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



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 epigastic 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

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 ½ way b/w ASIS
 & pubic symphysis femoral artery
- Superficial ring is 2cm above & medial to pubic tubercle







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









Complications of Op

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

