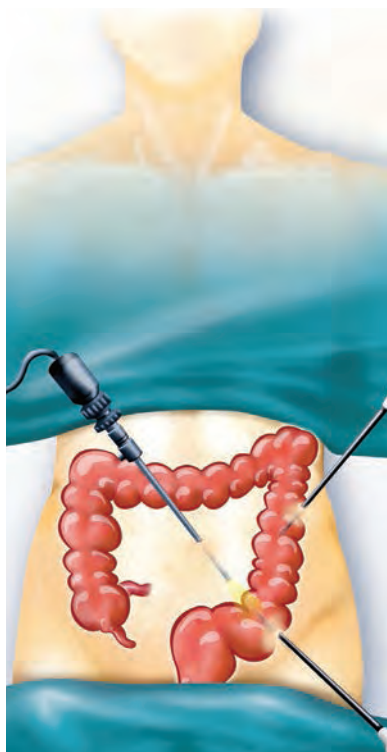


Hernia Help

Spend an hour with the quietly spoken DR QUAH HAK MIEN and you'll learn a lot about vital parts of the body that most of us unthinkingly take for granted. The good doctor nonchalantly likens himself to a plumber, sorting out blockages and internal problems in organs that are essential for good health. As a student, the decision to specialise in the lower digestive tract – the small bowel, colon, rectum and anus – was an easy choice, he says. Piles, colonoscopies and treating colorectal cancer are all part of his daily schedule, but he took a few moments to tell us about hernias.



What is a hernia?

Technically, a hernia occurs when an organ or part of an organ protrudes through the wall that normally contains it. There are several types, and hernias can be either internal or external. For example, an umbilical hernia occurs near the belly button, and is a defect in a layer of the abdominal wall. The most common is a groin or inguinal hernia, which tends to affect men more than women.

Why does it occur?

There are several reasons. Some people can be born with an umbilical hernia, or they can occur in women during and after pregnancy. Rapid weight gain will exacerbate a hernia. More weight on the abdominal wall multiplies the weakness and the protrusion becomes more obvious.

During post-surgery recovery people sometimes get a hernia. The incision becomes a weakness in the abdominal wall and the fat layer covering the bowel may protrude.

What is the treatment?

It largely depends if the hernia is causing symptoms or not. When the hernia is large it does not tend to cause pain because parts of the organ don't get trapped. But when the opening is small, it can become stuck and this can be painful. Umbilical hernias usually don't cause problems. Some choose to get it repaired for aesthetic reasons, but this has to be balanced with the risk of scarring from surgery. If it becomes painful though, we usually recommend surgery.

It is ever life-threatening?

Strangulation or obstructions should be treated with urgency.



How can a hernia be repaired?

Both groin and umbilical hernias are repaired with laparoscopic surgery under general anaesthetic. The application of laparoscopy techniques is relative new in this part of the body. The use of high-definition cameras has made an impact, because this greatly reduces the size of the incision and hence the instance of large scars.

Small keyholes are cut at the side of the area and a camera is used to direct the surgery. A synthetic mesh is inserted to buttress the wall and stop the organ protruding. Over time the mesh induces scarring and fibrous tissue, which strengthens the tummy wall. A new innovation is lightweight, dissolvable mesh, which is useful because once the area is repaired, the mesh is superfluous.

Some surgeons still repair the hernia by stitching (without mesh) and in 90 percent of cases this works, but in a minority it may reappear. Many people prefer laparoscopy as is not invasive and the mesh does not feel as bulky and hard.

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