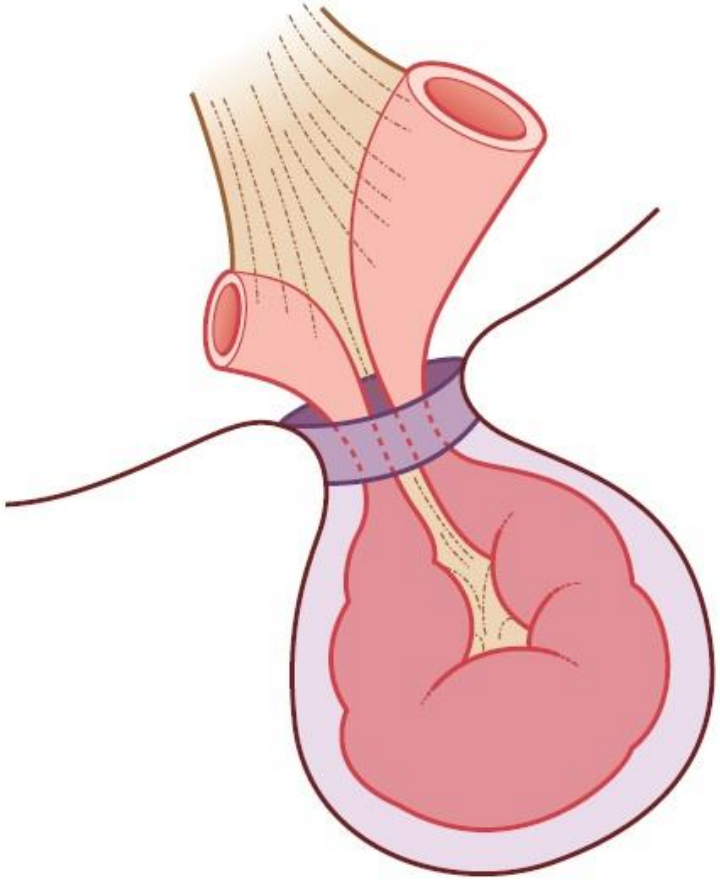
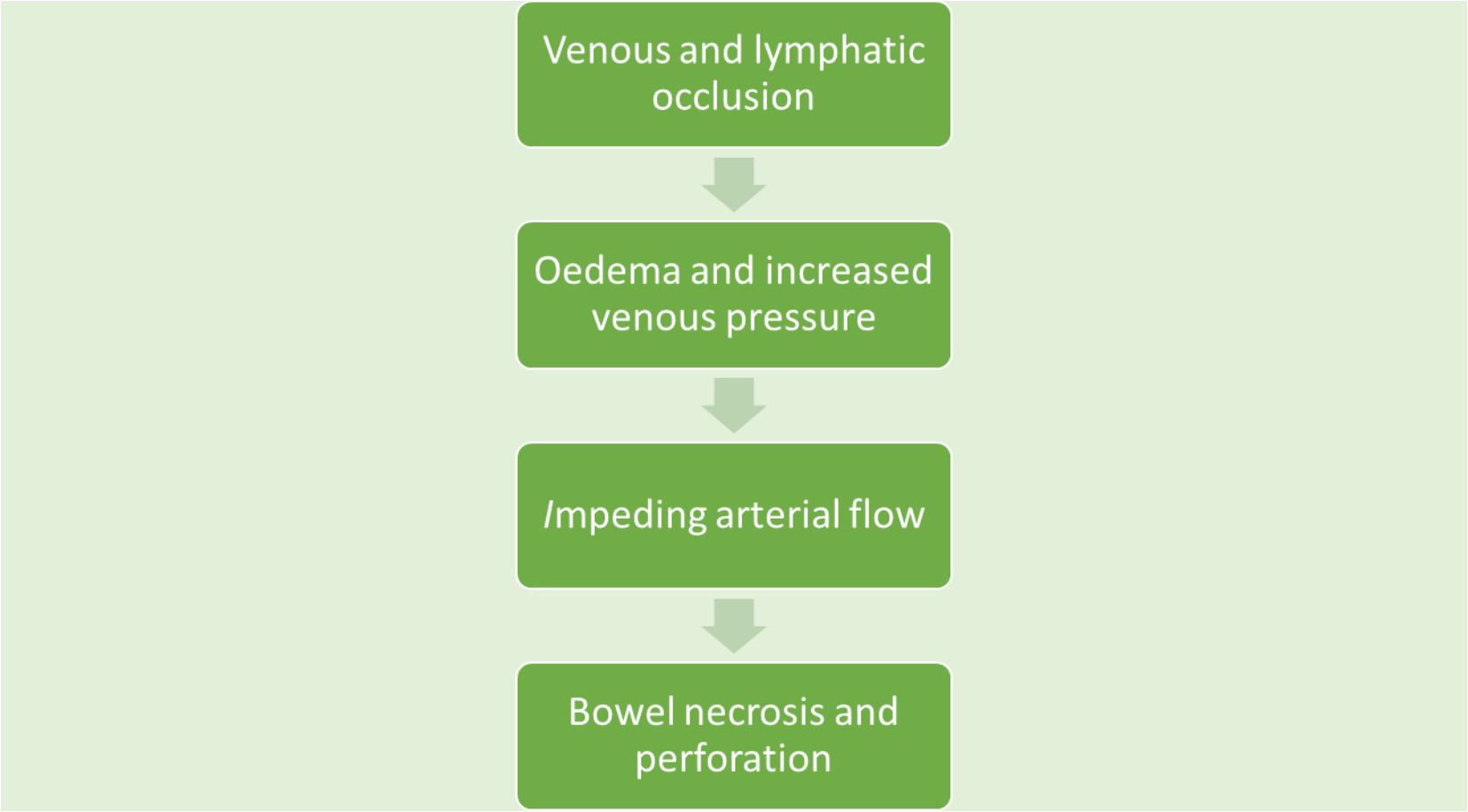
Strangulated Hernia



Definition

- Blood supply to the contents of the hernia sac is cut off; the tight neck of the peritoneal sac is the usual site of strangulation

Pathology


Venous and lymphatic occlusion
Oedema and increased venous pressure
Impeding arterial flow
Bowel necrosis and perforation

- Initially the venous return is impaired.
- Then arterial blood supply is impaired.
- Strangulation occurs in any hernias
- Indirect inguinal hernia and femoral hernia are more prone to strangulate.
- Probability of strangulation is greatest in first 3 months in inguinal and femoral hernia. So patients with short history should be operated early.

Mortality is >10%

Causes of strangulation

- Narrow neck
- Adhesions
- Irreducibility

Clinical features

- Sudden severe pain- Initially over the hernia and then generalized abdominal pain.
- Persistent vomiting, constipation and distension of the abdomen.
- Hernia
  - Tense
  - Tender
  - Irreducible
  - No cough impulse
- Rebound tenderness

Organisms causing infection

- *E.coli*
- Anaerobic streptococci
- *Klebsiella*

Investigations

- Abdominal X-Ray- Intestinal obstruction
- Blood- SE, BU, S.Cr
- USS abdomen

Management

- KNBM
- IV fluids
- Urinary catheter
- Input/ output chart
- NG tube
- IV Antibiotics
- Emergency surgery- Hernia mesh is not used in the repair.

No attempts are taken to reduce the hernia!

Strangulation during infancy

- 4%
- Female: Male = 5:1
- Usual content is ovary with or without Fallopian tube.