



BASIC INFORMATION

DESCRIPTION

A part of a body organ or tissue protrudes (pokes out) through the muscle wall that normally holds it in place. The most common types involve the lower torso (abdominal wall area). They include:

- Inguinal hernia and femoral hernia (both involve muscles in the groin).
- Incisional hernia (involves muscles at the site of a prior surgery).
- Umbilical hernia (in newborns, involves muscles around the navel).
- Epigastric hernia (occurs in the upper abdomen, between the breastbone and the navel).
- Periumbilical hernia (develops around the navel, more common in women).

FREQUENT SIGNS AND SYMPTOMS

- A swelling, lump, or bulge in the abdomen. It may be more apparent when standing or coughing. It may reduce in size when pushed back into the abdomen or when lying down.
- Heavy feeling, discomfort, or pain may occur in the abdomen, especially when bending over or lifting.
- Constipation.

CAUSES

Weakness in muscle wall or connective tissue (called fascia). The weakness may be present at birth or acquired later in life. Incisional hernias result from previous surgery.

RISK INCREASES WITH

- Premature infants.
- Adults over 60.
- Chronic cough or chronic lung disease.
- Obesity or overweight.
- Pregnancy.
- Straining, as with chronic constipation.
- Family history of hernias.
- Heavy lifting.

PREVENTIVE MEASURES

- Most hernias cannot be avoided. Maintaining proper weight and regular exercise to keep muscles toned may help prevent some types of hernias.
- Seek medical help if constipation or a chronic cough are problems.

EXPECTED OUTCOMES

Umbilical hernias usually heal on their own by age 4 and rarely require surgery. Other hernias are usually curable with surgery.

POSSIBLE COMPLICATIONS

- Strangulated hernia (loses its blood supply). It may cause serious complications, sometimes fatal.
- Hernia may recur after surgery.
- Surgery complications may develop.



DIAGNOSIS & TREATMENT

GENERAL MEASURES

- Your health care provider will usually diagnose the hernia by means of a physical exam. An x-ray or ultrasound may be done if any complications are suspected.
- Surgery is usually advised to repair the hernia (called a herniorrhaphy). Many hernia repairs can now be done by laparoscopy. Surgery is usually done on an outpatient basis. In most cases, the surgery is elective (performed by choice), but there may be an emergency if the hernia is strangulated.
- If the hernia is causing only mild discomfort and can readily be pushed back, a supportive garment or truss may be used for treatment. This may be done if surgery is not possible or surgery needs to be delayed. See your health care provider for periodic exams of the hernia.

MEDICATIONS

For minor discomfort, you may use nonprescription drugs such as acetaminophen or ibuprofen.

ACTIVITY

- Speed of recovery will depend on general health and the type of hernia repaired. Work and regular activities can usually be resumed in a week (or as advised). Complete recovery can take 4 to 6 weeks. Avoid heavy lifting for about 3 months.
- Your health care provider will advise you about returning to sports or exercise activities.

DIET

- Eat a diet high in fiber to avoid constipation.
- Maintain ideal weight.



NOTIFY OUR OFFICE IF

- You or a family member has symptoms of a hernia.
- If you have vomiting, fever, severe pain, or are unable to have a bowel movement. Call immediately! This can be an emergency.

Special notes:

More notes on the back of this page