H&E INGUINAL HERNIA

PART I — HISTORY

1. Identifying Data

- Name
- Age
  → Indirect hernia common in young
  → Direct hernia common in elderly
- Gender
  → Much more common in males
- Occupation
  → Heavy lifting, chronic straining → increased intra-abdominal pressure
- Residence

2. Chief Complaints

Usually:

- Swelling in groin × duration
- Pain in groin × duration
- Dragging sensation

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3. History of Present Illness (A,B,C,D,E,F)

A. Swelling in Groin

1. When did it start?

- Sudden → think strangulation or incarceration
- Gradual → typical hernia

Why?
Gradual appearance supports reducible hernia.

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2. Site of swelling?

- Above inguinal ligament?
- Medial or lateral to pubic tubercle?

Why?

Above & medial to pubic tubercle → inguinal hernia

Below & lateral → femoral hernia

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3. Does it increase on coughing/straining?

Why?

Positive cough impulse → communicating with peritoneal cavity.

If absent → incarcerated/strangulated.

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4. Does it reduce on lying down?

Why?

Reducibility suggests uncomplicated hernia.

Irreducible → incarceration.

5. Can you push it back manually?

If yes → reducible.
If painful & cannot reduce → strangulation risk.

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6. Does it disappear during sleep?

Supports reducible hernia.

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7. Progression?

- Increasing in size → typical.
- Suddenly became painful → possible strangulation.

B. Pain

Ask SOCRATES.

Nature?

- Dull dragging → uncomplicated hernia.
- Severe constant pain → strangulation.

Radiation?

May radiate to scrotum.

C. Symptoms of Complications

Very important for viva.

1. Vomiting?

→ Suggests intestinal obstruction.

2. Abdominal distension?

→ Obstruction.

3. Absolute constipation?

→ Obstruction.

4. Fever?

→ Strangulation → bowel ischemia.

D. Factors Increasing Intra-abdominal Pressure

Must ask:

- Chronic cough (COPD, smoker)
- Constipation
- Prostatism (straining)
- Heavy lifting
- Ascites

Why?

These are etiological factors.

E. Past History

- Previous hernia surgery?
  → Recurrence?
- Abdominal surgeries?

- Trauma?

F. Personal History

- Smoking (chronic cough)
- Alcohol
- Occupation strain

PROVISIONAL DIAGNOSIS FROM HISTORY

Reducible right inguinal hernia

or

Irreducible left inguinal hernia with intestinal obstruction

PART 2 — EXAMINATION

Examine in:

1. Standing position

2. Supine position

Expose from umbilicus to mid-thigh.

GENERAL PHYSICAL EXAMINATION

Look for:

- Build & nutrition
- Anemia
- Dehydration (if obstruction)
- Vitals

LOCAL EXAMINATION

INSPECTION

Patient standing.

Look for:

1. Site of swelling

- Above inguinal ligament?
- Extending to scrotum?

2. Shape
   - Pyriform (pear-shaped) → typical inguinoscrotal hernia.
3. Size
4. Skin changes
   - Redness → strangulation.
5. Cough impulse

   Ask patient to cough.

Swelling expands → positive.

6. Visible peristalsis?

   Suggest obstruction.

PALPATION

Patient standing first.

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1. Temperature

Raised → inflammation/strangulation.

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2. Tenderness

Severe tenderness → strangulated.

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3. Cough impulse

Place fingers over swelling.
Ask patient to cough.

Expansile impulse = hernia.

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4. Reducibility

In supine position:

- Gently push from below upwards.
- Listen for gurgling → bowel content.

If irreducible → incarceration.

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5. Deep Ring Occlusion Test

Very important viva question.

After reducing hernia:

- Place thumb over deep inguinal ring
  (1.25 cm above midpoint of inguinal ligament)
- Ask patient to cough.

If swelling does not reappear → Indirect hernia.

If it reappears → Direct hernia.

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6. Get Above the Swelling

Try to palpate upper limit.

If you cannot get above → inguinoscrotal hernia.

If you can → likely hydrocele.

7. Invagination Test

Insert finger into scrotum upward along cord.

Ask patient to cough.

- Impulse on fingertip → indirect
- Impulse on pulp of finger → direct

PERCUSSION

Over swelling.

- Resonant → bowel
- Dull → omentum

AUSCULTATION

Bowel sounds present → intestine content.

Absent + tenderness → strangulation.

EXAMINATION OF OPPOSITE SIDE

Always check other groin.

ABDOMINAL EXAMINATION

Look for:

- Distension
- Obstruction signs
- Ascites

COMPLICATION SIGNS

Strangulated hernia signs:

- Irreducible
- No cough impulse

- Severe pain
- Red skin
- Fever
- Vomiting
- Absolute constipation

DIFFERENTIAL DIAGNOSIS

1. Femoral hernia
2. Hydrocele
3. Undescended testis
4. Saphena varix
5. Lymphadenopathy
6. Lipoma of cord

VIVA QUESTIONS

- Boundaries of Hesselbach's triangle?
- Coverings of indirect hernia?

- Contents of inguinal canal?
- Why is indirect common in young?
- Why direct in elderly?
- Types of hernia?
- Difference between reducible and irreducible?
- Richter's hernia?
- Sliding hernia?

-> The End <-