

Conservative Management of Hernia



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- An abdominal wall hernia does not necessarily require repair.
- Repair is recommended when complications are likely, the most worrying being strangulation with bowel obstruction and bowel infarction.
- All cases of femoral hernia, with high risk of strangulation, should be repaired surgically.
- Increasing difficulty in reduction and increasing size are indications for surgery.



- Surgery should be offered to younger adult patients as symptoms and complications are likely over time.
- A patient may request surgery for relief of symptoms of discomfort, for cosmesis or to establish the diagnosis when in doubt.
- Any case of irreducible hernia, especially where there is pain and tenderness, should be offered repair unless coexisting medical factors place the patient at very high risk from surgery or anaesthesia.
- **Conservative management is used when surgery is contraindicated or not necessary.**



Types of Conservative Management

1. Risk factor modification
2. Taxis
3. Truss



1. Risk Factor Modification

- Managing conditions that increase intra-abdominal pressure such as chronic cough, BPH, constipation and ascites etc.



2. Taxis

- Patient is placed in supine position with hip and knee flexed and the hip is rotated internally.
- Contents are pushed with one hand directing with the other hand.
- Use early analgesia if necessary to reduce pain during the procedure.
- Cold compress can be used to reduce swelling and facilitate easier reduction.



3. Truss

- A kind of surgical appliance.
- Provides support for the herniated area.
- Used in elderly patients who are not fit for anesthesia and surgery.
- Contraindicated in femoral and sliding hernia.

