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## Hernia Examination

A hernia examination should always be performed in an abdominal examination. A lump which is present upon standing, and when the intra-abdominal pressure is raised is easily identified as a hernia.

### Hernia Examination

The patient should be standing with full exposure from thigh to upper abdomen.

#### *Inspection*

- Look for: scars from previous surgery, lumps and swellings.
- Ask the patient to cough with head turned away from you. Look for a cough impulse at the pubic tubercle area.
- Inspect the opposite side as above

#### *Palpation*

- Place fingers over the region of the pubic tubercle. To find the pubic tubercle, flex the thigh and abduct it – the proximal portion of the adductor longus muscle attaches to the pubic tubercle.
- Ask the patient to cough and feel for a palpable impulse. A positive palpable impulse = possible chance of hernia.
- Ask the patient to lie supine once more, and perform the above procedure again

### **Inguinal hernias**

- Inguinal hernias occur due to a deficiency just above the inguinal ligament.
- An indirect inguinal hernia protrudes through the deep inguinal ring. This is found just above the mid point of the inguinal ligament. Indirect inguinal hernias occur **lateral to the inferior epigastric vessels**.
- A direct hernia (less common), protrudes through the region of weakness known as Hesselbach's triangle (inguinal triangle).

#### The procedure – indirect hernia

- Place your gloved index finger on the upper scrotum and follow the spermatic cord up until the superficial inguinal ring. A large opening here may allow the finger to further proceed without pain.
- Ask the patient to cough, and feel for a palpable impulse.

#### The procedure – direct hernia

- Place the palmar surface of the index, and middle finger just superior to the inguinal ligament and feel for a skin depression. This is the deep inguinal ring. Ask the patient to cough and feel for a palpable impulse.