16.6 Inguinal Hernia

DEFINITION	An inguinal hernia occurs when soft tissue in the abdomen protrudes through a tear in the lower abdominal wall, resulting in a bulge in the groin or scrotal sac. About 25% of men will have one during their lifetimes. Involvement is more common on the right side. Hernias that are not reducible can cause complications including bowel necrosis secondary to limited blood supply.
SUBJECTIVE	<u>May include:</u> 1. A bulge in the groin or scrotum when the client sits, stands or strains. 2. Pain.
OBJECTIVE	<u>Must include:</u> 1. Vital signs – BP, temperature. 2. Abdominal exam. 3. Elicitation of cremasteric reflex (drawing up of the scrotum and the testicle in response to scratching of the skin over Scarpa's triangle or on the inner side of the thigh on the same side of the body), is the reflex present or not. 4. Testicular exam including palpation of the epididymus. 5. Examination of the inguinal lymph nodes. 6. Elicitation of a bulge in the groin or scrotum with valsalva maneuver. <u>May include:</u> 1. Presence of bowel sounds with auscultation of hernia. 2. Transillumination of the scrotum – a hernia will not transilluminate.
LABORATORY	
ASSESSMENT	Inguinal hernia
PLAN	1. Refer non-reducible hernias to surgeon or emergency department for immediate evaluation and management. 2. Refer reducible hernias to surgeon for evaluation, observation, and treatment options.
PATIENT EDUCATION	1. Emphasize the importance of follow-up care.