

**Dr. V.K. Mahadik**

Medical Director

M/25/1145

K-732  
Date: 19/08/2025

**OFFICE CIRCULAR**

Dear Dr. Shailendra Sharma ,

Please find enclosed literature on "Types and Treatment for hernia ", modify the matter & email it to me before 05.09.2025 so that it can be posted on website of college/hospital and news paper.

If you can write in Hindi then it will be better.

  
**Dr. V.K. Mahadik**

Medical Director

**Note- :** This article will be linked to you so that patient looking for the particular disease will contact you or he/she will get appointment as per your OPD day & time.

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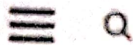
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MORE IN HERNIA

HERNIA

## Types and treatments for hernia



Medically reviewed by Andrew Gonzalez, M.D., J.D., MPH — Written by Markus MacGill — Updated on July 4, 2025

[Overview](#) [Types](#) [Causes](#) [Symptoms](#) [Treatment](#)

### Key takeaways

- A hernia occurs when an organ or tissue pushes through a weakness in the peritoneum, creating a bulge that may cause discomfort or pain. Common types include inguinal, femoral, hiatal, umbilical, and incisional hernias.
- Risk factors vary by hernia type; incisional hernias are linked to recent abdominal surgery, while inguinal hernias are more common in older adults and those who smoke. Hiatal hernias are associated with having obesity and those age over 50.
- Treatment options range from watchful waiting for mild cases to surgical repair. Procedures include open surgery and laparoscopic techniques, each with different benefits and risks.

It can often be harmless and pain-free, but at times it can bring discomfort and pain.

In this article, we investigate what a hernia is, the common causes of hernia, and how they are treated.

### Fast facts on hernias

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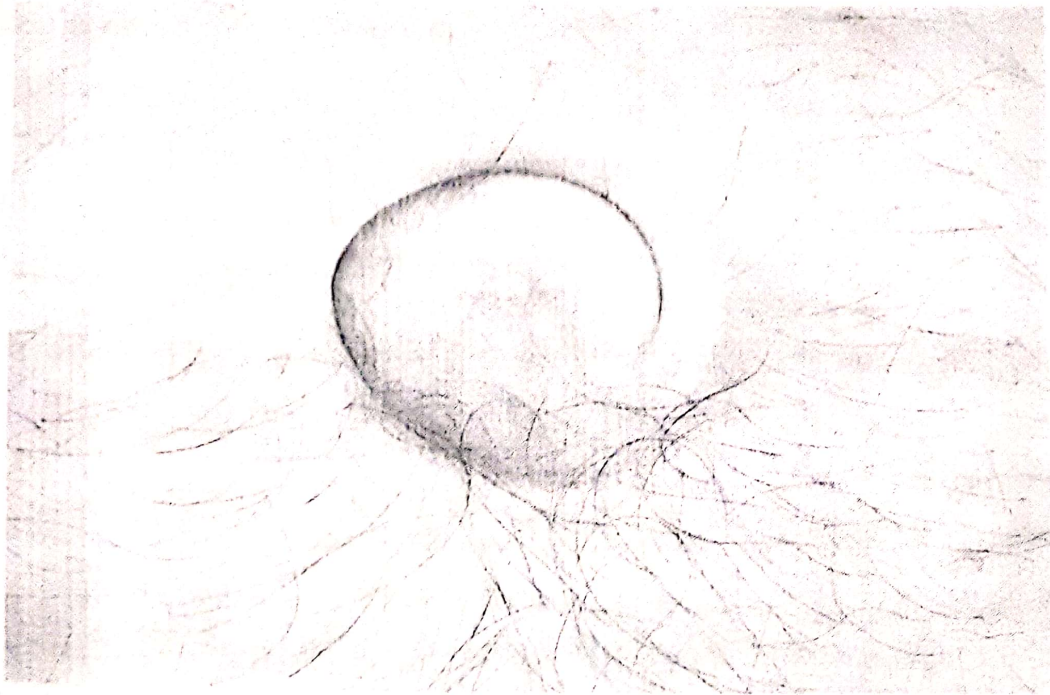


Here are some key points about hernias. More detail and supporting information is in the main article.

- Hernias often produce no troublesome symptoms, but abdominal complaints may signal a serious problem.
- They are usually straightforward to diagnose, simply by feeling and looking for the bulge.
- Treatment is a choice between watchful waiting and corrective surgery, either via an open or keyhole operation.
- Inguinal hernia surgery is more common in childhood and old age, while the likelihood of femoral hernia surgery increases throughout life.

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## Overview: What is a hernia?



Umbilical hernia

A hernia occurs when there is a weakness or hole in the peritoneum, the muscular wall that usually keeps abdominal organs in place.

This defect in the peritoneum allows organs and tissues to push through, or herniate, producing a bulge.

The lump may disappear when the person lies down, and sometimes it can be pushed back into. Coughing may make it reappear.

## Types

Hernias can commonly be found in the following areas:

**Groin:** a femoral hernia creates a bulge just below the groin. This is more common in women. An inguinal hernia is more common in men. It is a bulge in the groin that may reach the scrotum.

**Upper part of the stomach:** a hiatal or hiatus hernia is caused by the upper part of the stomach pushing out of the abdominal cavity and into the chest cavity through an opening in the diaphragm.



**Belly button:** a bulge in this region is produced by an umbilical or periumbilical hernia.

**Surgical scar:** past abdominal surgery can lead to an incisional hernia through the scar.

## Causes

With the exception of an incisional hernia (a complication of abdominal surgery), in most cases, there is no obvious reason for a hernia to occur. The risk of hernia increases with age and occurs more commonly in men than in women.

A hernia can be congenital (present at birth) or develop in children who have a weakness in their abdominal wall.

Activities and medical problems that increase pressure on the abdominal wall can lead to a hernia. These include:

- straining on the toilet (due to long-term constipation, for example)
- persistent cough
- cystic fibrosis
- enlarged prostate
- straining to urinate
- being overweight or obese
- abdominal fluid
- lifting heavy items
- peritoneal dialysis
- poor nutrition
- smoking
- physical exertion
- undescended testicles

## Risk factors for hernia

The risk factors can be broken down by hernia type:

### Incisional hernia risk factors

Because an incisional hernia is the result of surgery, the clearest risk factor is a recent surgical procedure on the abdomen.

People are most susceptible 3-6 months after the procedure, especially if:

- they are involved in strenuous activity
- have gained additional weight
- become pregnant

These factors all put extra stress on tissue as it heals.

### Inguinal hernia risk factors

Those with a higher risk of inguinal hernia include:

Smoking tobacco increases the risk of inguinal hernias.

- older adults
- people with close relatives who have had inguinal hernias
- people who have had inguinal hernias previously



- males
- smokers, as chemicals in tobacco weaken tissues, making a hernia more likely
- people with chronic constipation
- premature birth and low birth weight
- pregnancy

### **Umbilical hernia risk factors**

Umbilical hernias are most common in babies with a low birth weight and premature babies.

In adults, the risk factors include:

- being overweight
- having multiple pregnancies
- being female

### **Hiatal hernia risk factors**

The risk of hiatal hernia is higher in people who:

- are aged 50 years or over
- have obesity.

### **Symptoms**

In many cases, a hernia is no more than a painless swelling that presents no problems and needs no immediate medical attention.

A hernia may, however, be the cause of discomfort and pain, with symptoms often becoming worse when standing, straining, or lifting heavy items. Most people who notice increasing swelling or soreness eventually see a doctor.

In some cases, a hernia needs immediate surgery, for instance, when part of the gut becomes obstructed or strangulated by an inguinal hernia.

Immediate medical attention should be sought if an inguinal hernia produces acute abdominal complaints such as:

- pain
- nausea
- vomiting
- the bulge cannot be pushed back into the abdomen

The swelling, in these cases, is typically firm and tender and cannot be pushed back up into the abdomen.

A hiatal hernia can produce symptoms of acid reflux ✓, such as heartburn, which is caused by stomach acid getting into the esophagus.

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## Treatment

For a hernia without symptoms, the usual course of action is to watch and wait, but this can be risky for certain types of hernia, such as femoral hernias.

Within 2 years of a femoral hernia being diagnosed, 40 percent result in bowel strangulation.



It remains unclear whether non-emergency surgery is worthwhile for hernia repair in cases of an inguinal hernia without symptoms that can be pushed back into the abdomen.

The American College of Surgeons and some other medical bodies consider elective surgery unnecessary in such cases, recommending instead a course of watchful waiting.

Others recommend surgical repair to remove the risk of later strangulation of the gut, a complication where blood supply is cut off to an area of tissue, which requires an emergency procedure.

These health authorities consider an earlier, routine operation preferable to a more risky emergency procedure.

### **Types of surgery**

Belly button following hernia surgery.

Although surgical options depend on individual circumstances, including the location of the hernia, there are two main types of surgical intervention for hernia:

- open surgery

- laparoscopic operation (keyhole surgery)

**Open surgical repair** closes the hernia using sutures, mesh, or both, and the surgical wound in the skin is closed with sutures, staples, or surgical glue.

**Laparoscopic repair** is used for repeat operations to avoid previous scars, and while usually more expensive, is less likely to cause complications such as infection.

Surgical repair of a hernia guided by a laparoscope allows for the use of smaller incisions, enabling a faster recovery from the operation.

The hernia is repaired in the same way as in open surgery, but it is guided by a small camera and a light introduced through a tube. Surgical instruments are inserted through another small incision. The abdomen is inflated with gas to help the surgeon see better and give them space to work; the whole operation is performed under general anesthetic.

## Hernia in children

Inguinal hernia is one of the most common surgical conditions in infants and children.

A 2014 [systematic review](#) <sup>6</sup> of 20 years of data on conventional open hernia repair (herniorrhaphy) and laparoscopic hernia repair (herniorrhaphy) in infants and children found that laparoscopic surgery is faster than open surgery for bilateral hernias, but that there is no significant difference in operating time for unilateral inguinal hernia repair.

The rate of recurrence is similar for both types of procedure, but complications, such as wound infection, are more likely with open surgery, especially in infants.

[Read the article in Spanish](#)

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# What to know about an inguinal hernia

Medically reviewed by Elaine K. Luo, M.D.



**RUXMANIBEN DEEPCHAND GARDI MEDICAL COLLEGE**

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**Agar Road, Surasa, Ujjain (M.P.)**

### हर्निया

#### **I क्या है ?**

आंत अथवा किसी अन्य अंत : अंग का , अंगों को निहित करने वाली दीवार में कमी , कमजोरी अथवा छेद होने पर बार – बार बाहर आने व वापस जाने की अवस्था को मोटे तौर पर हर्निया कहते हैं। हर्निया अधिकांशतः पेट से संबंध रखते हैं। पेट की दीवार जन्मजात , वृद्धवस्था अथवा आपरेशन के बाद उक्त कमी से ग्रसित हो सकती है।

#### **II जिन व्यक्तियों में हर्निया की आशंका होती है उन रोगियों में निम्नलिखित कारणों से हर्निया जल्दी आता है।**

1. कब्ज ( मल कड़ा होने पर अथवा अन्यथा जोर लगना )
2. खांसी का लगातार बना रहना
3. पेशाब में जोर लगाने की आवश्यकता होना
4. मोटापा
5. पेट में पानी भरना
6. अत्यधिक भारी वजन उठाना या प्रयास करना
7. गुर्दा रोगों में पेरीटोनियल डायलीसिस
8. शरीर का क्षरण अथवा जरावस्था
9. धूम्रपान

#### **हर्निया कैसे पहिचानें ?**

1. दर्दरहित उभार या गांठ जो खांसने पर बाहर निकलती है एवं लेटने पर वापस चली जाती है। इसे हाथों से दबाकर भी अंदर किया जा सकता है। इसका आकार समय के साथ बढ़ता है।
2. हल्का दर्द अथवा खिंचाव
3. यदि तेज दर्द , उल्टी हो एवं हर्निया वापस न जावे तो यह गंभीर जीवन को संकट पैदा करने वाली जटिलता का द्योतक है एवं तुरंत शल्य चिकित्सक को दिखाएँ जो कि इसका तुरंत आपरेशन करेगा।

#### **III हर्निया के प्रकार**

1. अधिकांश हर्निया जांघ एवं पेट के संधिस्थल पर होते हैं यथा फीमोरल एवं इन्गुइनाल हर्निया
2. अन्य हर्निया पेट के अन्य भागों में भी उभर सकते यथा नाभि का हर्निया
3. पेट आपरेशन के बाद अच्छे से अंदरूनी जुड़ाव के अभाव में होने वाला हर्निया था इन्सीजनल हर्निया



**IV उपचार –** हर्निया सामान्यतः स्वयं में कोई तकलीफ नहीं देते हैं परन्तु इनसे उत्पन्न जटिलताएँ जानलेवा होती हैं अतः प्रत्येक हर्निया का पता लगते ही आपरेशन करवाना श्रेयस्कर होता है। हर्निया किसी औषधीय उपचार से ठीक नहीं होता है। प्रायः भ्रामक जानकारी के कारण कई रोगी आपरेशन नहीं करवाते हैं एवं अचानक जानलेवा जटिलताएँ उपस्थित हो जाती हैं एवं अनेकों बार जान चली भी जाती है।

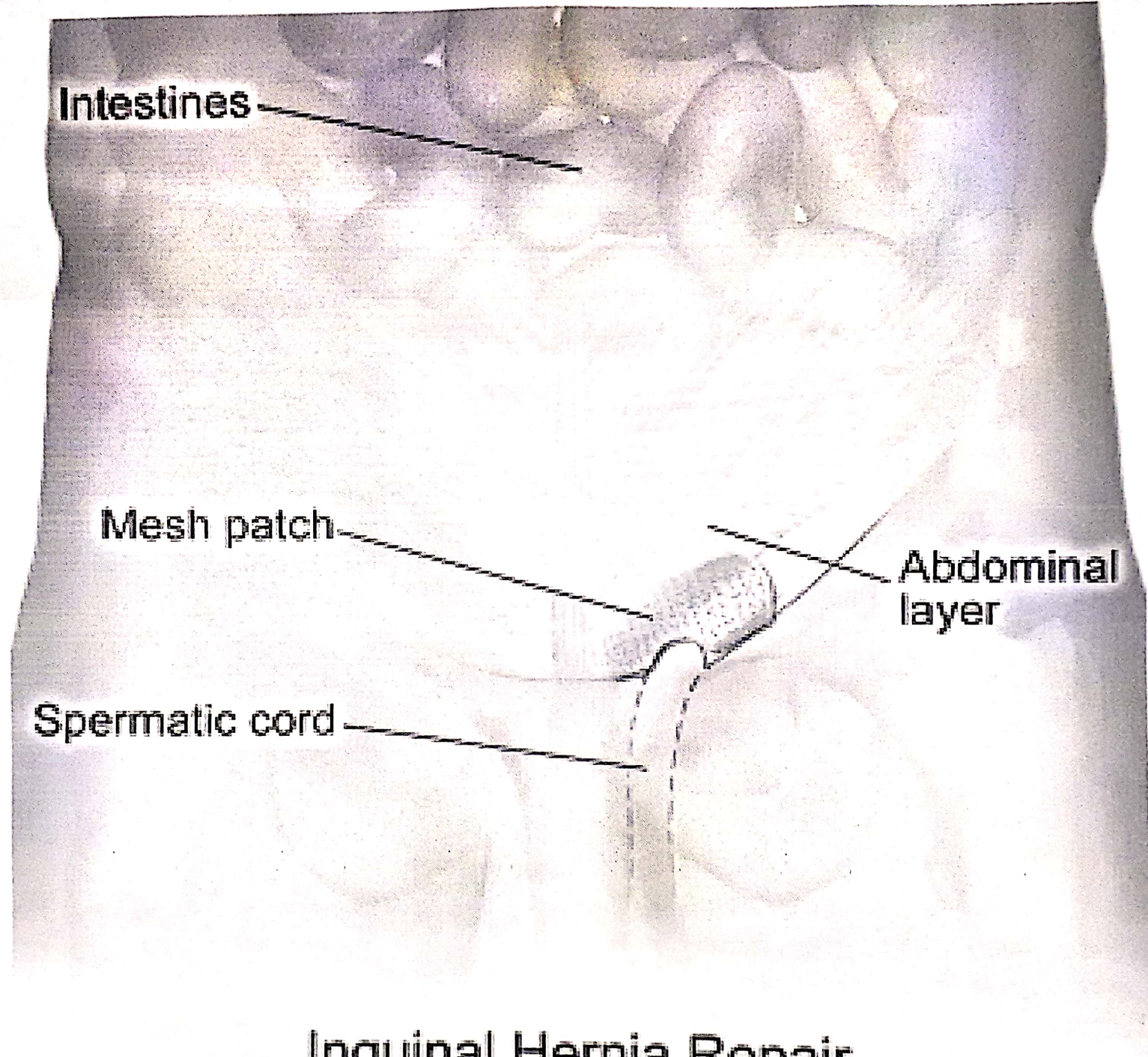
डॉ. शैलेन्द्र शर्मा

प्राध्यापक शल्य चिकित्सा

सी. आर. गार्डी चिकित्सालय

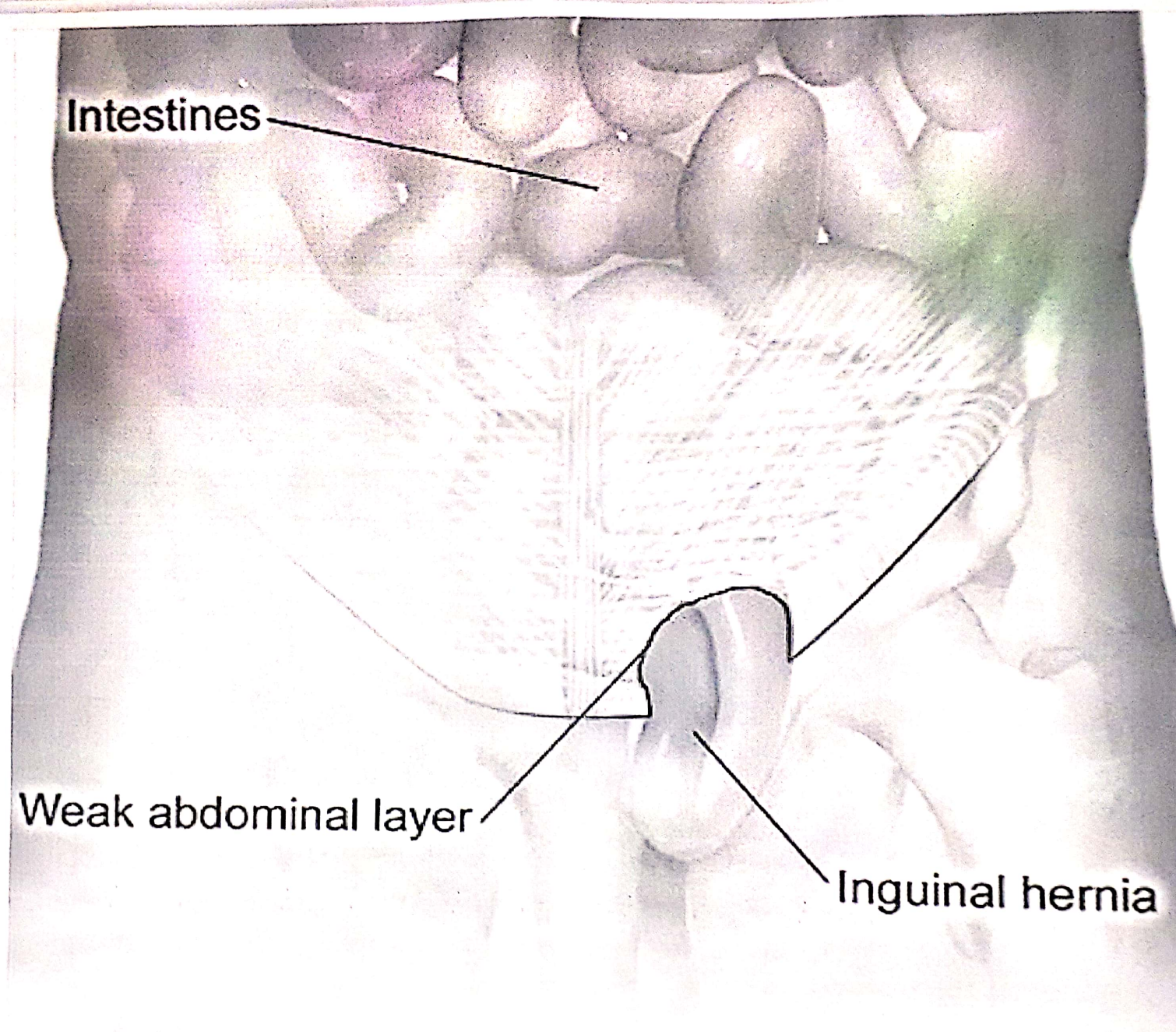
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Inguinal Hernia Repair





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