CONDITION

Hernia

A hernia is tissue or an organ pushing through a weak area in muscle or surrounding tissue.

WHAT IT IS
Tissue pushing through a weak area

BODY SYSTEM
Abdominal wall and digestive system

MAIN SYMPTOMS
Visible bulge, aching, pressure, pain with activity

WHAT CAUSES IT
Weak tissue combined with internal pressure

HOW IT IS DIAGNOSED
Physical examination; imaging or endoscopy for hidden hernias

MAIN TREATMENT
Monitoring, symptom control, or surgical repair

CAN IT BE CURED?
Sometimes - surgery can repair many hernias

IS IT AN EMERGENCY?
Sometimes - sudden severe pain, vomiting, or trapped bulge

LONG-TERM OUTLOOK
Often stable or repairable, though recurrence can occur

Overview

A hernia happens when tissue, fat, or part of an organ pushes through a weak area in the muscle or other tissue that normally contains it. Many hernias occur in the abdominal wall and appear as a lump. Others, such as a hiatus hernia, are inside the body and cannot be seen.

Common types include:

The diaphragm is the sheet of muscle beneath the lungs that helps with breathing. A hiatus hernia is different from an abdominal wall hernia because it usually causes reflux symptoms rather than an outside lump.

A hernia may remain small and cause little trouble. It may also become larger, painful, or difficult to push back. Rarely, tissue can become trapped and lose its blood supply. Recognizing those urgent symptoms matters because they require prompt treatment.

- Inguinal hernia: tissue pushes into the groin through the inguinal canal
- Femoral hernia: tissue enters a passage near the upper inner thigh
- Umbilical hernia: a bulge forms around the belly button
- Incisional hernia: tissue pushes through a weak area left by abdominal surgery
- Epigastric hernia: a bulge develops between the breastbone and belly button
- Hiatus hernia: part of the stomach moves through the diaphragm into the chest

Symptoms

An abdominal wall or groin hernia often causes a soft bulge. It may become clearer when you stand, cough, lift, or strain. The bulge may flatten when you lie down.

Other possible symptoms include:

A hernia that can move back into place is called reducible . This does not mean that the weak area has healed. Do not repeatedly or forcefully push a painful bulge.

Small hernias may cause no symptoms. The size of a bulge does not always match the amount of discomfort.

A hiatus hernia does not usually produce a visible lump. Many cause no symptoms. When symptoms occur, they may include heartburn, acid or food coming back into the mouth, chest or upper abdominal discomfort, difficulty swallowing, belching, or feeling full soon after eating. These symptoms can also have other causes.

- Aching, burning, pressure, or heaviness around the bulge
- Pain that becomes worse with activity, coughing, or lifting
- A pulling feeling in the groin or abdomen
- Swelling around the testicle if a groin hernia extends into the scrotum
- Discomfort that becomes more noticeable later in the day

Causes and risk factors

A hernia usually develops through a combination of tissue weakness and pressure from inside the abdomen. The weakness may have been present from birth, developed with age, or followed an injury or operation.

Factors associated with some hernias include:

Inguinal hernias are more common in males because of the way the groin develops before birth. Femoral hernias are more likely to occur in females and have a greater chance of trapping bowel.

An umbilical hernia in a baby develops when the opening around the umbilical cord does not fully close. Many close naturally during early childhood. Umbilical hernias that first appear in adults are less likely to close without surgery.

A hiatus hernia develops when the opening where the food pipe passes through the diaphragm becomes wider or weaker. Age, abdominal pressure, and inherited tissue features may contribute, but there is not always a clear single cause.

- A family history of hernia or weaker connective tissue
- Increasing age
- Pregnancy
- Previous abdominal surgery
- Long-lasting coughing
- Frequent constipation and straining
- Regular heavy lifting or repeated physical strain
- Higher body weight
- Smoking, which can affect connective tissue and wound healing
- Fluid collecting in the abdomen

Diagnosis

A healthcare professional can often diagnose an abdominal wall or groin hernia by asking about your symptoms and examining the area. You may be examined while standing and asked to cough or gently strain so that a bulge becomes easier to feel.

Imaging is not always needed. An ultrasound may be used when a groin lump is unclear or when the hernia is not obvious during examination. A CT or MRI scan can provide more detail about deeper, recurrent, or incisional hernias.

A hiatus hernia may be found during an upper endoscopy, in which a thin flexible camera is passed through the mouth to examine the food pipe and stomach. It may also be seen on a contrast X-ray after you swallow a liquid that shows the digestive tract. Other tests can assess swallowing or acid reflux when needed.

The assessment also looks for other possible causes of a lump or pain. These include enlarged lymph nodes, muscle injuries, fluid-filled sacs, and problems affecting the testicle, bowel, or blood vessels.

Treatment and management

Treatment depends on the hernia's type, location, symptoms, effect on daily life, and risk of complications.

Monitoring may be reasonable for certain hernias that cause no symptoms or only mild symptoms. For example, some men with a minimally symptomatic inguinal hernia may choose watchful waiting after discussing the benefits and risks. The hernia does not usually heal during this period, and surgery may be considered later if pain or enlargement develops.

Femoral hernias are often repaired because they have a higher risk of trapping bowel. A groin lump in a woman also deserves timely assessment because a femoral hernia can be difficult to distinguish from an inguinal one.

Surgery closes the opening and returns the tissue to its usual position. Repair may be performed through one larger cut, called open surgery, or through several small cuts using keyhole surgery. Many adult repairs use surgical mesh to reinforce the weak area, although stitches alone are suitable in some circumstances.

The choice of operation depends on the hernia and your overall health. Possible problems include infection, bleeding, fluid collection, long-lasting pain, difficulty passing urine, injury to nearby structures, or the hernia returning. The risks are not the same for every operation.

Support garments or trusses may temporarily hold in a reducible hernia, but they do not repair the opening. An incorrectly fitted garment can cause discomfort or skin damage.

For a hiatus hernia, treatment usually focuses first on reflux. This can include avoiding meals close to bedtime, raising the head of the bed, adjusting foods that clearly trigger symptoms, and using acid-reducing medicine like omeprazole or lansoprazole when appropriate. Surgery may be considered for severe symptoms, complications, or certain large hiatus hernias.

Complications

An incarcerated hernia is trapped and cannot move back into place. It may block the bowel, causing increasing abdominal pain, swelling, vomiting, and an inability to pass stool or gas.

A strangulated hernia has lost part of its blood supply. This can damage the trapped tissue and

requires emergency surgery. Warning signs include sudden or rapidly worsening pain, a firm tender bulge, skin colour changes over the bulge, vomiting, or feeling seriously unwell.

A hiatus hernia can contribute to ongoing acid reflux. Over time, reflux may inflame the food pipe, cause bleeding or scarring, or lead to changes in its lining. Difficulty swallowing, unexplained weight loss, repeated vomiting, or signs of bleeding need medical assessment.

Not every painful hernia is strangulated, but a sudden change from the usual pattern should not be watched at home without advice.

Prevention

Not every hernia can be prevented. Some are linked to inherited tissue weakness, development before birth, ageing, or a necessary surgical incision.

Reducing repeated pressure inside the abdomen may lower the chance of some hernias or slow worsening, but it cannot guarantee prevention. Helpful measures may include treating a persistent cough, managing constipation, maintaining a weight that is appropriate for you, and avoiding smoking.

Good lifting technique reduces strain and injury risk. Keep a load close to your body, bend at the hips and knees, and ask for help with loads that are too heavy. Ordinary activity does not need to be avoided simply because hernias can occur.

After abdominal surgery, follow the surgical team's instructions about wound care and returning to lifting or exercise. Report a new lump near the scar rather than trying to strengthen through pain.

Living with it and what to expect

A hernia may remain much the same for months or years, but many gradually enlarge. Symptoms may come and go with activity, coughing, constipation, or long periods of standing. A hernia that is painless now can become uncomfortable later, although this is not certain.

During monitoring, pay attention to changes in the bulge, pain, and effect on normal activities. Routine follow-up is appropriate if symptoms are slowly increasing, the bulge is becoming larger, or you are reconsidering surgery.

You can usually remain active within your comfort level. Walking and general exercise are often possible. Stop an activity if it causes sharp pain or a persistent increase in swelling, and discuss how to adapt it with a healthcare professional. Exercise can improve general fitness

but cannot close a hernia opening.

Recovery after repair differs by operation and by the kind of work or activity you do. Temporary soreness, bruising, and swelling are common. Most people gradually return to everyday activities, following the instructions given by their surgical team.

Surgery repairs the existing weak area but does not make recurrence impossible. A hernia can return at the same site or develop elsewhere. Long-term pain can also occur after groin repair, although many people have good symptom relief and return to their usual lives.

When to get medical help

Arrange a routine appointment if you notice a new groin or abdominal lump, recurring pain with lifting or coughing, or possible hiatus hernia symptoms that do not settle. A previously assessed hernia should also be reviewed if it is steadily enlarging or interfering with work, sleep, exercise, or daily activities.

Seek prompt medical advice if a hernia becomes newly painful, more difficult to move back when it was previously reducible, or associated with nausea or a change in bowel movements.

Seek emergency care now for:

Chest pain can have causes other than a hiatus hernia. New or severe chest pressure, especially with breathlessness, sweating, nausea, or pain spreading to the arm, jaw, back, or shoulder, needs emergency assessment.

- Sudden, severe, or rapidly worsening pain
- A firm, very tender bulge that will not flatten
- Red, purple, dark, or otherwise changed skin over the bulge
- Repeated vomiting or a swollen abdomen
- Inability to pass stool or gas with abdominal pain
- Vomiting blood, black stools, fainting, or severe weakness

Common questions

Can a hernia heal on its own?

Most adult groin and abdominal wall hernias do not close on their own. Some stay small and can be monitored. Umbilical hernias in young children often close naturally, while adult umbilical hernias usually do not.

Can I exercise with a hernia?

Many people can continue gentle or moderate activity if it does not cause pain or lasting swelling. Heavy straining may worsen symptoms. Exercise strengthens surrounding muscles but does not repair the opening itself.

Do all hernias need surgery?

No. Some hernias with few symptoms can be monitored. Surgery is more likely to be offered when there is pain, enlargement, impaired daily activity, or a greater risk of trapped tissue. Emergency surgery is needed if blood supply to the contents is threatened.

Is a hernia always a visible lump?

No. Small or deep hernias may not be obvious, and a bulge can disappear while lying down. A hiatus hernia is inside the body and cannot be seen from the outside.

Will a hernia come back after surgery?

It can. Recurrence risk is influenced by the hernia type, repair method, tissue healing, smoking, body weight, and pressure from coughing or straining. Recurrence is possible even after an otherwise successful repair.

Is a hiatus hernia the same as acid reflux?

No. A hiatus hernia is a change in anatomy, while reflux is stomach contents moving into the food pipe. A hiatus hernia can make reflux more likely, but either condition can occur without the other.

Sources

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