Treatment of Hernias

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Introduction

An abdominal hernia is a protrusion of the abdominal contents into the subcutis through a natural or abnormal opening in the body wall. In small animals most non-traumatic hernias are thorough the umbilical, inguinal or pelvic/perineal areas. Herniation as a result of trauma leading to tearing of the abdominal muscles is sometimes called a rupture. Surgical repair in small animals is performed primarily to prevent strangulation of abdominal contents (e.g., intestines) in an umbilical hernia or bladder in a perineal hernia.

I birds the majority of ventral abdominal hernias result from internal abdominal pressure, stretching the wide *linea alba* and leading to the eventual disintegration of the *linea alba*. It is difficult to define the cut-off point between abdominal enlargement and a hernia, for example, many egg-laying females that I am presented with can have larger abdomens that some "hernias". Rarely is there an actual tearing of the *linea alba* and therefore there is minimal risk of strangulation of abdominal contents in the hernia. As a result of this sequence of events treatment is aimed at reducing the internal abdominal pressure rather than repairing the stretched *linea alba*.

Abdominal hernias in parrots are rarely a surgical emergency. There are several exceptions to this:

1. The perineal hernia where the intestines and oviduct can strangulate - these should be operated on as soon as the patient is stable;
2. The ventral abdominal hernia with extensive ulcerated traumatised skin covering the abdomen. Some of these cases can die from blood loss or septicaemia if you procrastinate too long before attempting surgery; and
3. The egg peritonitis case where rapid abdominal drainage is often essential to maintain respiration.

Therefore in our practice diagnosis and treatment are aimed at finding the cause of the abdominal enlargement and treating the cause.

After history taking and a physical examination the following procedures are usually undertaken in this order:

1. Abdominocentesis if the abdomen is thought to be fluid-filled. The therapeutic removal of transudates can be life-saving. The fluid is checked cytologically. Exudates are usually treated with antibiotics and supportive care unless life

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threatening when surgery may be carried out immediately.

2. Radiography looking for eggs, tumours, splenomegaly, hepatomegaly, fat, etc.

3. Haematology and biochemistry to assess organ function and inflammatory causes of the abdominal swelling. In our hands more often prognostic than diagnostic.

4. Angiography, the use of intraosseous contrast studies, may be useful to delineate abdominal topography.

5. Exploratory surgery leading to abdominal drainage at times marsupialisation, tumour removal, but very rarely, successful repair of the abdominal musculature or *linea alba*.

Most of the cases seen in our practice require diet to remove excess fat (both subcutaneous and intrabdominal) as well as reducing hepatomegaly due to fatty livers. This is far more important than attempting to perform a futile abdominal tuck for cosmetic reasons.