

## Abdominal Hernia

An abdominal hernia is a bulge or swelling through your abdominal wall (tummy). It results from a weakness in your abdominal wall (tummy muscles) resulting in fat or bowel (most commonly) inside your abdomen pushing through in to the bulge/ swelling.

The hernia appears as a swelling on walking or straining and may disappear completely on lying down. With time the bowel or fat inside the hernia might get adhesions (stuck) within the hernia and the swelling might no longer disappear on lying down.

### **Common types of hernia**

Inguinal hernias occur when fatty tissue or a part of your bowel pokes through into your groin at the top of your inner thigh. This is the most common type of hernia and it mainly affects men. It's often associated with ageing and repeated strain on the abdomen.

Femoral hernias also occur when fatty tissue or a part of your bowel pokes through into your groin at the top of your inner thigh. They're much less common than inguinal hernias and tend to affect more women than men. Like inguinal hernias, femoral hernias are also associated with ageing and repeated strain on the abdomen.

Umbilical hernias occur when fatty tissue or a part of your bowel pokes through your abdomen near your belly button (navel). This type of hernia can occur in babies if the opening in the abdomen through which the umbilical cord passes doesn't seal properly after birth. Adults can also be affected, possibly because of repeated strain on the abdomen.

Epigastric hernias occur when fatty tissue pokes through your abdomen, between your umbilicus (belly button) and the lower part of your sternum (breastbone).

Incisional Hernias occur when fatty tissue or a part of your bowel pokes through a weakness in the muscle is caused by the cut in your abdomen from previous abdominal surgery. The hernia might be a small one to start with and might slowly enlarge over time.

Hiatal hernias occur when part of the stomach pushes up into your chest by squeezing through an opening in the diaphragm (the thin sheet of muscle that separates the chest from the abdomen). This type of hernia may not have any noticeable symptoms, although it can cause heartburn in some people.

Other rarer types of hernias include:

Spigelian hernias where part of your bowel pokes through your abdomen at the side of your abdominal muscle, below your navel

Diaphragmatic hernias where organs in your abdomen move into your chest through an opening in the diaphragm; this can also affect babies if their diaphragm doesn't develop properly in the womb or occur after severe abdominal injury.

### **Symptoms and complications from hernias**

Most hernias do not cause any problems. Smaller hernias might cause a bit of discomfort or ache and a bulge. The bulge usually disappears when you lie down and gently massage the hernia (bulge).

Rarely you might have to seek urgent medical attention if you develop the following:

- sudden, severe pain and vomiting
- difficulty passing stools (constipation) or wind
- the hernia becomes firm or tender, or can't be pushed back in

These symptoms could mean that the blood supply to a section of organ or tissue trapped in the hernia has become cut off (strangulation) or a piece of bowel has entered the hernia and become blocked (obstruction). A strangulated hernia and obstructed bowel are medical emergencies and need to be treated as soon as possible.

### **Surgery for hernia (excluding hiatal hernias)**

The decision to undergo surgery for your hernia depends on the type of hernia, the severity of symptoms that you have and your overall health.

Some types of hernia are more likely to become strangulated, or cause a bowel obstruction, than others. Also, if the hernia contains a part of your bowel, muscle or other tissue, there may be a risk of strangulation or obstruction depending upon the size of the neck of the hernia.

The severity of your symptoms and the impact on your daily life would be an important consideration for surgery if your hernia is affecting your ability to carry out your normal activities.

Surgery for most hernias is simple and safe (except in the case of large incisional hernias) but you may have other medical problems which pose a risk to having an anaesthetic. It is important to consider and discuss the risks of surgery versus the potential benefits of having your hernia repaired.

There are two main ways surgery for hernias can be carried out:

Open surgery where one cut is made to allow the surgeon to push the lump back into the abdomen and laparoscopic (key hole) surgery this is a less invasive, but more difficult, technique where several smaller cuts are made, allowing the surgeon to use various special instruments to repair the hernia. All hernias are best repaired using a piece of synthetic or biologic (made from animal tissues) mesh as this reinforces the

repair and reduces the risk of failure. Most people can go home the same day or the day after surgery and make a full recovery within a few weeks.

Surgery for large incisional hernias is complex and best undertaken by specialist surgeons and centres using techniques that allow for abdominal wall reconstruction. The first repair has the best chance of success and with every subsequent repair the risks of failure increase.