

# ABDOMINAL WALL HERNIAS

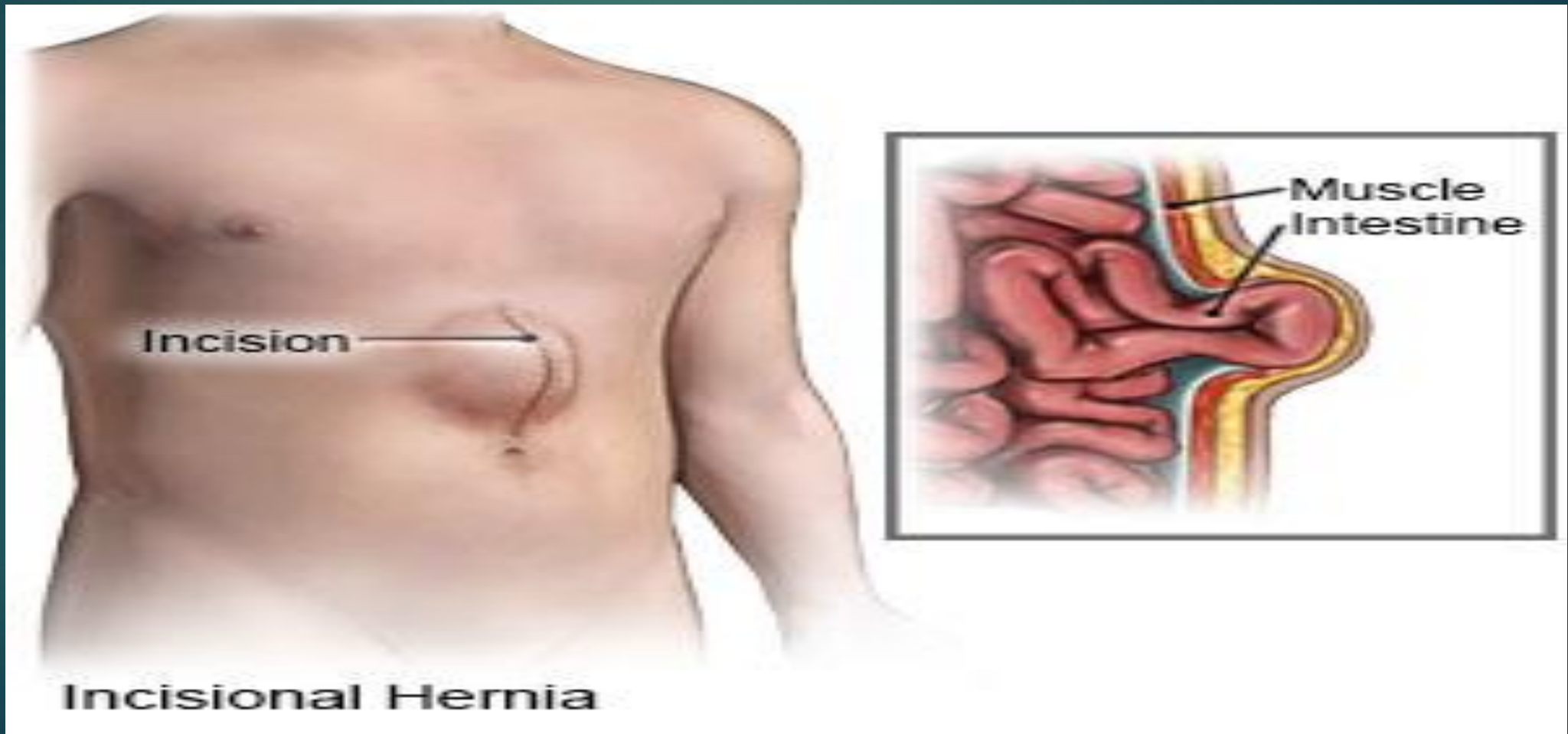


- ▶ defects in the parietal abdominal wall fascia and muscle through which intra-abdominal or preperitoneal contents can protrude.



- ▶ Ventral hernias may be **congenital** or **acquired**
- ▶ Acquired hernias may develop through slow architectural deterioration of the muscular aponeuroses

they may develop from failed healing of an anterior abdominal wall incision (*incisional hernia*).






- ▶ Ventral hernias may be asymptomatic or cause a considerable degree of discomfort, and generally enlarge over time.

**Physical examination reveals a bulge on the anterior abdominal wall that may reduce spontaneously, with recumbency, or with manual pressure.**



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- ▶ A hernia that cannot be reduced is described as **incarcerated** and requires emergent surgical correction.
  - ▶ Should the blood supply to the incarcerated bowel be compromised, the hernia is described as **strangulated**, and the localized ischemia may lead to infarction and perforation.



## Incarcerated hernia



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## Strangulated hernia



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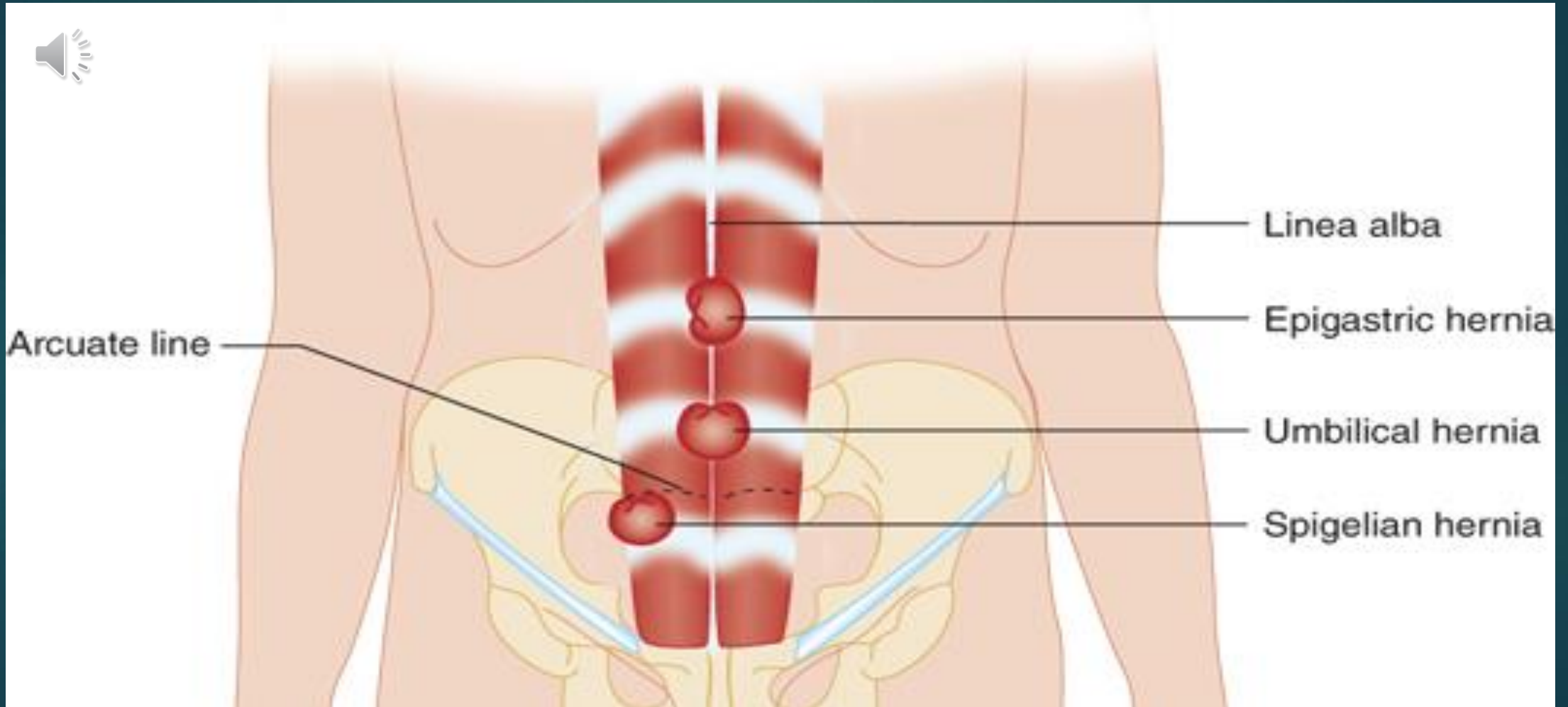
Epigastric hernias are located in the midline between the xiphoid process and the umbilicus





- ▶ **Umbilical hernias** occur at the umbilical ring and may either be present at birth or develop gradually during the life of the individual.
- ▶ Surgical treatment

**Spigelian hernias** can occur anywhere along the length of the Spigelian line or zone



🔊 Patients with advanced liver disease, ascites, and umbilical hernia require special consideration





# INCISIONAL HERNIAS





Mesh repair has become the **gold standard** in the elective management of most incisional hernias

