

Investigations for hernia

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For most hernias, the diagnosis is made on clinical examination. However, the patient may have symptoms suggesting a hernia but no hernia is found, or the patient may have a swelling suggestive of hernia but with clinical uncertainty. It is important to be certain that any symptoms described are due to a hernia and not to coexisting pathology, particularly when the major symptom is pain. Soft, reducible hernias are rarely painful. There may also be a requirement for more detailed information than can be found by examination alone. An ultrasound scan may be helpful in cases of irreducible hernia when the differential diagnosis includes a mass or fluid collection, enlarged lymph node or saphena varix or when the nature of the hernia content is in doubt. It is non-invasive, dynamic and low cost but highly operator dependent. Ultrasonography may be useful in the early postoperative period to distinguish a haematoma or seroma from an early recurrence. - Computed tomography (CT) is helpful in complex ventral and incisional hernias, determining the number and size of muscle defects, identifying the content, giving some indication of pathology such as ascites, occult malignancy and portal hypertension. By showing the surrounding muscle layers CT helps planning abdominal wall reconstruction. Magnetic resonance imaging (MRI) can help in the diagnosis of sportsman's (Gilmore's) groin, where pain is the presenting feature and the surgeon needs to distinguish an occult hernia from an orthopaedic injury. Laparoscopy itself may be used. In incisional hernia, initial laparoscopy may determine whether a laparoscopic approach is feasible or not. In inguinal hernia repair by the transabdominal route, initial laparoscopy can determine the presence of an occult contralateral hernia. However, laparoscopy will not identify intraparietal hernias such as lipomas of the spermatic cord and some epigastric and Spigelian hernias. Summary box 64.5 Investigations

Plain radiograph - of little value
Ultrasound scan - low cost, operator dependent
CT scan - ventral and incisional hernia
MRI - good in sportsman's groin with pain
Laparoscopy - useful to identify occult defects but not interstitial hernias

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