

Forenames

Lastname

Hospital No.

D.O.B.

SDEC management of symptomatic inguinal hernia

History of Presenting Complaint: Groin swelling, right/left, nature of complaint (pain), duration of complaint, contralateral groin swelling, signs and symptoms of incarceration, reducibility, previous hernia operations.



Predisposing factors: smoking, chronic obstructive, pulmonary disease (COPD), abdominal aortic aneurysm, long-term heavy lifting work, positive family history, appendicectomy, prostatectomy, peritoneal dialysis.



Physical examination swelling in groin (above the inguinal ligament), differentiation direct/indirect is unreliable, operation scar inguinal region, contralateral groin, symptoms of incarceration, reducibility, testes, ascites, rectal examination.



Differential diagnosis:

Swelling: Femoral hernia, incisional hernia, lymph gland enlargement, aneurysm, saphena varix, soft-tissue tumour, abscess, genital anomalies (ectopic testis).

Pain: adductor tendinitis, pubic osteitis, hip pain, Iliopectineal bursitis, radiating low back pain.

Women: consider femoral hernia, endometriosis.



Diagnostics: Clinical investigation. If any (rarely necessary): ultrasound, magnetic resonance imaging (MRI) (with and without Valsalva manoeuvre)



Treatment

Men with asymptomatic or minimally symptomatic inguinal hernia (without or only minimal complaints): consider conservative management.

Incarcerated hernia (no strangulation symptoms): try reduction and consider elective surgery on next day's emergency list on SDEC basis

Strangulated hernia: emergency surgery (note it is not possible to determine contents of a hernia using clinical examination)

Symptomatic inguinal hernia: elective surgery on next day's emergency list on SDEC basis

Women: consider femoral hernia.



Consent for operation should document an explanation of following risks: Bleeding, infection, mesh infection (requiring mesh removal); recurrence requiring further surgery (around 1%); chronic pain (3%); injury to blood supply to the testis in men leading to ischaemic orchitis and loss of testicular function (<1%); urinary retention; scarring; temporary leg weakness; GA risks (including DVT, PE, LRTI); mortality.
