CONDITION

Femoral hernia

A femoral hernia occurs when abdominal tissue pushes through a weak opening into the groin or upper thigh.

WHAT IT IS
Tissue pushing through a weak opening near the upper thigh

BODY SYSTEM
Abdominal wall and groin

MAIN SYMPTOMS
Groin lump, upper-thigh pain, nausea, vomiting

WHAT CAUSES IT
Groin weakness combined with pressure inside the abdomen

HOW IT IS DIAGNOSED
Physical examination, sometimes ultrasound or CT

MAIN TREATMENT
Surgical repair

CAN IT BE CURED?
Yes - surgery closes the weak opening

IS IT AN EMERGENCY?
Sometimes - severe pain, vomiting, or a stuck lump

LONG-TERM OUTLOOK
Usually good after repair, though recurrence is possible

Overview

A femoral hernia happens when fatty tissue or part of the bowel pushes through a weak opening in the lower abdominal wall. It enters a narrow space called the femoral canal, near the top of the inner thigh.

The lump is usually below the crease between the abdomen and thigh. This differs from an inguinal hernia, which usually appears slightly higher in the groin. The two can be difficult to tell apart without an examination or scan.

Femoral hernias affect women more often than men and are more likely in later adulthood. However, they can occur in people of any sex or age.

The opening around a femoral hernia is often narrow and firm. This means tissue can become

trapped more easily than it can in many other groin hernias. Trapped bowel may become blocked or lose its blood supply. Because of this risk, a confirmed femoral hernia is usually treated with surgery rather than monitored indefinitely.

A femoral hernia is not a problem with the thigh bone, despite its name.

Symptoms

A femoral hernia may cause a small lump at the top of the inner thigh or low in the groin. The lump may become more noticeable when you stand, cough, lift something, or strain during a bowel movement. It may flatten when you lie down.

Some femoral hernias cause no clear lump. This is more likely when the hernia is small or lies beneath body fat.

Other possible symptoms include:

A hernia that moves back into the abdomen is described as reducible . A hernia that becomes stuck is called incarcerated . Do not repeatedly or forcefully press a painful lump.

Sudden severe pain, vomiting, abdominal swelling, or an increasingly tender lump can mean that bowel is trapped. A lump may also become red, purple, or dark. These symptoms need emergency assessment.

- An ache, pressure, or pulling feeling in the lower groin
- Pain during lifting, coughing, exercise, or prolonged standing
- Tenderness around a groin or upper-thigh lump
- A lump that becomes larger or more difficult to push back

Causes and risk factors

The femoral canal normally contains small blood vessels and lymphatic tissue. A hernia develops when tissue from the abdomen pushes through this space.

There is not always one clear cause. The tissues around the canal may weaken over time. Pressure inside the abdomen can then encourage tissue through the opening.

Factors associated with femoral hernias include:

These factors do not mean that you will develop a hernia. Many people with a femoral hernia cannot identify a particular event that caused it.

A hernia may first become noticeable after coughing, lifting, or straining. That does not

necessarily mean the activity created the underlying weakness.

- Being female, partly because of differences in pelvic anatomy
- Increasing age and weakening of connective tissues
- Pregnancy and childbirth
- Long-term coughing
- Ongoing constipation and repeated straining
- Regular heavy lifting or other repeated physical strain
- A previous hernia or groin operation

Diagnosis

A healthcare professional will ask where the lump or pain is, when it appears, and whether it changes with standing or coughing. They may also ask about vomiting, bowel movements, previous hernias, pregnancy, and abdominal operations.

The groin is usually examined while you are standing and lying down. You may be asked to cough so that any movement through the opening can be felt. The examination helps distinguish a femoral hernia from an inguinal hernia, swollen lymph node, cyst, enlarged blood vessel, or another cause of a groin lump.

An ultrasound may be used when the examination is unclear or when there is pain without an obvious lump. It can show tissue moving through the groin.

A CT scan gives detailed images of the abdomen and groin. It may be used when bowel obstruction or another complication is suspected. MRI is occasionally helpful when symptoms continue but earlier tests do not explain them.

A surgeon sometimes confirms the exact type of hernia during an operation.

Treatment and management

Surgery is the main treatment. A femoral hernia does not close by itself, and exercises cannot repair the opening.

Planned repair is generally advised after the diagnosis is confirmed because femoral hernias have an important risk of trapping bowel. The timing and type of operation are based on your symptoms, general health, previous operations, and whether the hernia is already trapped.

The main surgical approaches are:

During either approach, the tissue is returned to the abdomen and the weak opening is closed. A synthetic mesh is often used to strengthen the area. In some circumstances, the surgeon may use stitches without mesh.

Keyhole surgery allows the surgeon to inspect both groins and can help identify another hernia that was not obvious before the operation. The most suitable approach also depends on surgical expertise and your medical circumstances.

Many planned repairs are day procedures. Recovery usually involves gradually increasing walking and normal daily activity. Pain, bruising, and swelling around the wound are common at first. Your surgical team should explain wound care, driving, work, exercise, and lifting restrictions based on the operation performed.

Emergency surgery is needed if bowel is trapped or its blood supply is threatened. If part of the bowel has been damaged, the surgeon may need to remove that section and join the healthy ends.

A truss or hernia belt does not fix a femoral hernia. It may also hide changes in the lump. It should not be used as a substitute for surgical assessment.

- Open repair: The surgeon reaches the hernia through a cut in the groin or lower abdomen
- Keyhole repair: The surgeon uses a camera and instruments placed through several small abdominal cuts

Complications

An incarcerated hernia is trapped outside the abdomen and cannot return through the opening. This can cause increasing pain and may lead to bowel obstruction.

Bowel obstruction prevents food, fluid, and gas from moving normally through the intestine. Possible symptoms include cramping abdominal pain, vomiting, swelling, and difficulty passing stool or gas.

A strangulated hernia occurs when trapped tissue loses its blood supply. The affected bowel can become damaged. This is an emergency requiring prompt surgery.

Surgery also has possible complications. These include bleeding, infection, fluid collection, blood clots, difficulty passing urine, ongoing groin discomfort, and injury to nearby structures. A hernia can return after repair, although most repairs remain successful.

Your surgical team can explain how these risks relate to the planned approach and your health.

Prevention

Femoral hernias cannot always be prevented. Anatomy, age-related tissue changes, pregnancy, and previous surgery are not fully within your control.

Reducing repeated pressure inside the abdomen may be helpful, although it cannot guarantee prevention. This can include getting help for a long-term cough, treating constipation, and using safe lifting techniques.

If you smoke, stopping can reduce coughing and improve wound healing if you need surgery. Maintaining a weight that is healthy for you may also reduce strain on the abdominal wall.

After an operation, follow the activity and wound-care advice provided by your surgical team. Increasing activity gradually may support recovery, but there is no exercise that can permanently close an existing femoral hernia.

Living with it and what to expect

An untreated femoral hernia usually remains present. It may stay small for a time, become more noticeable, or cause complications. It is not possible to predict reliably which hernia will become trapped or when this might happen.

While waiting for planned treatment, pay attention to changes in the lump and symptoms. Avoid activities that clearly cause pain, but complete bed rest is not usually needed. Seek medical advice if the lump becomes harder to reduce, more painful, or larger.

After repair, most people gradually return to their usual work, exercise, and daily activities. The timescale can range from days to several weeks depending on the surgical approach, the physical demands of your work, and whether the operation was planned or urgent.

Temporary numbness, tenderness, or a firm ridge beneath the wound can occur during healing. Persistent or worsening pain should be reviewed rather than assumed to be normal.

Recurrence is possible, but it is not inevitable. Follow-up after an uncomplicated planned repair may be brief. Additional review may be needed if there are wound problems, ongoing pain, a new lump, or difficulty returning to normal activity.

When to get medical help

Arrange a routine medical appointment if you notice a new groin or upper-thigh lump, even if it is painless or disappears when you lie down. You should also seek routine assessment for repeated unexplained groin pain.

Contact the surgical service or a healthcare professional after repair if you develop increasing wound pain, spreading redness, drainage, fever, difficulty passing urine, or a new bulge.

Seek emergency medical help if you have:

Do not eat or drink while waiting for emergency advice if urgent surgery may be needed, unless a healthcare professional tells you otherwise.

- Sudden or rapidly worsening groin or abdominal pain
- A painful lump that becomes firm or will not go back in
- Vomiting, abdominal swelling, or inability to pass stool or gas
- Red, purple, or dark skin over a groin lump
- Severe weakness, faintness, or confusion with these symptoms

Common questions

Is a femoral hernia the same as an inguinal hernia?

No. Both are groin hernias, but they pass through different openings. A femoral hernia is usually below the groin crease, near the upper inner thigh. An inguinal hernia is usually higher. A physical examination or scan may be needed to tell them apart.

Can a femoral hernia go away on its own?

No. The lump may disappear when you lie down because the tissue has moved back into the abdomen, but the weak opening remains. Surgery is the only treatment that closes it.

Does every femoral hernia need surgery?

Surgical repair is usually recommended because femoral hernias can trap bowel. However, an operation may be delayed or managed differently when anaesthesia or surgery presents substantial health risks. A surgeon can discuss the balance of risks in your circumstances.

Can I push the lump back in?

A soft, painless hernia may sometimes flatten when you lie down. Do not force or repeatedly press a lump, especially if it is painful, firm, or difficult to move. A painful stuck lump requires urgent assessment.

Can I exercise with a femoral hernia?

Gentle activity may be comfortable while you wait for treatment. Stop activities that produce pain or make the lump more prominent. Exercise can support general health, but it cannot close the hernia. Ask your healthcare team about activity if the hernia is painful or you are awaiting surgery.

How long does recovery take after repair?

Recovery is different for each person. Many people resume light daily activities within days, while heavy work and strenuous exercise may take several weeks. Emergency surgery or bowel treatment can lead to a longer recovery.

Sources

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