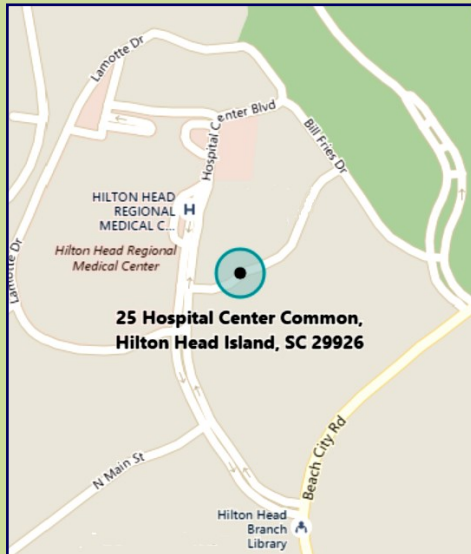

Location

Our office is located in the single story building in the Hospital Center Common located across from Hilton Head Hospital.

We are located on the web at:

www.HHISurgeons.com



Performing Surgeries at:

- Hilton Head Hospital
- Outpatient Surgery Center of Hilton Head

Surgery by Surgeons

A fully trained surgeon is a physician who, after medical school, has gone through at least five years of training in an accredited residency program to learn the specialized skills of a surgeon. One good sign of a surgeon's competence is certification by The American Board of Surgery, a national surgical board approved by the American Board of Medical Specialties. All such board-certified surgeons have satisfactorily completed an approved residency training program and have passed a rigorous specialty examination.

The letters F.A.C.S. stands for Fellow of the American College of Surgeons. Surgeons who become Fellows of the College have passed a comprehensive evaluation of their education, training, and professional qualifications. Their credentials have been found to be consistent with the standards established and demanded by the College.

SURGICAL SPECIALISTS
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ABOUT HERNIAS

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Board Certified
General Surgeons

ABOUT HERNIAS

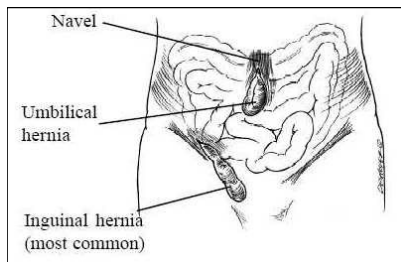
WHAT IS A HERNIA?

A hernia is a protrusion of intestine or internal fat through a weakness or hole in the abdominal musculature.

WHAT KINDS OF HERNIAS ARE THERE?

INGUINAL—These are hernias of the groin and account for approximately 80% of all hernias. This type of hernia is more common in men.

FEMORAL—This type of hernia also arises in the groin but presents in the upper thigh. It accounts for 6% of all hernias and is more common in women.



UMBILICAL—This hernia occurs at the navel or bellybutton and is especially common in infants as well as adults. Fortunately for children it will often spontaneously close by age two.

EPIGASTRIC—Also called ventral hernias these arise along the midline of the abdomen, especially above the umbilicus.

INCISIONAL—These hernias occur through previous surgical incisions. Obesity and surgical wound infections increase the risk of developing these kinds of hernias.

HIATAL—A portion of the stomach or other internal organs protrude through a hole in the diaphragm, the muscle that separates the chest and the abdomen.

WHO GETS HERNIAS?

Most adult hernias are the result of strain on muscles that have been weakened by age or congenital factors. Chronic coughing, lifting, constipation, and weight gain have been associated with hernia development.

WHAT ARE THE SYMPTOMS OF A HERNIA?

Everyone is different so symptoms will vary. Some hernias may not have any symptoms while others may be associated with a lot of complaints. Commonly they will present as a bulge that may be accompanied by discomfort or pain. When the bulge disappears on its own or with some gentle pressure it is called **reducible**. If a hernia cannot be pushed back in then it is called **incarcerated** or **non-reducible**. Sometimes a hernia will become incarcerated and the blood supply will get cut off thereby forming a **strangulated** hernia. This is usually a very painful bulge and if not treated quickly can become a life threatening emergency.

WHEN DOES A HERNIA NEED SURGERY?

Almost all hernias require surgery. With the exception of umbilical hernias in children hernias do not resolve. If left unfixated hernias may increase in size, which may make their repair more difficult. Further, a hernia that strangulates requires emergency surgery, which naturally is associated with more risks.

HOW ARE HERNIAS REPAIRED?

The majority of hernias are repaired in the outpatient setting, but very large incisional hernias and strangulated hernias may require a hospitalization.

The **conventional repair** of groin hernias closes the hole in the muscle by using sutures to bring together the healthy stronger tissues around the hernia. This technique has a slightly higher risk of

recurrence because it can create tension on the surrounding tissues and thereby weaken them.

Like conventional repair, the **tension free mesh repair** of groin hernias is done through an incision a couple of inches long placed over the site of the hernia. The repair anchors mesh, a plastic screen, into the healthy muscle to patch the defect. This creates less tension on the tissues which is responsible for the lower risk of recurrent hernia. The **laparoscopic repair** also uses mesh to repair the hernia defect but in this technique the mesh is inserted through several small incisions and placed behind the muscle. It too has a low risk of recurrence and usually has a shorter recovery and return to work period than the other methods of repair.

Incisional and umbilical hernias can be repaired either with or without mesh and either through the laparoscope or larger incisions. The method selected usually depends in part on the size of the hernia.

WHAT ARE THE COMPLICATIONS OF SURGERY?

Most hernia surgeries occur without significant complication; however, no surgery is risk free. There is about a 1% risk of infection, and the risk of serious bleeding is well less than 1%. The risk of recurrence of the hernia is about 5% but may be as high as 20% if mesh is not used.

WHAT IS THE RECOVERY?

All patients are different and no two hernias are alike; therefore, recovery will vary from person to person. Most patients report that the worst of the pain lasts for two to seven days. Restrictions on activity will depend upon the size of the hernia and the technique used to repair it.