

Common Types of Hernias in Older Adults – What You Should Know

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A hernia is a bulge that occurs when tissue pushes through the wall of muscle that helps contain it. Most hernias are abdominal (inguinal) hernias, so a bulge may appear in the belly or groin area. They can affect people of any age, and in fact, some babies are born with them, but older adults can be more at risk due to other health issues. When the opening through which the hernia bulges out exerts a degree of pressure on the surrounding blood vessels, it causes them to constrict. This can lead to the blood supply being cut off (referred to as strangulation). All hernias have the potential risk of becoming strangulated, which is a medical emergency that requires immediate treatment.

Fast Fact Stats

- About 5 million people in the U.S. develop hernias annually
- Nearly 25% of men and only 2% of women in the U.S. will develop inguinal hernias
- Inguinal hernias occur nearly three times more often in African American adults than in Caucasians
- According to the National Center for Health Statistics, about 700,000 inguinal hernias are repaired annually in the U.S.

Risk Factors in Adults

Although many risk factors are controllable, males are at greater risk due to anatomy. Any conditions or circumstances that increase the pressure of the abdominal cavity can contribute to the formation or worsening of a hernia, such as:

- Obesity
- Major and rapid weight loss
- Lifting heavy objects
- Weak abdominal muscles from poor diet, lack of exercise, or both
- Chronic coughing, for example from smoking
- Straining during a bowel movement or urination
- Chronic lung disease
- Fluid in the abdominal cavity

Common Types of Hernias in Adults

Inguinal (groin) hernias account for about 75% of all abdominal wall hernias. They affect men 25 times more often than women, with two different types: direct and indirect. Both occur in the groin area where the skin of the thigh meets the torso (inguinal crease), but there are clinical differences. In women, the location of the hernia is often deeper, less visible, and harder to diagnose. Bulging or a protrusion on the skin, a classic sign of a hernia in a man affects women far less frequently.

Direct inguinal hernias appear in an area slightly to the inside of indirect hernias, where the abdominal wall is anatomically slightly thinner. Unlike indirect hernias, which can occur at any age, direct hernias tends to affect middle-aged and older adults because abdominal walls weaken with aging.

Indirect inguinal hernias follow the pathway that the testicles created during fetal development, descending from the abdomen into the scrotum. Normally, this pathway closes before birth, but an indirect inguinal hernia may occur in this area at any age.

Incisional hernias are caused when abdominal surgery produces a flaw or area of weakness in the abdominal wall through which a hernia can develop. This type of hernia affects 2% to 10% of all patients who have undergone abdominal surgery, although some people are at greater risk. Despite surgical repair, some incisional hernias may reoccur.

Reducible Hernia versus Irreducible Hernia

A reducible hernia means the bulge flattens out when you lie down or push against it gently. This type of hernia is not a medical emergency, but it may be painful and worsen over time if left untreated. An irreducible hernia occurs when the loop of the intestine becomes trapped and a person loses the ability to make the bulge flatten out. This type can be far more painful and often requires prompt medical attention.

Possible Symptoms and Signs

Reducible hernia

- A new lump in the groin or other area of the abdomen
- Aching, but not tender to the touch
- An increase in lump size when standing or when abdominal pressure increases
- A bulge that can be pushed back into the abdomen, unless very large

Irreducible hernia

- A previously reducible hernia can turn into one that cannot be pushed back into the abdominal cavity, producing occasional or chronic pain
- Signs and symptoms of bowel obstruction may occur, such as nausea and vomiting

Strangulated hernia

- Constant pain, followed quickly by tenderness and sometimes symptoms of bowel obstruction (nausea and vomiting)
- An appearance of illness, with or without fever

Surgical Repair

Although many hernias are repaired using open surgery, a minimally invasive approach (laparoscopic repair) may be recommended for the following reasons:

- It may cause less pain than an open hernia repair
- It may allow the patient to return to work and a normal lifestyle a little quicker
- It allows easier repair of double (bilateral) inguinal hernias, when a patient has a hernia on either side of his or her abdomen. Both hernias can be repaired using the same three small incisions as used in a single hernia repair.
- It can reduce the risk of an incisional hernia from reoccurring, and possibly reduce complications.

It is important to keep in mind that even if you opt for minimally invasive surgery, you need to take the proper time to recover. A small study on 18 patients who had undergone a minimally invasive repair for incisional hernia revealed that the amount of fatigue and pain did not lessen to pre-surgery levels until seven days after the procedure. Recovery differs in every individual, but it is important to follow your physician's orders.

[Covidien](#) has more on hernia, including what to expect after surgery.

Sources: About Health, Dartmouth-Hitchcock, EMedicine, HealthDay, WebMD