

# Femoral Hernia



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- Commoner in women than men. (8:1)
- Occurs through tissues of femoral canal.
- Has a high risk of strangulation due to the neck of the sac having bony and ligamentous structures limiting it on three sides.
- Approximately 30% of femoral hernias present as emergencies; 50% of these require bowel resection for strangulation and ischaemia.
- Rare before puberty.
- Common on right side.
- 20% occur bilaterally.
- Neck of the hernia sac is below and lateral to pubic tubercle.



# Aetiology

- Wide femoral canal
- Multiple pregnancy



# Clinical Features

- Appears below and lateral to pubic tubercle, medial to femoral pulse.
- May be asymptomatic until incarceration or strangulation occurs.
- May be mistaken for an upper medial thigh swelling.



# Differential Diagnoses

- Low presentation of inguinal hernia.
- Femoral canal lipoma.
- Femoral lymph node.
- Saphena varix (compressible, disappears when lying flat, palpable thrill on coughing or percussion of the saphenous vein).
- Femoral artery aneurysm (pulsatile).
- Psoas abscess (fluctuant and lateral to femoral artery)
- Enlarged Cloquet LN
- Distended psoas bursa



# Investigations

- Ultrasound scanning may help with the differential diagnoses.
- If there is significant doubt, exploration is usually indicated due to the high risk of complications in untreated femoral hernia.



# Management

- Operative treatment as soon as possible. (Within 1 month).
  - Lockwood
  - McEvedy
  - Lotheissen's
  - AK Henry repair- for bilateral femoral hernia repair
- **Truss has no place in the management.**



# Surgical approaches

- Once the hernia is reduced, the femoral canal should be narrowed by interrupted sutures to prevent recurrence; care must be taken not to narrow the adjacent femoral vein.
- There are three open approaches and appropriate cases can be managed laparoscopically.
  1. Low approach (Lockwood)
  2. The inguinal approach (Lotheissen)
  3. High approach (McEvedy)
  4. Laparoscopic approach





## **1. Low approach (Lockwood)**

- Suitable only when there is no risk of bowel resection.
- can be performed under local anaesthesia.
- Some surgeons place a mesh plug into the hernia defect for further reinforcement.

## **2. The inguinal approach (Lotheissen)**

- The initial incision is identical to that of Bassini's or Lichtenstein's operation into the inguinal canal.

## **3. High approach (McEvedy)**

- the usual approach in emergency presentations.
- Requires general or regional anaesthesia.



## 4. Laparoscopic approach

- Both the TEP and TAPP approaches can be used for a femoral hernia and a standard mesh inserted.
- This is ideal for reducible femoral hernias presenting electively, but not for emergency cases or irreducible hernia.

