

Groin Injury: Strain vs. Hernia, Diagnostic & Therapeutic Implications

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Tuesday, March 26th
Parallel Session A
1:55 – 2:15 pm

*Work Related Injuries Workshop
March 25th & 26th, 2019*



Agenda

A worker complains of groin injury – What's next?

Background on Hernia and Strain

Diagnosing hernia vs muscle strain

Working with a hernia

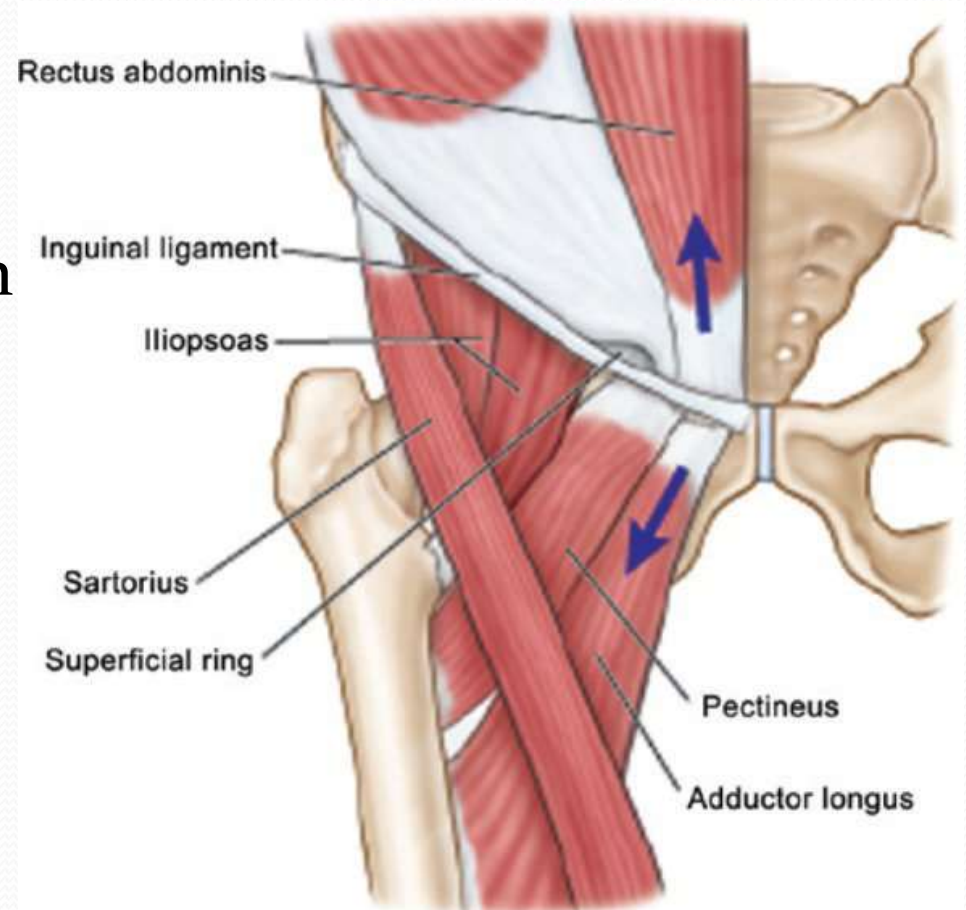
Treatment options

What we offer at Boston Hernia

Common Injuries

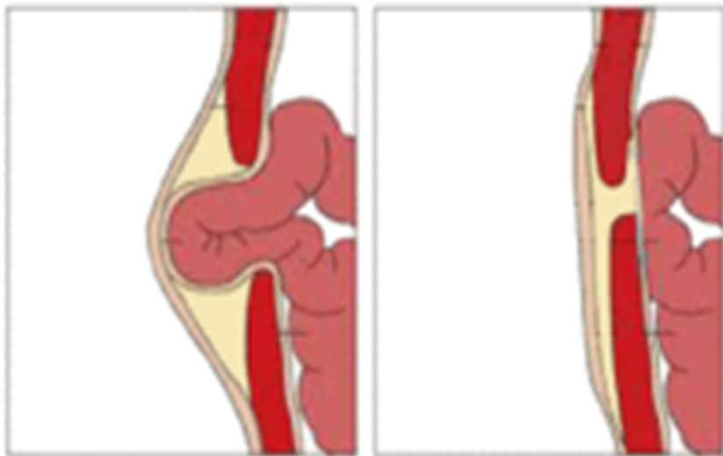
Groin strains:

- Adductor Strain
- Rectus and Oblique Strain

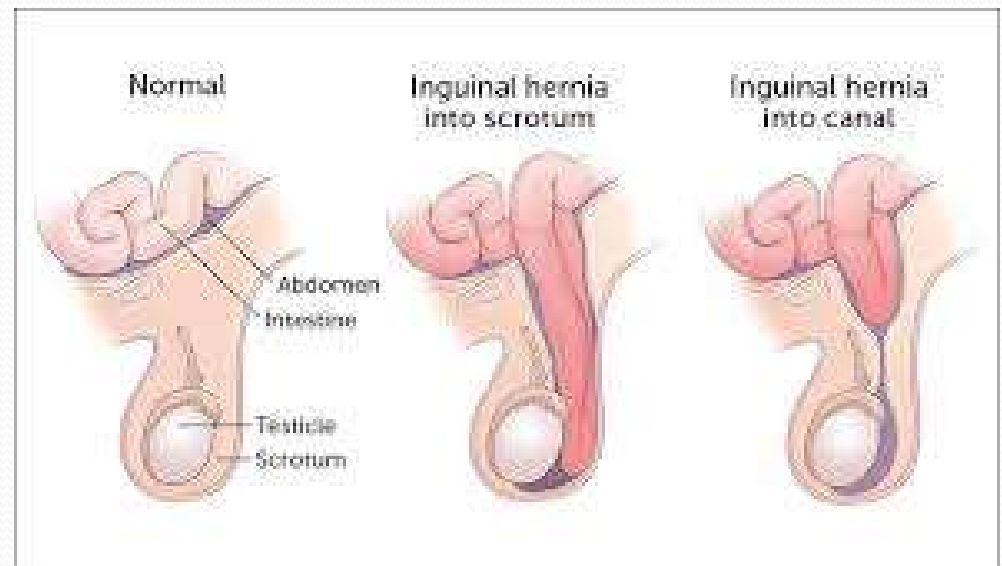


Types of Hernia seen in workers

Umbilical / Incisional /
Epigastric - **20%**



Inguinal – **80%**



Diagnosing a Hernia or Strain

History:

- Abdominal wall pain after lifting something heavy or a fall?
- Is there swelling or a mass?
- Are symptoms worse with certain activities?

Exam:

Is there a hernia? Incarcerated vs reducible

Is there an abdominal strain

Algorithm for working up “groin injury”

Case: 52 year old truck driver, unloading a 100lb box that starts to fall off the truck. He bends to his right to “catch” the box, to prevent it from falling 3 feet. The next day, he reports to work but has a hard time turning and lifting anything more than his keys.

Next steps? ER, UC, Occ Health Clinic, PCP, Hernia surgeon

Algorithm for working up a groin injury

Our recommendations:

- Occupational health clinic or PCP is ideal first step
- Avoid UC or ED if possible
 - **Imaging expensive and typically unnecessary**
 - No role for imaging except in acutely incarcerated hernia
- If hernia suspected or unsure
 - Hernia surgeon, general surgeon, PT

Hernia vs Muscle Strain

If history and physical are unclear:

- **History & Physical exam** by a hernia / general surgeon is most efficient
- Ultrasound is not helpful
- CT scan may be helpful, but typically not necessary
- MRI may lead to unnecessary surgery
- Trial of **physical therapy** is a great option – Need to identify injury and underlying core imbalance!



Work restriction with a Hernia

Prior to Surgery:

- If symptomatic - light duty until surgery
- If asymptomatic - work until surgery

Light Duty: avoid any lifting >25lb, repetitive motions, painful activities, weight restriction based on pain

May need PT before or after if there is a strain component



Return to work after surgery

Light duty work: May return 1-3 days post-op
(paperwork, desk work, min. walking)

Full Duty: 2 - 6 weeks depending on job and individual recovery

- Driving, occasional light lifting (2 weeks)
- Heavy repeated lifting > 50lbs (4-6 weeks)
- Public safety with lifting (4-6 weeks)

Return to work may depend on PT or OH recommendations

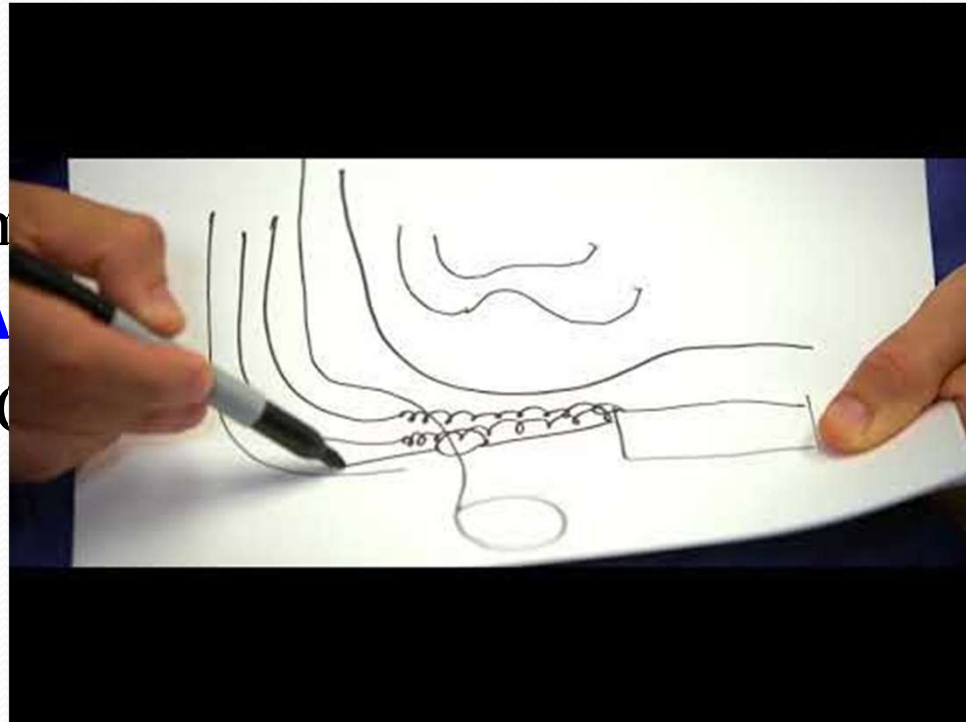
Surgical Options – with video

Open - No Mesh

Open - Anterior with mesh

Open - Posterior - LA

Lap/Robot Posterior - C





Surgical Options

Open - No Mesh

Open - Anterior with mesh

Open - Posterior - LA

Lap/Robot Posterior - GA

Boston Hernia

Team approach - focused on hernia

Clinical advantage – Fast Recovery Inguinal Hernia Surgery

Peer review published outcomes

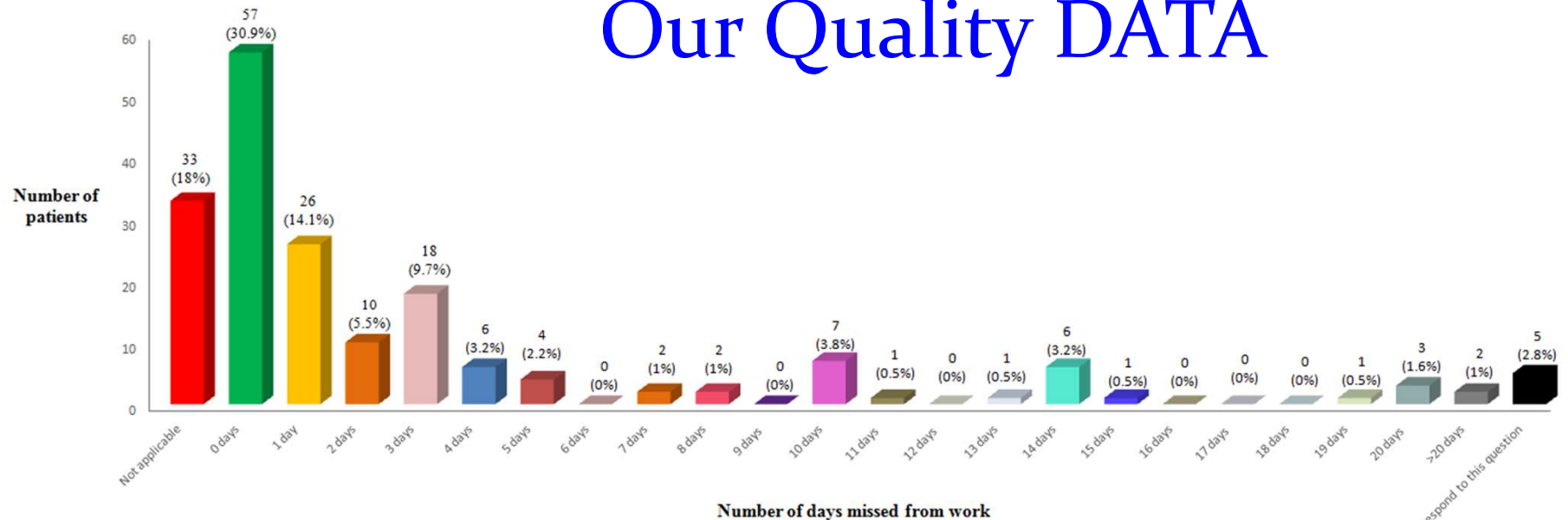
Ongoing reporting to AHSQC

Responsive practice

- New patient appointment within 24-48 hrs
- Surgery within 30 days



Our Quality DATA



Return to work data for 186 inguinal hernia patients in 2016

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