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Hernia: A Protrusion from a Cavity

More than 600,000 hernia repairs are performed in the US every year, making it one of the most common general surgical procedures performed. The word, hernia, is the Latin term for protrusion. In this case, the protrusion of an organ or tissue through a defect or hole in its surrounding walls. So given this definition, there can be bowels herniating through the abdominal wall, muscle herniating through its surrounding fascia, stomach herniating through the esophageal opening, and so on. The most familiar hernia to most people is the inguinal (or groin) hernia. This produces a bulge in the groin area as a result of bowel or fatty tissue protruding through the abdominal wall. It is estimated that 5% of the population will develop an abdominal wall hernia and of these, 75% are inguinal hernias. Men are 25 times more likely to develop an inguinal hernia than are women. The right side is affected more commonly than the left.

So what causes these hernias? The basic problem is a failure of an area of the abdominal wall to fully seal during fetal development. The male baby starts out with his testicles inside the abdomen during development. They then migrate down and out through wall of the abdomen. They take their blood supply and the spermatic cord with them. This produces the normal location of the testicle in the scrotum, and the cord going upward and through the abdominal wall. The hole in the abdominal wall that was created in this process is supposed to seal off sort of like a “shrink wrap” process. In the case of a hernia the opening doesn’t fully seal and then tissue in the abdomen or even bowel loops can protrude and a hernia is seen. This inguinal hernia can be first identified at birth, or it can be smaller and not manifest until later in life. Umbilical hernias occur when the ring of tissue around the umbilical cord fails to fully seal after the cord is cut. Other types of hernias occur due to injury, previous surgery, or wear and tear over time.

Once a hernia occurs can it ever go away? In the case of umbilical hernias (at the belly button) in infants, up to 80% of these will go away prior to age 5 or 6. With this one exception, other hernias are only going to enlarge with time. This is because pressure in a body cavity tends to increase the protrusion through the opening to a lower pressure area.

What is the treatment for hernias? The standard management of hernias is to surgically repair them. This is done when they are identified to prevent complications. In addition to the complication of enlarging, hernias can also become incarcerated (tissue or organs become stuck in them) or they can strangulate (stuck tissue begins to die). These complications of a hernia require immediate surgical attention and can be life-threatening. It is far better to repair them in planned fashion.

Some people have used a device called a truss. This is a belt and strap arrangement that provides direct pressure on the hernia to keep it in place and prevent protrusion. It is a reasonable choice for elderly and inactive people who are willing to use it regularly. For an active person it is not very satisfactory.

The typical umbilical or inguinal hernia repair today is done as an outpatient. The operation takes less than an hour and is done under local anesthetic with mild sedation. The repair is done with a reinforcing mesh which reduces the chance of recurrence to about 1%. Most patients are back to all normal activities within a few days to weeks. More complex hernias such as hernias of the diaphragm, at old abdominal incisions, and incarcerated or strangulated hernias will require hospitalization for several days and longer recovery.

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