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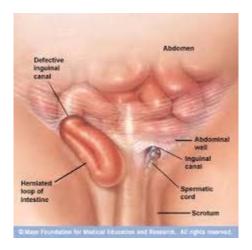
www.urologygroupvirginia.com

1860 Town Center Drive · Suite 150/160 · Reston, VA 20190 · 703-480-0220 19415 Deerfield Avenue · Suite 112 · Leesburg, VA 20176 · 703-724-1195 224-D Cornwall Street, NW · Suite 400 · Leesburg, VA 20176 · 703-443-6733 24430 Stone Springs Blvd · Ste 100 · Dulles · VA 20166

ADULT INGUINAL HERNIA

What is an inguinal hernia?

A hernia is it weakness or defect in the abdominal wall that allows some of the intra-abdominal contents to bulge or push through.



What is the inguinal area?

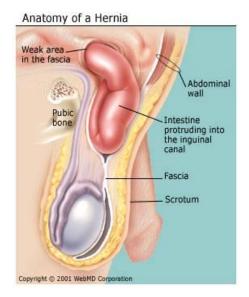
To understand the inguinal area, it helps to begin with a description of groin and scrotal anatomy.

The so-called "inguinal" region is the area of the lower abdomen just above the thigh.

The inguinal area can develop hernia because of its relationship with the scrotal contents.

With respect to the scrotal anatomy, the scrotum or sac contains a testicle on each side. The testicle has 2 functions. It makes testosterone, the male hormone, which is carried through the blood stream. It also makes sperm, which travels from the testicle to a tube called the vas deferens. The spermatic cord attaches to the testicle and includes the artery and vein that provide the blood supply to the testis and the vas deferens that carries the sperm.

During fetal development, before birth, the testicle originates in the upper abdominal area and then migrates through the lower groin area to occupy its position in the scrotum. As the testicle and the attached spermatic cord make their descent through the abdominal wall, there may be an inherent weakness in that area.



What are the symptoms of an inquinal hernia?

Symptoms of a hernia can include: pain or discomfort in the inguinal or scrotal area, a heavy or dragging sensation, or a sense of weakness or pressure in the inguinal or scrotal area. Many times, men can feel a bulge at the site of the defect.

How is an inguinal hernia diagnosed?

Sometimes, but not always, the patient can feel a bulge in the groin area, which may be more noticeable with certain activities such as coughing, laughing, sneezing, or straining to pick up a heavy object.

Often times, a healthcare provider can feel a hernia when the groin area is examined.

On occasion, the hernia can be difficult to detect on physical exam. Imaging studies, including CT scan and ultrasound, may allow detection of an inguinal hernia.

How is an inquinal hernia treated?

Hernias pose a potential hazard when the intra-abdominal contents become stuck as they protrude through the abdominal wall defect (called an incarcerated hernia), causing restriction or loss of the blood supply of the protruding fat or intestine.

When hernia is present, a general surgeon is the physician who should evaluate the hernia and fix it when needed.

In many cases, inguinal hernias, particularly small ones, can be left alone. In other cases, the hernia should be repaired.

Hernia repair can be carried out using different techniques. In most cases, a piece of mesh is used to repair the abdominal wall defect, conceptually similar to repairing a hole in the knee of a pair of pants by placing a patch over the tear. The mesh "patch" can be placed several ways. An open approach places the patch through an incision in the groin area, while a laparoscopic approach uses fiber optic instruments introduced through small keyhole incisions, usually in the belly button area, to place a patch on the inside of the abdominal wall.

Take home message

Urologists may be the health care providers who first diagnose an inguinal hernia, often because a man has presented with inguinal or groin pain. The urology provider makes sure there is no other disorder present which would put the patient's health at risk, such as a growth in the testicle (which may be testicular cancer), or a twist of the blood supply to the testis (testicular torsion). If hernia is diagnosed, the next step is general surgical evaluation to make subsequent plans for diagnosis and treatment.