

Hernia Information

Hernias in General

Hernias are generally considered as a weakness, defect, or “hole” in the abdominal wall or other structure through which tissue or organs can move outside their normal location. Each hernia and its treatment should be individualized according to its location, contents, the age and medical status of the patient, symptoms it may be causing (including pain or intestinal issues), and a physician’s assessment of the hernia’s risk to the patient and the risk of surgery to repair it. The key reasons to repair a hernia in an adult is that they do not heal or repair themselves, they tend to get larger with time, they often become painful or develop other problems, and tissue or organs pushed through the hernia can become trapped and require an emergency operation. All of these considerations, especially the latter one, should be assessed by and discussed with your doctor or surgeon.

Abdominal Ventral Hernia

Ventral or abdominal hernias occur when the intestine or other abdominal contents push through a weakness or “hole” in the abdominal wall. If the bulge occurs in the area of a previous surgical incision, these hernias are referred to as *incisional* hernias. The area of any surgical opening will always remain somewhat weakened throughout a person’s lifetime. Hernias can develop in these incisions during the weeks, months or even years after the initial operation. There are many factors that can affect the formation of an incisional hernia including smoking, being overweight, other medical problems, and a person’s genetics which dictates the type of healing tissue the patient naturally forms after a surgical incision.

Umbilical Hernia

An umbilical hernia occurs in the naturally weakened area of the navel or belly button where the umbilical cord was attached as an infant. When seen in babies or small children, these hernias frequently get smaller close on their own as the child ages. In adults these hernia do not close on their own and the only way to treat them is through surgery

Inguinal Hernia

An inguinal hernia is the most common type of hernia - about two percent of all men will develop this type of hernia during their lifetime. They occur in woman as well, just not as often. These hernias tend to form in the area where the blood vessels to the testicle move through the abdominal wall in men or where a small ligament to the uterus attaches in women. This area is a persistent area of potential weakness throughout someone’s life. Inguinal hernias can also arise right beside this area, in the floor of the groin. The exact location of the hernia does not impact how the repair is initiated. The operation to repair both types is very similar.

Femoral Hernia

Femoral hernias are often categorized with and compared to inguinal hernias, but they occur just under the groin. They are most common in women, but men do develop them as well. They occur when there is a weakness near the blood vessels travelling from the abdomen to the upper thigh. They are hard to distinguish from inguinal hernias on physical exam.

Hiatal Hernia

Hiatal hernias occur when the stomach slides up through the diaphragm into the chest. Common symptoms are heartburn or *Gastroesophageal Reflux Disease*, which is sometimes called GERD. Paraesophageal hernias are considered to be more dangerous and occur when part of the stomach is free enough to move up into the chest beside the esophagus. The stomach can be floppy enough to twist on it self. This can lead to significant symptoms and even to strangulation, which would require emergency medical care and surgical correction. These hernias are not abdominal wall hernias and are treated in a very different way from inguinal and ventral or incisional hernias. These hernias are not part of the study or application we have developed.



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