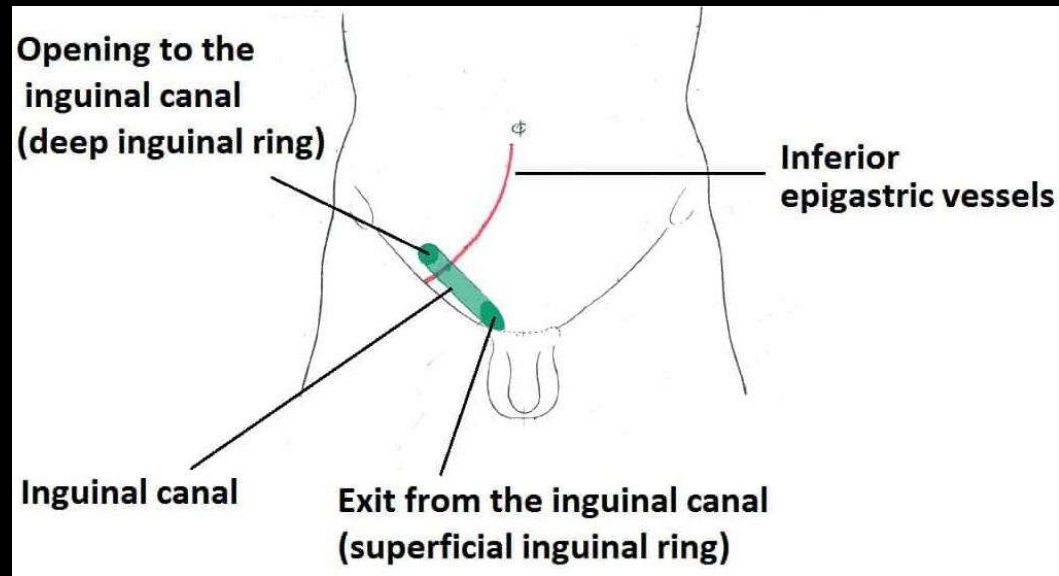
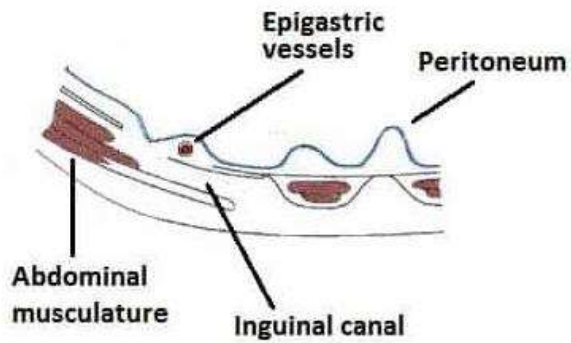


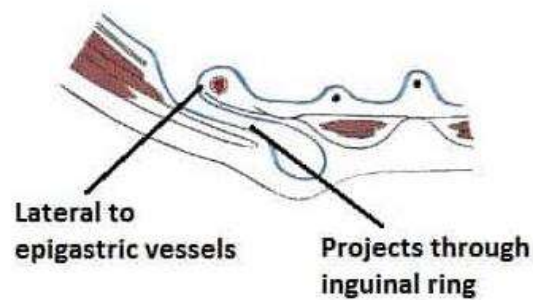
Inguinal Hernia



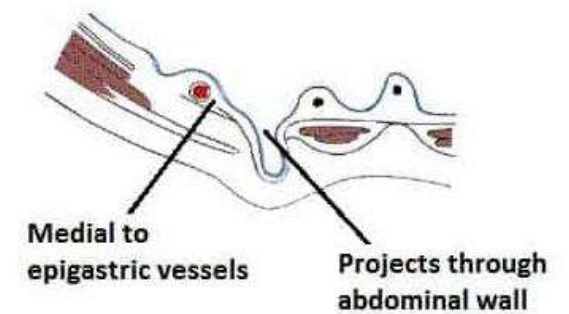
Normal Patient



Indirect Inguinal Hernia



Direct Inguinal Hernia



Inguinal Hernia

- Diagnosis is predominantly clinical
 - History + examination confirms a swelling
 - +/- reduces on palpation/lying
 - Must examine standing up and lying down
 - Can examine inguinal canal internally but can be uncomfortable...
- Cough impulse
 - What does it mean?
 - Is it significant?
- Direct vs. indirect
 - Does it matter?

Inguinal Hernia

- Imaging (Rarely used)
 - Ultrasound
 - Mainly for ?recurrence or complications from surgery
 - No role in clinically evident hernia (exception...)
 - CT
 - For obese patients
 - Better assessment of intra-abdominal & other groin pathology
 - MRI (Best modality overall)
 - Other musculoskeletal pathology (tendon/soft tissue injury)
 - Nerve irritation post-surgery
 - Mesh placement/location

Inguinal Hernia

- Management
 - Asymptomatic
 - Can safely leave alone
 - Provide advice on warning signs (pain, bowel obstruction...)
 - Symptomatic
 - Refer for consideration of surgery
 - Type of surgery (open vs. laparoscopic)
 - Previous inguinal hernia surgery
 - Comorbidity and surgeon skill/confidence
 - Patient choice

Femoral Hernia

- Groin swelling
 - Generally associated with pain
- Lateral and inferior to pubic tubercle
- Hernia protrude medial to femoral vessels
- Femoral canal is narrow
 - High risk of strangulation
- Surgery is recommended due to this risk

Femoral Hernia



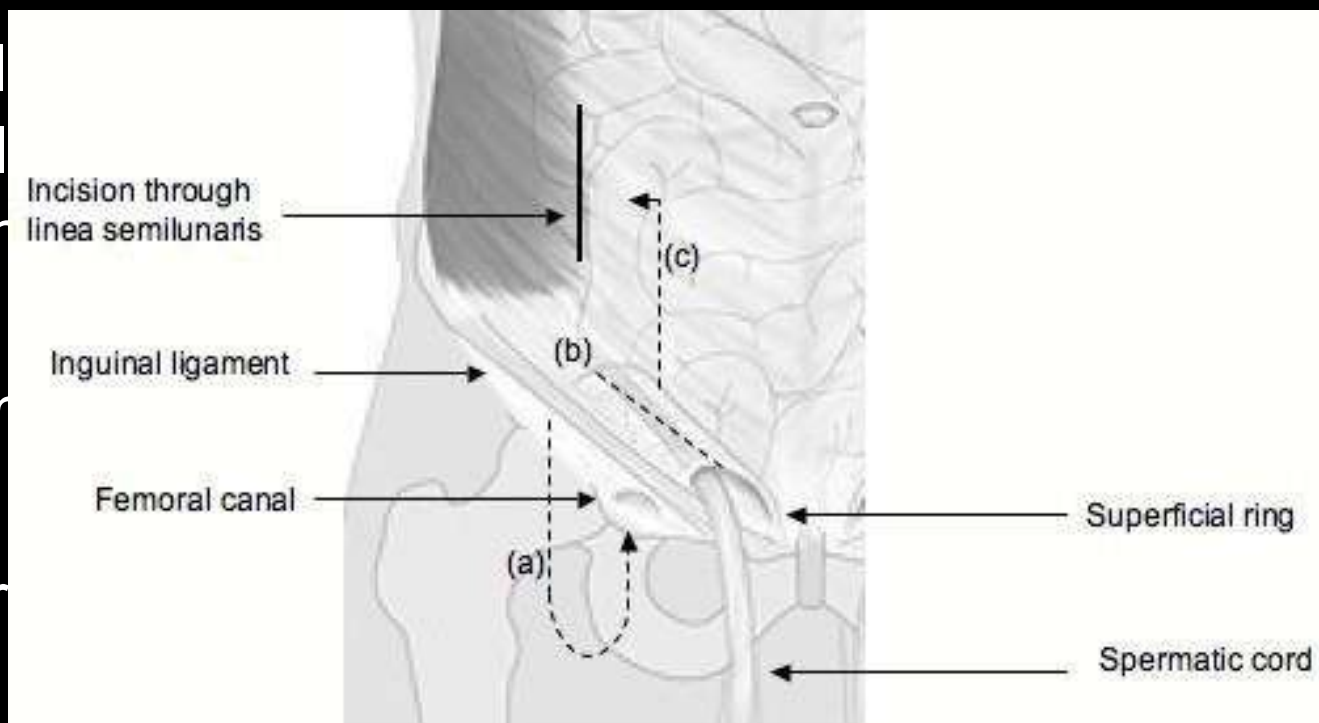
Femoral Hernia

- Very difficult
- Subtle clinical signs
- Common

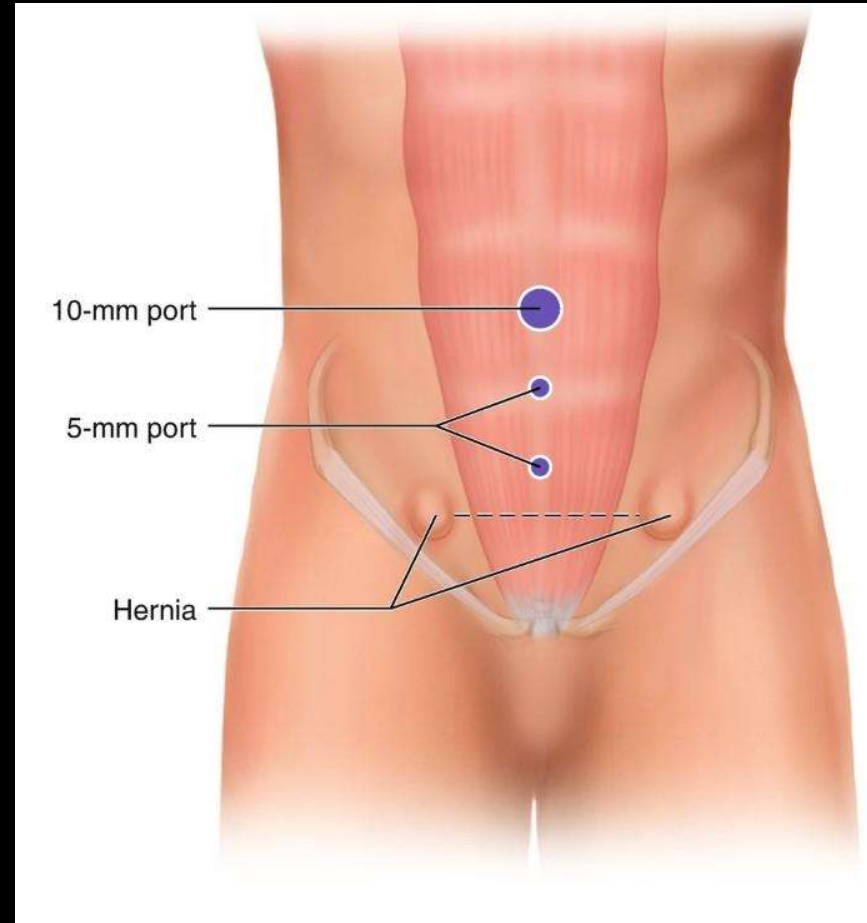
- Imaging is not

- Normally present

- Type of surgical approach depends on acuity
 - Surgical experience

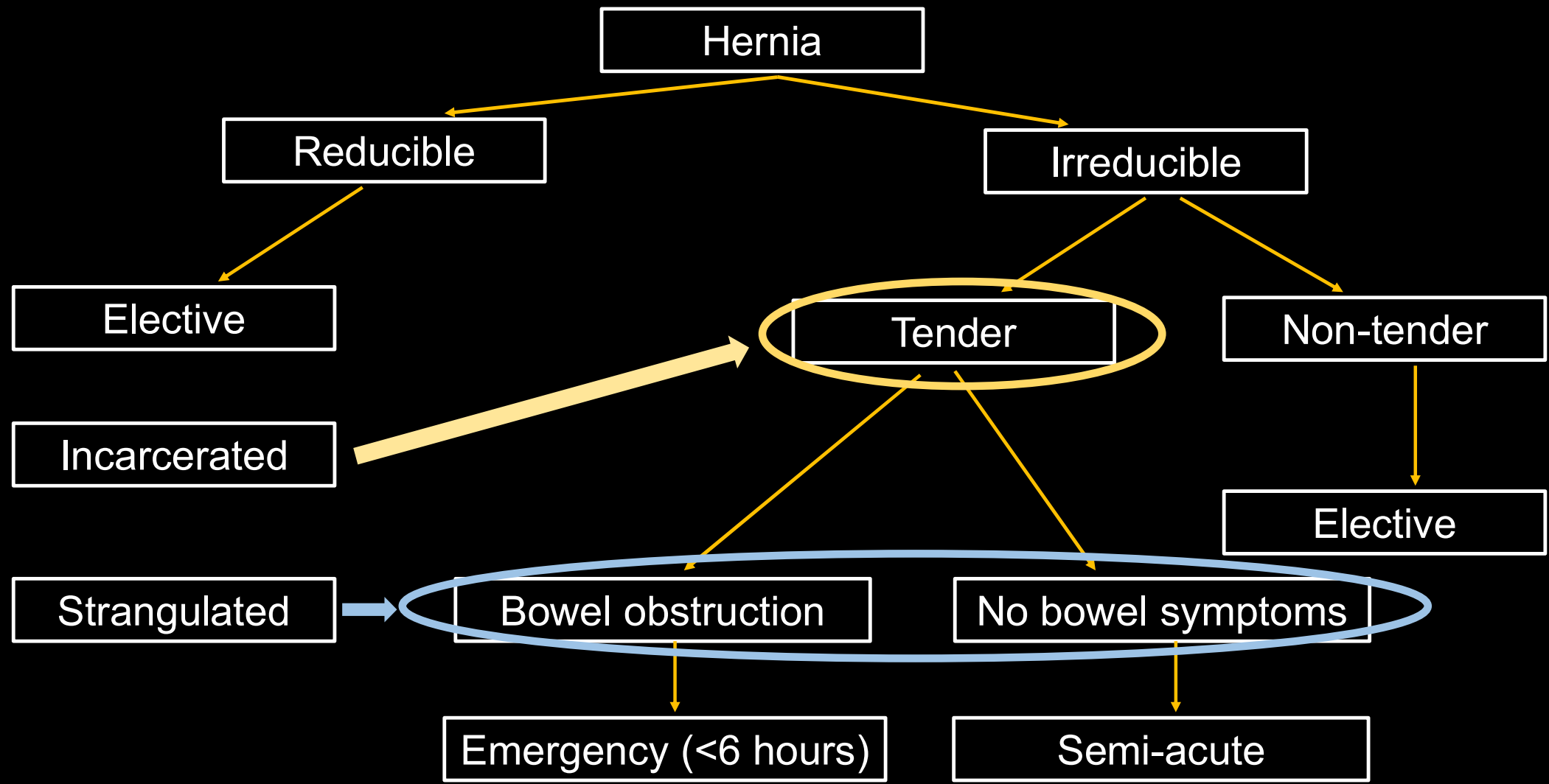


Groin hernia operation



Groin hernia operation


	Open	Laparoscopic
Anaesthetic	Can be local/spinal	General
Daycase	Yes	Yes
Mesh	Not compulsory	Compulsory
Recovery	Longer	Shorter
Wound	One long	Three small
Recurrence	No difference	
Indication	Previous laparoscopic	Bilateral, previous open, fit and young patient
Other		Can repair inguinal & femoral



Case 5

- 30 fit and well NZ European female
- Routine check-up
- No family history of note
- USS
 - Gallbladder polyps ~7 mm in size

Case 5

- Next step?
 - Repeat USS in 6 months ← 
 - Other imaging modality
 - Refer for cholecystectomy

Case 6

- 30 fit and well Chilean female
- Routine check-up
 - Known PSC
- No family history of note
- USS
 - Gallbladder polyps ~7 mm in size