

MOVING FREELY

HerniaCenter



**The Columbia Hernia Center
at Columbia-Presbyterian/Eastside**

┌ NewYork-Presbyterian Hospital
└ Columbia University Medical Center



The Columbia Hernia Center brings together a group of surgeons adept in using the newest techniques and materials in hernia repair. Our surgeons are experienced in treating primary and recurrent hernias using both open and laparoscopic methods.

Abdominal wall hernia repair has made major advances in recent years, leading to smoother recovery, minimizing the risk of hernia recurrence, and making treatment possible for hernias previously considered not repairable.

Tension-free hernia repairs are performed using new synthetic and bioprosthetic materials. Advances in laparoscopic surgery mean a more rapid return to normal activity, with reduced discomfort and hospital stay for the patient.

Abdominal hernias can be painful, may compromise lifestyle, and in some cases can be dangerous if left untreated. Our center is available to patients for consultation, surgical treatment, follow-up—or just for questions. One of our surgeons is always on call for emergency situations.

If you would like to set up a consultation, please call us at 212.326.5547. We look forward to answering your questions and meeting your hernia care needs.

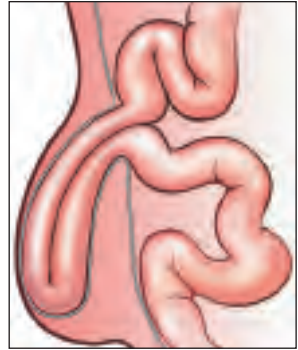
A handwritten signature in white ink that reads "Peter Geller MD". The signature is fluid and cursive.

Peter L. Geller, MD, FACS

About Hernias

A hernia is a weakness or opening in the abdominal wall, which often results in soft tissue such as fat or intestine protruding through the abdominal muscles and occupying space under the skin. The mechanism of the hernia is similar to what happens with a bulge in a damaged tire, where the inner tube, normally contained by the hard rubber of the tire, extends through a thin or weakened place. The opening in the abdominal wall that leads to the hernia is also known as a hernia defect.

There are a variety of different types of hernias. Inguinal and ventral hernias may develop due to a number of factors, including obesity, aging, and strenuous physical activity requiring heavy lifting, such as construction work. Certain rare conditions such as collagen vascular disease or genetic defects involving connective tissue may also cause abdominal hernias.



A hernia with intestine bulging through the defect in the abdominal muscles

Inguinal hernias are the most common of all hernias, and are sometimes referred to as groin hernias. They occur near the crease between the lower abdomen and the upper thigh. When an inguinal hernia develops, intestine may protrude through the defect in the abdominal wall, creating a bulge on the right or left side. Inguinal hernia bulges are frequently, though not always, painful. Between 10 and 15 percent of males and two percent of females will develop inguinal hernias in their lifetime.

Ventral hernias are less common than inguinal hernias, with some 10 percent of both males and females expected to develop one during their lifetime. These hernias occur outside the inguinal area of the abdomen, in the epigastrium, the part of the abdominal wall above the umbilicus (belly button) and/or within the umbilicus itself. The Spigelian hernia, another, more rare type of ventral hernia, occurs in the mid-abdomen.

Incisional hernias occur where prior abdominal surgery has weakened the abdominal wall, or where infection in a healing surgical incision causes breakdown of the wound closure. Incisional hernias are common in patients who have had intestinal surgery complicated by wound infections. About 25 to 30 percent of both males and females will develop an incisional hernia when a wound infection occurs after abdominal surgery.

Hiatal hernias take place when part of the stomach or intestine protrudes into the chest cavity through a defect in the diaphragm, the large muscle separating the chest cavity from the abdomen. In some hiatal hernias, the protrusion occurs through the natural channel by which the esophagus passes through the diaphragm toward the stomach. In rare cases, hiatal hernias occur congenitally and must be corrected surgically during childhood.

Hernia Diagnosis and Repair

Symptoms of a hernia include pain or a bulge in the abdominal or groin area. Hernias are most often diagnosed during a routine physical exam, with accurate diagnosis sometimes requiring a CT (CAT) scan. Anyone diagnosed with a hernia should consider having a hernia repair, since hernias will enlarge over time and may become acutely painful.

Hernia Repair Surgery

Hernia repair is conducted using either an open or a laparoscopic surgical approach. Both methods of repair utilize a piece of synthetic, or prosthetic, mesh to reinforce the weakness in the abdominal wall. We evaluate all hernia repair candidates to identify factors that can be modified to minimize risk of complications.

Open Surgical Repair The surgeon makes an incision directly over the hernia defect and sews the prosthetic mesh to the abdominal wall. The surgery is performed on an outpatient basis, usually under local anesthesia with conscious sedation. This approach is very successful in the repair of small and large hernias.

Laparoscopic Surgery Alternatively, a hernia may be repaired using a minimally invasive, or laparoscopic, approach performed while the patient is under general anesthesia. Not all patients are candidates for the laparoscopic procedure. Laparoscopic repairs are performed through incisions usually measuring less than one centimeter. The surgeon inserts small tubes called cannulas through these small incisions, which are made in the abdominal wall at some distance from the hernia defect. A mesh prosthesis is then passed through one of the tubes into the abdomen and fixed to the undersurface of the abdominal wall with stitches and staples. This technique is used for both small and large hernias of the abdomen.

Sedation During Hernia Surgery

At the Columbia Hernia Center, virtually all inguinal hernia repairs are conducted using a conscious sedation anesthesia technique in which local anesthetic is injected into the area, and intravenous anesthetic is used to create a sedated, relaxed state. Ventral and incisional hernias are unique in their surgical management and may require general anesthesia. The Hernia Center is oriented to managing these more complex or recurrent conditions as well as more routine hernias.

Post Surgical Experience

Patients may expect to resume normal activity within a week of surgery. Inguinal hernia surgery patients are able to go home the same day, while ventral surgery patients sometimes stay one night in the hospital.

Hernia Center Surgeons

The Hernia Center routinely consults on and repairs inguinal, ventral and incisional hernias.



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To learn more about the Center, please visit
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