

# Hernia & Abdominal Wall Repair Program

## Frequently Asked Questions

### 1. What is a hernia?

A hernia occurs when part of an internal organ bulges through a weakened muscle, tissue, or membrane that would normally contain it. Hernias are caused by a combination of muscle weakness and strain.

### 2. How do you get a hernia?

In adults, some hernias can be traced to heavy lifting, obesity, persistent coughing or sneezing, pregnancy, or straining with bowel movements or urination. A previous abdominal surgery can also lead to a hernia due to weakened stretched tissue.

In children, most hernias are caused by one of two types of birth defects: 1) Omphalocele, in which part of the bowel sticks out through the belly button. An infant with this condition may also have additional congenital disorders. 2) Gastroschisis, which is a birth defect in which there is separation in the abdominal wall resulting in protrusion of the intestines. This defect is usually seen to the right of the belly button and can be large or small.

UT Southwestern physicians routinely handle acquired and congenital hernias in both adults and children.

### 3. Are there different types of hernias?

There are several. Hernias are named for their location on the body. The most common abdominal hernias include:

- **Inguinal** hernias, which are more commonly found in males. An inguinal hernia occurs when part of the intestine protrudes through the lower part of the abdomen near the groin.

- **Umbilical** hernias, which are usually seen in infants less than six months old. An umbilical hernia is characterized by bulging around the belly button when the baby cries. This type of hernia may heal on its own, without the need for surgery.

- **Ventral** hernias, which are also found more commonly in males. A ventral hernia occurs when part of the intestines protrude through the abdominal wall between the belly button and chest. It requires surgery to repair.

- **Incisional** hernias, which occur when previous abdominal surgery has weakened the abdominal wall or an infection at the surgical site causes a breakdown of the wound closure. About 25 to 30 percent of patients will develop an incisional hernia when a wound infection occurs after surgery.

### 4. Is the development of a hernia considered an emergency?

Most hernias don't need emergency treatment. In fact, most people live with their hernias for months before seeking treatment. However, there is one hernia in adults that does require emergency evaluation and surgery. When the protrusion causes decreased blood flow to the intestine, the intestinal tissue can die. This is called a **strangulated hernia**. Symptoms include intense pain and tenderness. Nausea and vomiting may also occur due to bowel obstruction.

### 5. What types of surgeries are performed to repair hernias?

There are three main surgical approaches—**primary**, **mesh**, and **complex**. UT Southwestern surgeons have experience with all three types. Your surgeon will look

at a variety of factors in deciding the best surgical approach for you. Your overall health, any previous surgeries, your body's ability to heal, and the size of the hernia are all taken into consideration.

- A **primary** repair is done with sutures placed in a straight line in the abdomen.
- A **mesh** repair involves the use of a prosthetic or biologic mesh when the defect is too large to repair with a primary technique.
- A **complex** abdominal wall and hernia repair uses a combination of primary and mesh techniques. Other types of complex repairs can include use of tissue expansion, free tissue transfer, and even abdominal wall transplantation.

## 6. What's the purpose of mesh?

Mesh is used in some complex abdominal surgeries if there is concern that the extra tension created along the incision of the abdominal muscle will prevent it from healing without complications. The mesh is placed beneath the muscle, bigger than the defect opening to create a barrier. The body will create "in-growth" tissue that will adhere to the mesh, incorporating the mesh as part of the abdominal wall. This in-growth tissue keeps the mesh in place. At the time of surgery the mesh may or may not be sutured in place.

## 7. Are there different types of mesh?

Yes, there are two types. The first is **synthetic mesh**, which is made of nylon or gore-tex. The other type is **biologic mesh**. **Biologic mesh** has revolutionized the treatment of complex abdominal wall hernias. They come from the sturdy skin of human cadavers and from porcine (pig) or bovine (cow) sources. All have been specially treated to remove all native cells, but still leave a collagen layer. The advantage of biologic meshes is that they are more resistant to infection and

they promote tissue growth for healing and closing the hernia defect. These biologic meshes (xenografts) are available in large thick segments, which are ideal for repairing large, complex abdominal wall hernias.

## 8. Do I need mesh to repair my hernia?

Not necessarily. A procedure called "component separation" can be done without the use of mesh. This procedure uses "relaxing incisions" so that the hernia can be repaired using your own abdominal wall tissue. Your surgeon will discuss this with you if you are a candidate for this type of surgery.

## 9. Does mesh from a previous surgery need to be replaced?

If the mesh is exposed, infected, or if it has scarred to the surrounding bowel and is causing problems, it will need to be removed.

**The Hernia and Abdominal Wall Repair Program** at UT Southwestern offers a full range of services, including imaging, diagnosis, medical management, noninvasive slings and treatments, and both open and laparoscopic surgery, if needed. UT Southwestern also offers expertise in surgically treating abdominal walls weakened due to injury or accident, prior surgery, pregnancy, or other causes. Surgeons can also correct genetic and inherited abdominal wall defects in infants and children, make cosmetic repairs, and even correct the results of unsuccessful procedures done elsewhere.

For patient appointments, please call the clinic directly at 214-645-2413 or Patient and Physician Referral Services at 214-645-8300, Monday through Friday, 8:00–5:00 pm. Online appointment requests are available at [utsouthwestern.edu/patientcare/appt](https://utsouthwestern.edu/patientcare/appt).

## Program Leaders

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Division of GI/Endocrine Surgery**

Dr. Livingston earned his medical degree from UCLA and, after residency, completed a fellowship at Wadsworth VA Hospital in Los Angeles as a CURE Research Fellow. He is also a Professor of Bioengineering at the University of Texas at Arlington.

**Ronald Hoxworth, MD, Assistant Professor of  
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Dr. Hoxworth received his medical education at Jefferson Medical College in Philadelphia. After residency, he completed a fellowship in plastic and reconstructive surgery at UT Southwestern. His clinical interests include both aesthetic and reconstructive surgery.

**Andrew Trussler, MD, Assistant Professor of  
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Dr. Trussler earned his medical degree from the University of Southern California. After residencies in Michigan and California, he completed a fellowship in aesthetic surgery at UT Southwestern. His research interests include aesthetic and reconstructive surgery.