



HERNIA (INGUINARY, FEMORAL) AND THEIR SURGICAL TREATMENT METHODS

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Annotation. Hernias are a common surgical pathology that occurs when internal organs protrude through weak spots in the abdominal wall. The most common types are inguinal and femoral hernias, which differ in anatomical structure, frequency of occurrence and clinical course. Inguinal hernias are observed mainly in men, while femoral hernias are more common in women and are at a high risk of complications. The main method of treating hernias is surgery, and conservative treatments are only a temporary measure. Open and laparoscopic hernioplasty methods are widely used in modern surgical practice. Tension-free operations performed using synthetic meshes reduce the number of relapses and ensure rapid recovery of patients. This article discusses the clinical significance of inguinal and femoral hernias and modern surgical approaches to their treatment.

Keywords: hernia, inguinal hernia, femoral hernia, hernioplasty, laparoscopic surgery, synthetic mesh, surgical treatment.

Hernias are one of the most common surgical diseases characterized by the protrusion of internal organs beyond their natural boundaries as a result of a violation of the anatomical integrity of the anterior abdominal wall. Among them, inguinal and femoral hernias are the most common and important forms in clinical practice. These pathologies not only reduce the patient's quality of life, but also, if not treated in a timely manner, can cause serious complications such as intestinal obstruction, strangulation, and necrosis.



Inguinal hernias are more common among men and are associated with labor activity, heavy lifting, and increased intra-abdominal pressure. Femoral hernias are more common in women and are more likely to become incarcerated due to their anatomical location. In modern medicine, the only effective method of treating hernias is surgery. In recent years, the development of open and minimally invasive laparoscopic technologies has significantly improved surgical outcomes. This article discusses the relevance of inguinal and femoral hernias, their clinical significance, and the current role of surgical treatment methods.

A hernia is a pathological condition characterized by the protrusion of internal organs or their parts through congenital or acquired weak points in the abdominal wall. Several factors play an important role in the formation of a hernia. Among them, the main ones are weakening of the muscles and fascia of the abdominal wall, impaired collagen metabolism, hereditary predisposition, age-related degenerative changes, and a long-term increase in intra-abdominal pressure.

Increased intra-abdominal pressure can be caused by conditions such as chronic cough, constipation, difficulty urinating, heavy physical labor, obesity, and pregnancy. Under the influence of these factors, the anatomical weak points of the abdominal wall expand, forming a hernial opening, and as a result, a hernial sac is formed. The hernial sac often contains loops of intestine, a large intestine, or, rarely, other organs.[1]

Inguinal hernias are the largest of all hernias and occur mainly in men. This is due to the anatomical structure of the inguinal canal in men. Inguinal hernias are divided into direct and oblique types. An oblique inguinal hernia is often congenital and passes through the inguinal canal along with the spermatic cord. A direct inguinal hernia occurs as a result of an acquired weakening of the abdominal wall and protrudes directly outside the abdominal cavity.



Clinically, inguinal hernias are manifested by swelling in the groin area, pain, discomfort, and symptoms that worsen during physical activity. In the early stages, the hernia is reentrant, retracting when the patient is lying down or when pressed with the hand. Over time, the hernia can enlarge, become irreversible, and become complicated.

Femoral hernias, although less common than inguinal hernias, are clinically more dangerous. They occur mainly in women, especially in those who have given birth many times. Femoral hernias protrude through the femoral canal in the area of the femoral triangle. Since this canal is narrow, femoral hernias often tend to become strangulated.

The clinical symptoms of a femoral hernia are often not obvious. They may be accompanied by a small swelling, mild pain, or discomfort. Therefore, it is detected late and often a doctor is consulted when it is complicated. The high risk of strangulation requires early surgical treatment of femoral hernias.[2]

Clinical examination is of primary importance in the diagnosis of hernias. The doctor surgeon examines the patient in the upright and supine positions to assess the size, location, and reversibility of the hernia. However, in some cases, especially in small or hidden hernias, instrumental examination methods are required.

Ultrasound is effective in determining the structure of the hernia, the internal organs, and the position of the hernial sac. In complex or ambiguous cases, computed tomography and magnetic resonance imaging can be used. An accurate diagnosis is important in choosing surgical tactics.[4]

Currently, the only radical method of treating hernias is surgery. Conservative measures, such as wearing a bandage or limiting physical exertion, provide only temporary relief and do not eliminate the disease. On the contrary, prolonged use of a bandage can lead to further weakening of the abdominal wall muscles.



The main goal of surgical treatment is to return the hernial sac to the abdominal cavity, close the hernial sac, and restore the strength of the abdominal wall. In modern surgery, these tasks are performed using tension-free hernioplasty techniques.[1]

Traditional open hernioplasty has been the main method of treating hernias for many years. In these methods, the skin and subcutaneous tissue are cut, the hernia sac is removed, and the internal organs are returned to the abdominal cavity. Previously, the patient's own tissues were used to sew the hernia, which led to tension and frequent relapses.

Nowadays, synthetic meshes are widely used in open surgery. The Lichtenstein method is one of the most popular and effective open hernioplasty methods. In this method, the mesh is placed over the hernial sac and strengthens the abdominal wall. As a result, postoperative pain is less and the risk of recurrence is significantly reduced.

The development of minimally invasive surgery has created new opportunities for the treatment of hernias. Laparoscopic hernioplasty is performed through small incisions using special instruments and a camera. The main advantages of this method are low trauma, low postoperative pain, rapid rehabilitation, and good cosmetic results.[3]

There are two types of laparoscopic methods: TAPP (transabdominal preperitoneal) and TEP (total extraperitoneal). Both methods use a synthetic mesh and the hernial opening is closed without tension. The laparoscopic approach is especially effective in bilateral inguinal hernias and recurrent hernias.[5]

The postoperative period is an important stage in the treatment of hernias. A rehabilitation plan is determined depending on the patient's general condition, the type of surgery, and individual characteristics. While the recovery period after open



operations is relatively long, patients can return to their daily activities more quickly after laparoscopic operations.

In the postoperative period, it is important to temporarily refrain from heavy physical exertion, eat a healthy diet, and follow the doctor's recommendations. These measures help prevent relapses and strengthen the results of the operation.

The most dangerous complication of hernias is stricture, which requires urgent surgical intervention. As a result of stricture, the blood supply to the intestine is disrupted, and necrosis may develop. Postoperative complications may include infection, hematoma, and chronic pain syndrome.[6]

Compliance with modern surgical techniques, the use of high-quality synthetic materials, and proper patient preparation significantly reduce the risk of complications.

In conclusion, Today, an individual approach to the treatment of hernias is of great importance. The patient's age, general condition, type of hernia, and the presence of complications are taken into account when choosing a surgical method. Modern open and laparoscopic technologies allow for safe and effective treatment of hernias, improving the quality of life of patients.

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