

# Treating things that go bump in the groin

A hernia should not be ignored, even if you are able to push the lump back in.

It is often in the shower or while getting dressed that people discover they have an inguinal hernia.

As they go through their daily routine, they notice a lump in their groin, which they may be able to push back into place.

Alternatively, a hernia may cause a noticeable bulge or pain following strenuous activity or lifting.

Left untreated, the muscle injury or defect causing the hernia may worsen over time. Complications can occur, including injury to the bowel or surrounding structures. Such complications may require emergency medical attention and, possibly, emergency surgery.

In essence, an inguinal hernia is a weakness or defect in the abdominal wall muscle in the groin area, which allows internal organs to push through the hole. This causes discomfort, pain and the noticeable bulge. Much like an inner tube bulging through a defect in a tyre.

Mr Elan Kaplan is the primary surgeon at Fix My Hernia. He says inguinal hernias account for about 75 per cent of all hernias.

These hernias are more common in men, who, across their lifetime, have about a 27 per cent chance of experiencing one.

Common contributing factors to developing a hernia include growing older, a family history of the condition, chronic cough, strenuous activity and a previous inguinal hernia.

Mr Kaplan says about a third of sufferers



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are not aware that they have a hernia. Patients may present with a lump in the groin, pain, or if there is a complication, may have a bowel obstruction.

Such an obstruction can lead to a distended abdomen, nausea, vomiting and experiencing severe pain.

In severe cases a patient may present with ischaemic or “dead” bowel.

The first port of call is a GP. He or she is able to make initial diagnosis and identify if the hernia is reducible – in other words able to be pushed back. If there is any doubt an ultrasound can be performed.

Mr Kaplan says that while GPs may confirm a diagnosis, the only way to fix it is to surgically repair it.

He says studies have found “there is a considerable crossover where the asymptomatic patient becomes symptomatic, and they end up needing surgery. Therefore, anyone who is symptomatic should have their hernia repaired.”

Armed with a referral from their GP, patients meet with a specialist, who will explain the diagnosis and offer treatment, which for the majority of sufferers is keyhole or laparoscopic surgery.

Mr Kaplan says the advantage of a laparoscopic procedure is that it is a safe, reliable and quick operation, with less pain, scarring and a quick recovery time.

It also allows identification of other hernias in the area. Operations repairing hernias on both sides of the groin commonly take less than one hour.

While the procedure does involve a general anaesthetic, some patients can go home on the same day as surgery.

Mr Kaplan says the biggest incision is about 2cm, and other two incisions are about 0.5cm, even if he is performing a procedure on both sides of the groin, which is not uncommon.

Since finishing his training in 2011, Mr Kaplan has completed a number of preceptorships. He is a member of the European Hernia Society and attends international hernia conferences.

He has performed more than 1000 hernia procedures and says he provides tailored and individual treatment for all inguinal and abdominal wall hernias.

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