

## Hernia and its Care

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A hernia occurs when part of an organ or fatty tissue ruptures through the weak muscle or connective tissue and creates an abnormal bulging. Among various types, the most commonly occurring hernia is abdominal wall hernia also known as “inguinal”. More than five million people in the U.S. are living with an abdominal wall hernia. About 27% of the male and 3% of the female population develops the inguinal hernia (IH) during their lifetime.

All hernias are caused by a combination of increased pressure and weakness of muscle in the nearby tissue. Increased abdominal pressure due to heavy lifting, chronic diarrhea or constipation, persistent coughing or sneezing, and weak abdominal muscle due to obesity, poor nutrition and smoking can contribute to the cause of hernia.

Family history, existing contra-lateral hernia, male gender, age, abnormal collagen metabolism, prostatectomy, cesarean surgery, and low body mass index are the main risk factors of IH. It is more prominent in aged men but new-born babies, as well as women, can also develop an abdominal hernia. Due to a lack of awareness hernias often ignored and left untreated. This eventually leads to complications and often can be lethal.

First IH surgeries were reported in the late sixteenth century. Eventually, various repair approaches were introduced. Subsequently, minimally invasive techniques for hernia repair were first performed in the early 1980s. Most recently, Laparoscopic Trans Abdominal Pre-Peritoneal (TAPP) and Totally Extra Peritoneal (TEP) endoscopic techniques, have been developed.

Although many different surgical approaches were recommended, the best method yet to invent. Additionally, hernia treatment is not standardized vastly, surgeons around the world use various treatment approaches. To create awareness among people, gather data, and standardize the treatment and management of hernia societies were established. Three most prominent hernia societies are the European Hernia Society (EHS), The International Endo Hernia Society (IEHS), Americas Hernia Society Quality Collaborative (AHSQC).

These societies independently provided separate guidelines. However, they all are aimed at both improving IH treatment and enhancing the education of surgeons.

In 2009, EHS published initial guidelines covering different aspects of IH treatment in adult patients. IEHS published their strategies in 2011, focusing on laparo-endoscopic hernia repair. Finally, the Americas Hernia Society Quality Task Force was formed in 2013 with the mission to provide health care professionals real-time information for maximizing value in hernia care.

Ultimately the European societies collaboratively for the first time released the hernia guidelines as “Groin Hernia Guidelines”. This collective approach will remove misconceptions increased awareness among individuals and help get standardize treatment.

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