香港大學醫學院
香港沙宣道 21 號

The University of Hong Kong
Faculty of Medicine
21 Sassoon Road, Hong Kong

Hernia

What is Hernia?

Hernia is the most commonly seen surgical disease. It usually refers to a tear or rupture of the abdominal muscle. The abdominal contents pushes through the tear or rupture to form a bulge. This may sometimes contain a loop of intestine. The common areas where hernias occur are in the groin, umbilicus and the site of a previous operation. The patient usually notices a bulge upon exertion or exercise. It may be associated with discomfort or pain. Hernia can usually be pushed back into the abdominal cavity, i.e. reducible. When a loop of intestine is trapped within the hernia, blood flow to the intestine may become jeopardized, resulting in strangulation and tissue death. A strangulated hernia is a serious complication and requires emergency operation. The patient will find the hernia very painful and non-reducible.

Revolutionary Treatment for Hernia

The surgical technique for the repair of inguinal hernia has undergone great evolution in the last century. Open mesh hernioplasty is the traditional approach. In the last decade, with advances in medical technology and key-hole surgery, minimal access surgery is gaining in popularity. In 1999, a Hernia Specialist Clinic was established in the Department of Surgery, University of Hong Kong Medical Centre, Tung Wah Hospital. Endoscopic Extraperitoneal Inguinal Hernioplasty (TEP) has been offered to patients with inguinal hernia. In this approach, an endoscope connected to a special camera is inserted through a subumbilical canula. By viewing the video screen, the surgeon reduces the hernial content into the abdominal cavity. This operation is performed between the abdominal muscles and the peritoneum, without entering the peritoneal cavity. TEP reduces the risk of bowel adhesions, port site hernia development and visceral injury. In the past 3 years, more than 500 patients underwent TEPs at the Department of Surgery, Tung Wah Hospital. Suitable patients may undergo the procedure as day surgery and be discharged in the afternoon of the day of operation. Early outcomes, in terms of recurrence rate and postoperative pain, were encouraging and lower than traditional open hernioplasty. A postoperative survey found that 90% of patients, who had experience of both traditional open repair and TEP, would prefer TEP in the event of future recurrence. The benefits of TEP include reduced postoperative pain, a faster recovery, earlier return to work and lower wound infection rate. Patients, who had recurrent inguinal hernia or bilateral inguinal hernias, are suitable candidates for this approach. Surgery is the only cure for hernia. TEP is a milestone in key-hole surgery.