

# Femoral Hernia

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The Operative Review of Surgery. 2023; 1:310-313.

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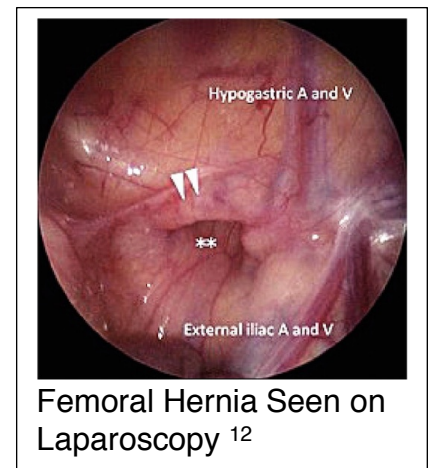
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## Definitions and Descriptions

### Basics

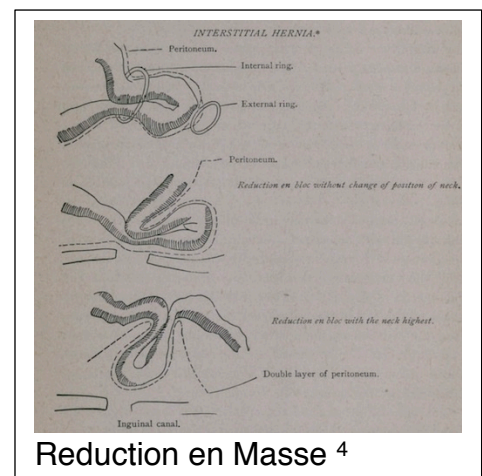
- Definition: Hernia Through the Femoral Canal
- 4x More Common in Women <sup>1</sup>
  - Inguinal Hernias are Still the Most Common in Females Overall
- Highest Risk of Strangulation <sup>2</sup>
  - 22% Risk at 3 Months
  - 45% Risk at 21 Months
  - 40% Present Emergently as Incarceration or Strangulation <sup>3</sup>



Femoral Hernia Seen on Laparoscopy <sup>12</sup>

### Additional Descriptors

- *Reduction en Masse*: Hernia Sac is Reduced but the Bowel is Still Incarcerated within the Reduced Sac <sup>4</sup>
  - Causes a Risk of Progression to Ischemia and Necrosis Despite Reduction
  - “Classically” Describing an Inguinal Hernia <sup>4</sup>
- *Richter Hernia*: Only the Antimesenteric Border of the Bowel Wall is Herniated <sup>5</sup>
  - Also Described as a “Partial Enterocoele” <sup>5</sup>
  - May Not Cause Obstruction as Bowel Contents Can Pass Through the Intraperitoneal Portion of the Bowel
  - High Risk of Incarceration and Strangulation of the Herniated Portion



Reduction en Masse <sup>4</sup>

- *Littre Hernia*: Hernia Contains a Meckel Diverticulum <sup>6</sup>
- *De Garengeot Hernia*: Femoral Hernia Containing the Appendix <sup>7</sup>
  - May Be Confused with an *Amyand Hernia* (Inguinal Hernia Containing the Appendix) <sup>8</sup>
- *Sliding Hernia*: A Retroperitoneal Organ is Included as Part of the Hernia Sac <sup>9</sup>
  - Most Common Organs:
    - Males: Sigmoid Colon and Cecum
    - Females: Ovary and Fallopian Tube (Ligate the Round Ligament and Return the Ovary at Surgery)

## Other Groin Hernias

- *Inguinal Hernia*
  - \*See Inguinal Hernia
- *Obturator Hernia*
  - \*See Obturator Hernia
- *Athletic Pubalgia (Sports Hernia)*
  - \*See Athletic Pubalgia (Sports Hernia)
  - Not a True Hernia
- \*96% of Groin Hernias are Inguinal, 4% are Femoral <sup>10,11</sup>



Richter Hernia <sup>13</sup>

# Presentation and Diagnosis

## Presentation

- Groin Bulge
- Groin Pain and Discomfort
  - May be Worsened by Coughing or Straining
- Symptoms of Bowel Obstruction
  - Nausea and Vomiting
  - Constipation
- Risk for Bowel Incarceration, Strangulation, and Necrosis
- Overlying Skin Can Develop Erythema, Ischemia, or Ulceration Due to Excessive Pressure

## Diagnosis

- Generally a Clinical Diagnosis
  - Often Difficult to Differentiate from an Inguinal Hernia on Physical Exam
  - Hernia Found Inferior to the Inguinal Ligament and Medial to the Femoral Vessels
  - Small Hernias May Be Difficult to Palpate
  - More Difficult to Diagnose in Females and Obese
- Imaging May Be Required if Uncertain



Femoral Hernia Seen on CT  
Medial to the Femoral Vessels

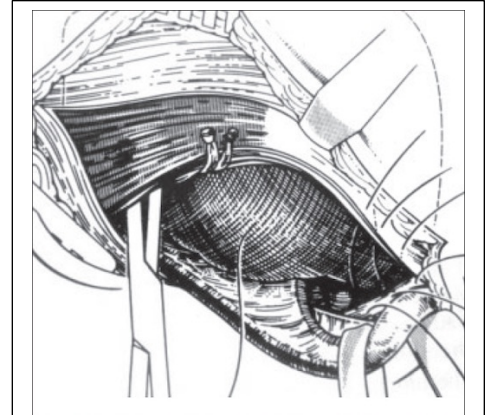
<sup>14</sup>

- US – More Cost Effective and Allows Dynamic Assessment with Valsalva (Operator Dependent)
- CT – Allows Better Evaluation of Large and Complex Defects

# Treatment

## Treatment

- All Should Undergo Early Surgical Repair Regardless of Symptoms
- Higher Risk of Incarceration and Strangulation Preclude Watchful Waiting
- Higher Risk for Recurrence Than After Inguinal Hernia Repairs<sup>15,16</sup>
  - Due Partially to Increased Rates of Emergency Surgery and Overall Complications



McVay Repair with Placement of a Preperitoneal Mesh<sup>19</sup>

## Surgical Technique

- *Open Hernia Repair*
  - Open Hernia Repairs are Traditionally Done by a **McVay Repair**
    - May Require Division of the Inguinal Ligament to Reduce Bowel
  - Bassini and Lichtenstein Repairs Do Not Close the Femoral Canal
  - Other Open Options:
    - Trans-Inguinal Preperitoneal (TIPP/Kugel) Repair
    - Anterior Mesh Plug
  - *\*See Open Inguinal Hernia Repair*
- *Minimally Invasive (Laparoscopic/Robotic) Hernia Repair*
  - Generally Preferred Over Open Repairs for Elective Cases if Possible<sup>17,18</sup>
    - Lower Recurrence Rates
    - Better to Identify Occult Hernias
  - *\*See Minimally Invasive Inguinal Hernia Repair*

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