

IS MY HERNIA Dangerous?



by Ray Sheppard, Jr., MD

There are two short answers to that question. The first is: “Maybe”. The second is: “It is complex and needs to be answered in consultation with a hernia surgeon”.

Now for a longer answer. It depends on what type of hernia as well as other factors. In fact, hernia surgery has become a science all of its own. Even the definition of a hernia can be confusing. It actually means something slightly different depending on the region of the body that one is discussing.

For this particular discussion, we will only concern ourselves with hernias of the abdominal cavity. Even at that, our discussion can only be very limited (see the second short answer above). The most common hernias that arise are hiatal hernias, umbilical hernias, inguinal hernias, incisional hernias, and ventral hernias.

Hiatal Hernia - These are quite common and occur in more than one variety. The most frequently encountered is known as the sliding hiatal hernia, and it is rarely more than an annoyance. The less common paraesophageal hiatal hernia is actually a cause for concern. In this type of hiatal hernia, all or part of the stomach passes through a defect in the muscular diaphragm which separates the abdominal cavity from the chest or thoracic cavity. The stomach can become twisted upon itself and subsequently rupture or develop gangrene. This is a lifethreatening condition. Symptoms include chest pain and can mimic the pain of a heart attack. Other symptoms include inability to eat more than small amounts of food, anemia, or shortness of breath. Generally this type of hiatal hernia should be surgically repaired, depending on the overall health of the patient.

Umbilical Hernia - This hernia is located at your bellybutton or umbilicus. These are very common especially in babies. As the abdominal wall forms, the muscles of the abdomen close around the umbilical cord. A hernia is present when these muscles fail to close completely. This is noticeable as bulging umbilicus or an “outie bellybutton”. Fortunately, most babies that



are born with umbilical hernias will continue to develop so that the hernia closes on its own by the age of 4. Adults may develop a hernia later in life due to heavy lifting, obesity, excessive coughing, or pregnancy. Initially, your body will plug this defect with fatty tissue. This may be noticeable as a bulge in part of your umbilicus. You may actually feel this tissue push in and out through the hernia defect. Over time, these hernias will generally enlarge and intestine can begin to pass through the hernia defect creating a bigger bulge at the umbilicus. This can lead to an emergency with obstruction of the intestine or gangrene of the intestine. Surgery is usually recommended to repair these hernias. In select situations, observation without surgery may be an option.

Inguinal Hernia - These hernias are created by muscular defects in the groin or inguinal region. They are very common in men but not common in women. There are two types of inguinal hernias. They are known as direct and indirect inguinal hernias. The two different types occur in different locations of the groin and are caused by slightly different factors. The earliest symptom is groin pain. Some people may not notice anything abnormal until a lump develops. Eventually, the defect in the muscular wall enlarges and allows intestine to protrude out of the abdominal cavity. Often the intestine will then become obstructed or even develop gangrene. This is an emergency situation.

Incisional Hernia - As the name implies, these hernias occur at the site of previous surgical incisions which have passed through all of the layers of the abdominal wall. Similar to the other types of hernias, these defects in the muscular wall generally increase in size

over time. The same emergencies of bowel obstruction or gangrene can occur. A bulge or pain in a previous incision site warrants evaluation to search for this type of hernia. Since these hernias form in a portion of the abdominal wall that did not heal optimally after the initial surgical procedure, they are subject to higher recurrence rates after surgical repair than other types of abdominal wall hernias. For that reason, these often-challenging hernias need to be approached with diligence and special attention to every detail. This includes both the surgeon and the patient.

Ventral Hernia - This term refers to a hernia of the abdominal wall that is not in the site of a previous incision and is separate from the umbilicus and groin. These are not common but may occur in the midline between the sternum and umbilicus. Rarely, they occur toward the lateral portions of the abdominal wall. Often ventral hernias produce discomfort before a bulge is noticeable. As with other types of hernias, emergencies of bowel obstruction or gangrene can develop.

A final word of caution is in order: I have, on occasion, seen small hernias allow intestines through the abdominal wall and lead to emergencies. So if you are wondering if your hernia is dangerous, I would tell you, "Maybe. That question needs to be answered in consultation with a hernia surgeon."

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