# **BMJ** Best Practice

## Patient information from BMJ

Last published: Sep 02, 2021

### Inguinal hernia: what is it?

You might notice an inguinal hernia as a bulge you can see or feel in your groin. It may be tender or uncomfortable and you may not like the way it looks. Doctors usually recommend surgery to repair a hernia.

Hernias can happen in several different parts of your body. But this information is about inguinal hernias, which are the most common type of hernia that happens in your lower abdomen or groin (the word inguinal means groin).

#### What is a hernia?

A hernia can happen if there's a weak spot in the muscles in the wall of the abdomen (belly). A section of bowel or fatty tissue can poke through the weak spot. This causes a bulge in your groin or the lower part of your abdomen.

Hernias happen in one of two ways:

- You may have been born with a weak spot in your muscles.
- Something may have damaged your muscles. This could be another medical condition. Things like heavy lifting, a bad cough, or straining when you go to the bathroom can make hernias worse, but they don't cause them in the first place.

#### What are the symptoms?

The main symptom is a bulge near your groin. It may be on one side of your groin (unilateral) or on both sides (bilateral). The bulge may get bigger when you cough, bend, lift, or strain. You may not be able to feel it when you sit or lie down.

Your groin may feel uncomfortable or even painful, especially when you bend or lift. Some people can push their hernia back in but it's likely to come out again. If you have a hernia that you could push back in at one time but can't any more, make sure you see your doctor right away.

In men, the lump can move into the scrotum (the sac that holds the testicles). This can cause swelling and can be painful.

Some people have hernias that don't cause them any problems. It may be possible to wait and then see if you need treatment later. However, there is a small chance that your stomach muscles could trap the piece of bowel that's poking through and cut off its blood supply. This is called a **strangulated hernia**. It's very dangerous and needs emergency surgery.

See a doctor straight away if your bulge is painful, if you feel nauseated or have a fever, or if the bulge turns red, purple, or black.

For more information on treatments for inguinal hernia see our leaflet *Inguinal hernia: what treatments work?* 

#### What will happen to me?

Most people with an inguinal hernia have surgery. But if your hernia is small and you don't have any other symptoms (like a sore groin), you can talk with your doctor about whether you need to have it repaired right away. You might be able to wait and see what happens before you decide about treatment.

If you decide to try "watchful waiting" your doctor should make sure that you are checked every six months in case your hernia is becoming more of a problem. Choosing not to have surgery right away does not increase your chance of having problems or of having a worse outcome from surgery in the future.

Most people recover well after surgery and only need one follow-up appointment to check that they are healing and recovering well. But you should go back to the hospital right away if you are in a lot of pain or if you vomit. One or two in every 100 people who have mesh surgery for a hernia will need a second operation.

You should avoid straining, heavy lifting, or strenuous exercise until you are recovered.

The patient information from *BMJ Best Practice* is regularly updated. The most recent version of Best Practice can be found at <u>bestpractice.bmj.com</u>. This information is intended for use by health professionals. It is not a substitute for medical advice. It is strongly recommended that you independently verify any interpretation of this material and, if you have a medical problem, see your doctor.

Please see BMJ's full terms of use at: <u>bmj.com/company/legal-information</u>. BMJ does not make any representations, conditions, warranties or guarantees, whether express or implied, that this material is accurate, complete, up-to-date or fit for any particular purposes.

© BMJ Publishing Group Ltd 2024. All rights reserved.

#### What did you think about this patient information guide?

Complete the <u>online survey</u> or scan the QR code to help us to ensure our content is of the highest quality and relevant for patients. The survey is anonymous and will take around 5 minutes to complete.



