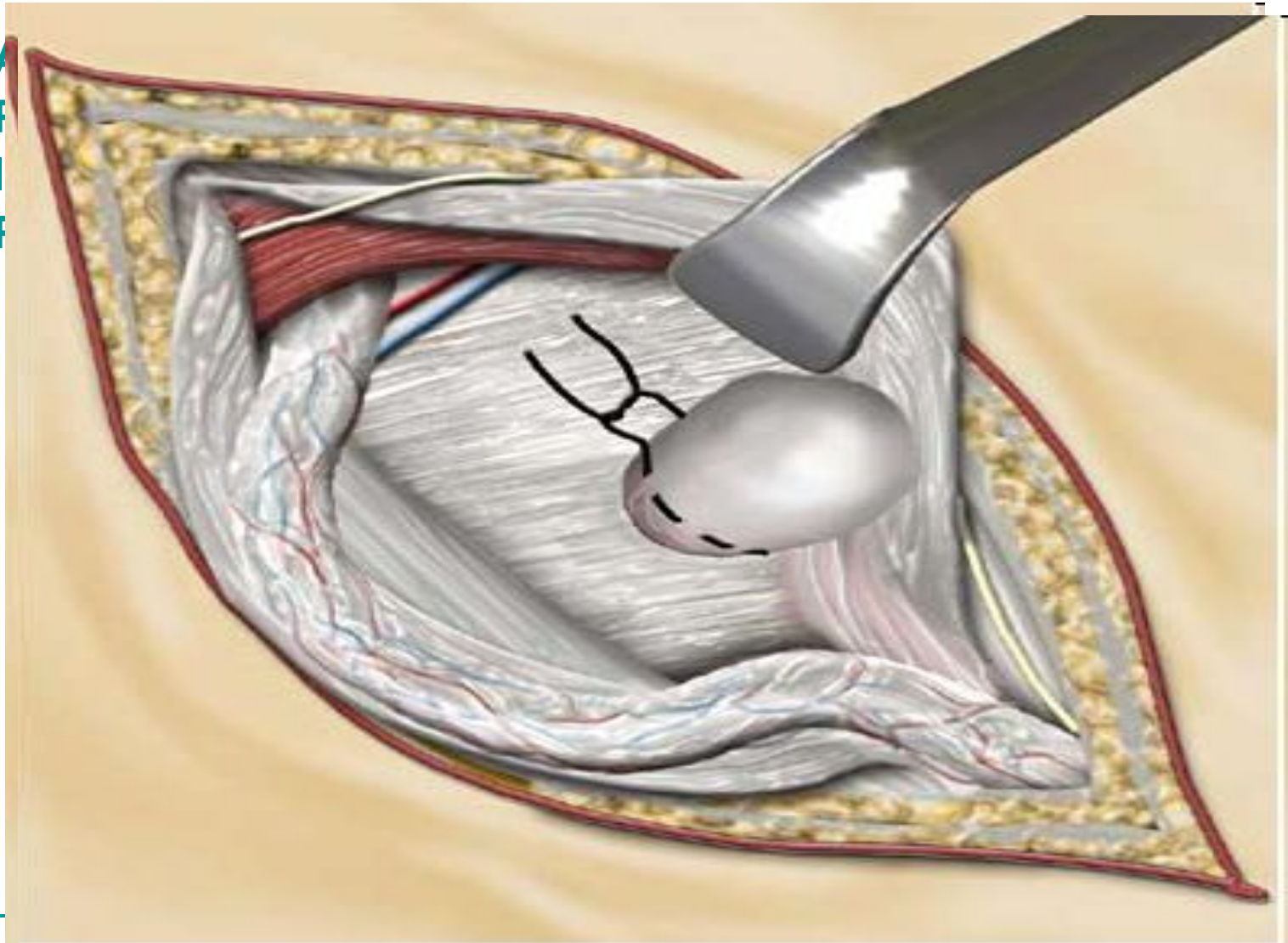
Management & Indications for Surgery



Open Inguinal Repair

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If it

Open Inguinal Repair

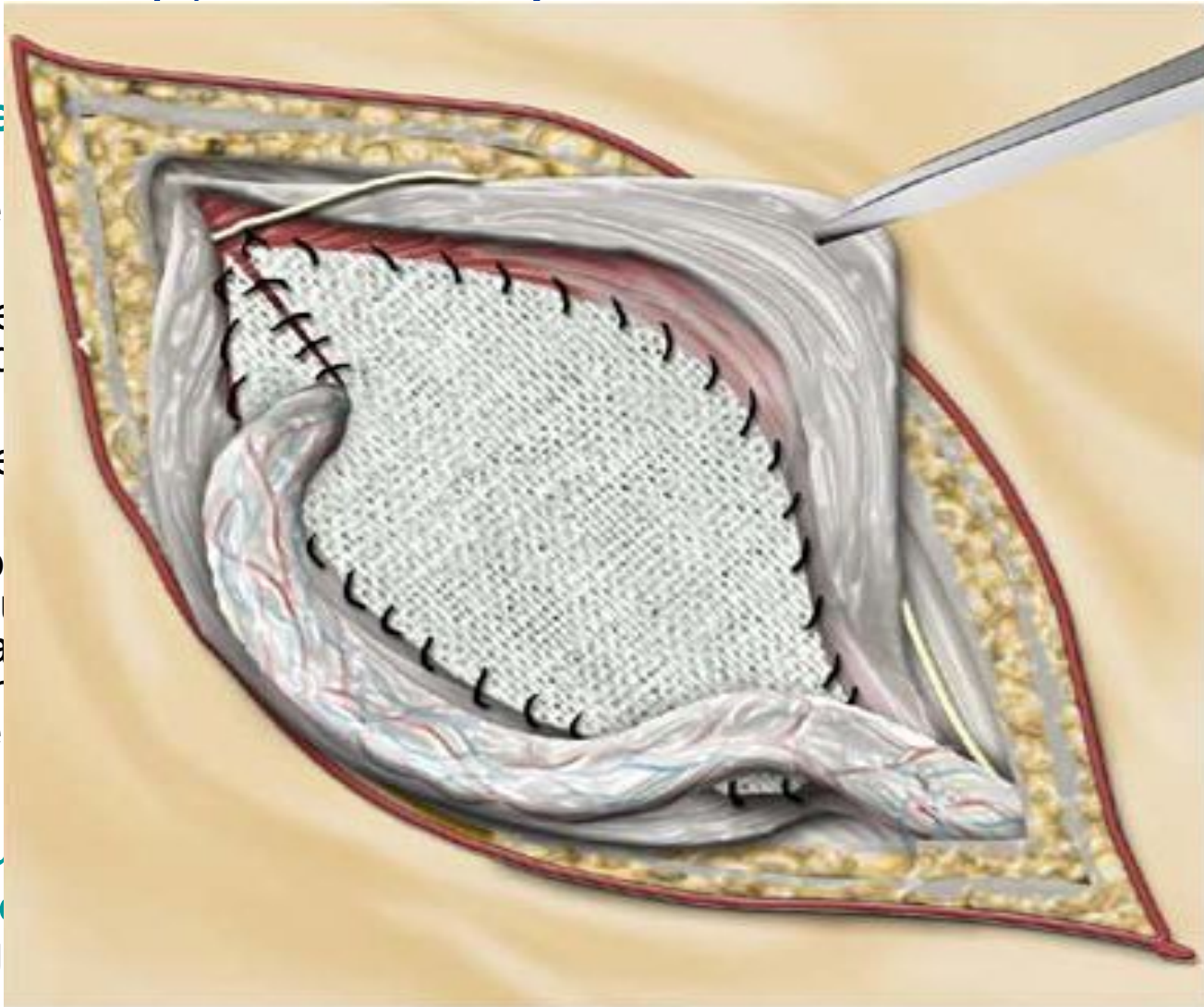
■ Procedure

- Incise the skin and subcutaneous tissue over the inguinal region.
- The external oblique muscle is identified and incised.
- The spermatic cord is identified and protected.
- A patch of synthetic mesh is placed over the inguinal canal and secured with sutures.

■ Closure

■ Postoperative Care

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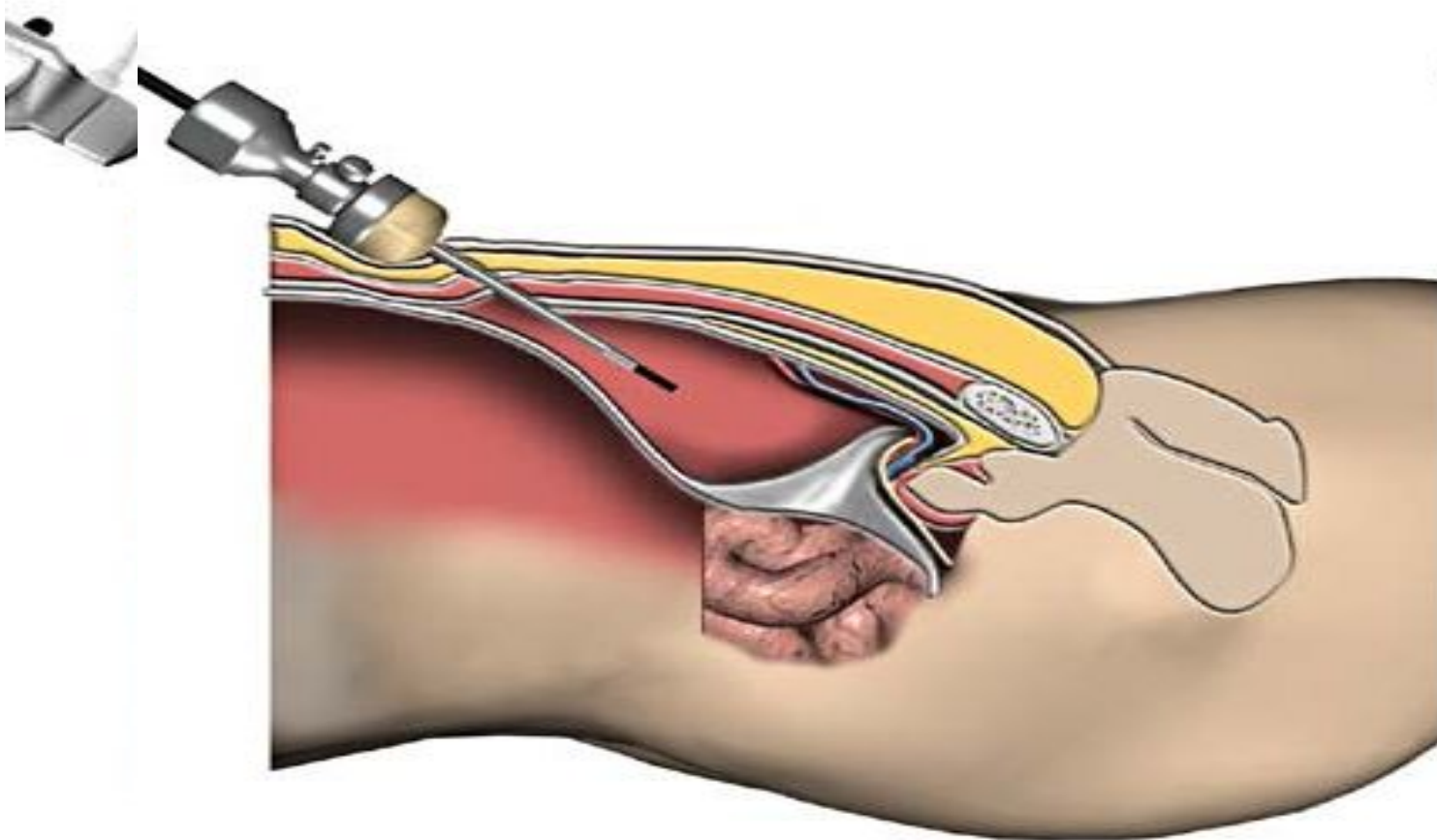
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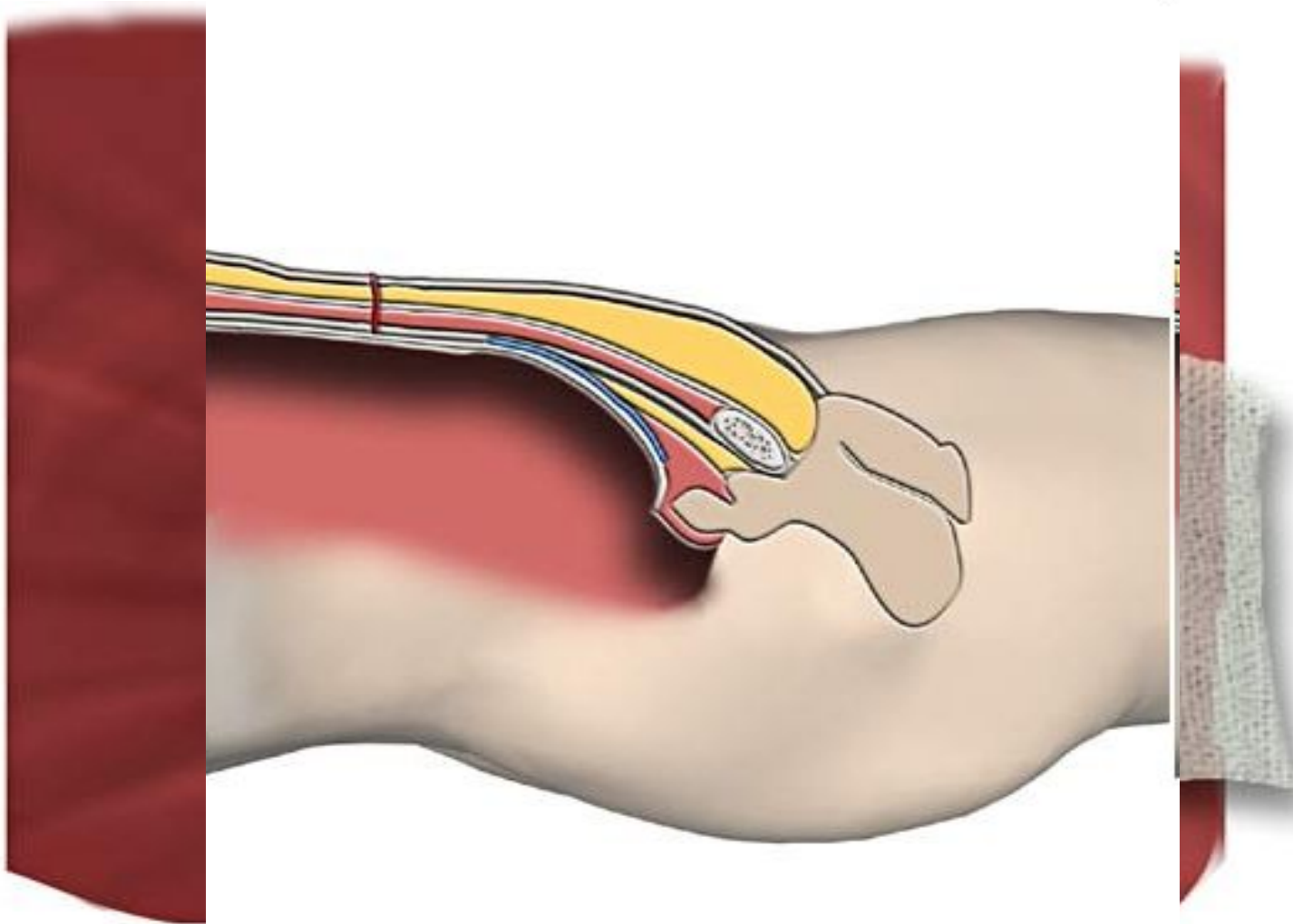
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Complications of Op

- Infection
 - Bleeding
 - Recurrence
 - Urinary retention
 - Testicular atrophy
 - Neuropraxia / nerve entrapment
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