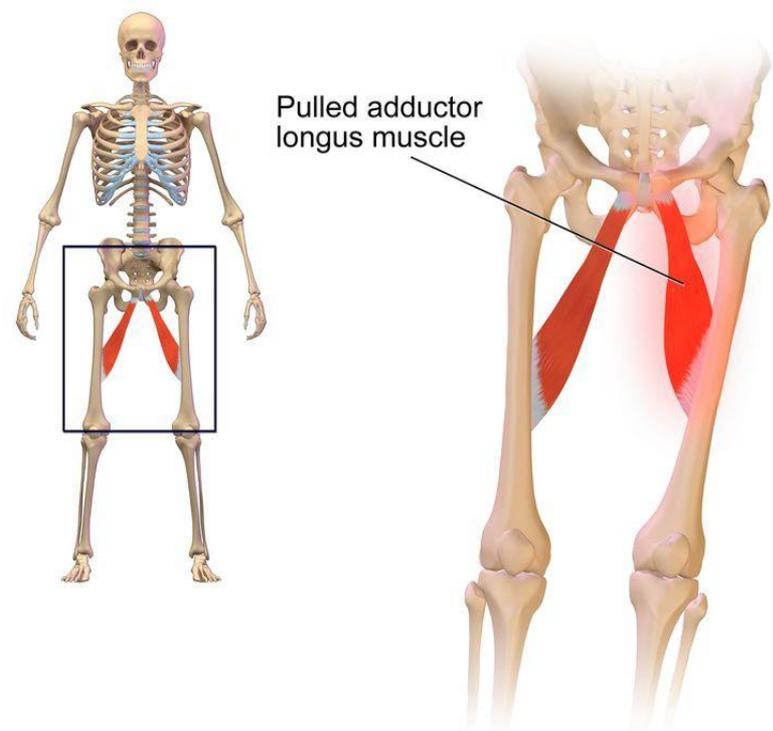


Assessment of groin pain and inguinal hernias

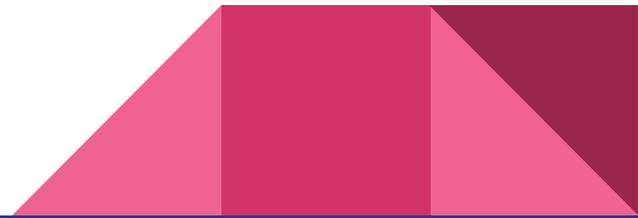
By Dr Sikander Khan

Causes of groin pain

- Sports injuries
- Work injuries
- Muscle strains
- Piriformis syndrome
- Sprains
- Tendinitis
- Avascular necrosis (osteonecrosis)
- Bursitis
- Osteoarthritis
- Stress fractures

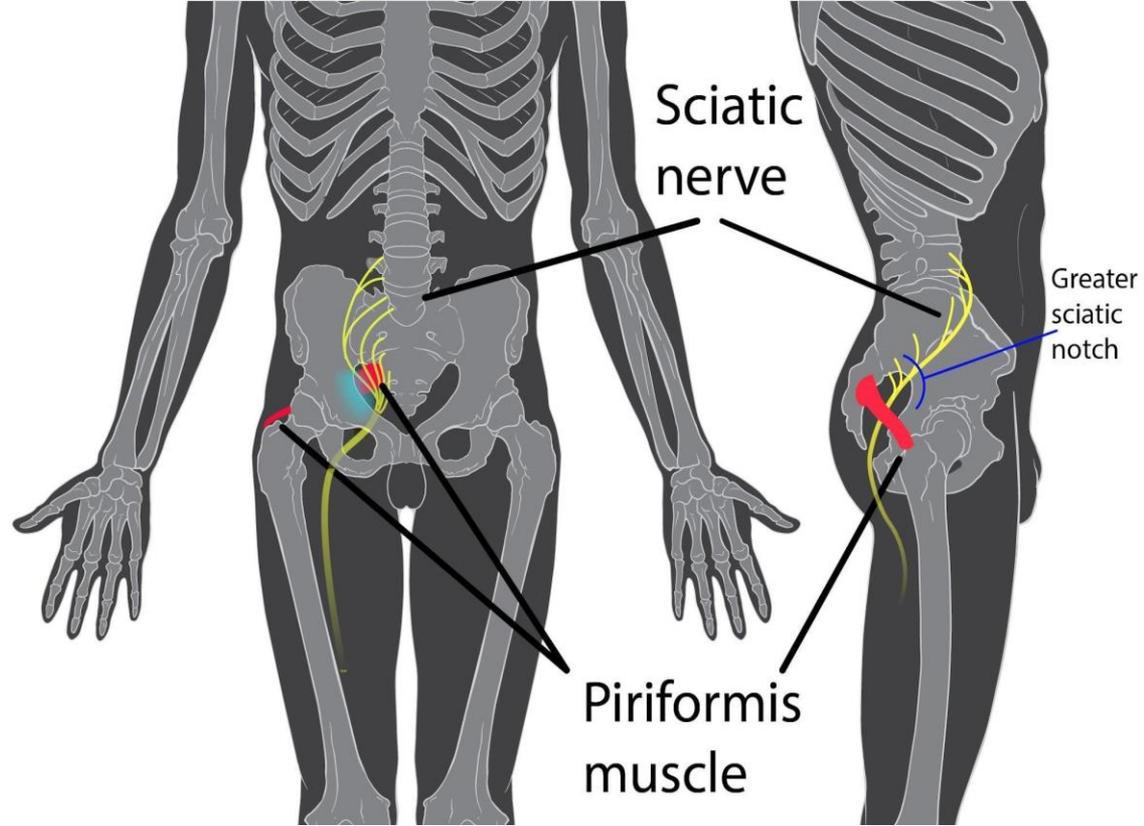


Pulled Groin Muscle



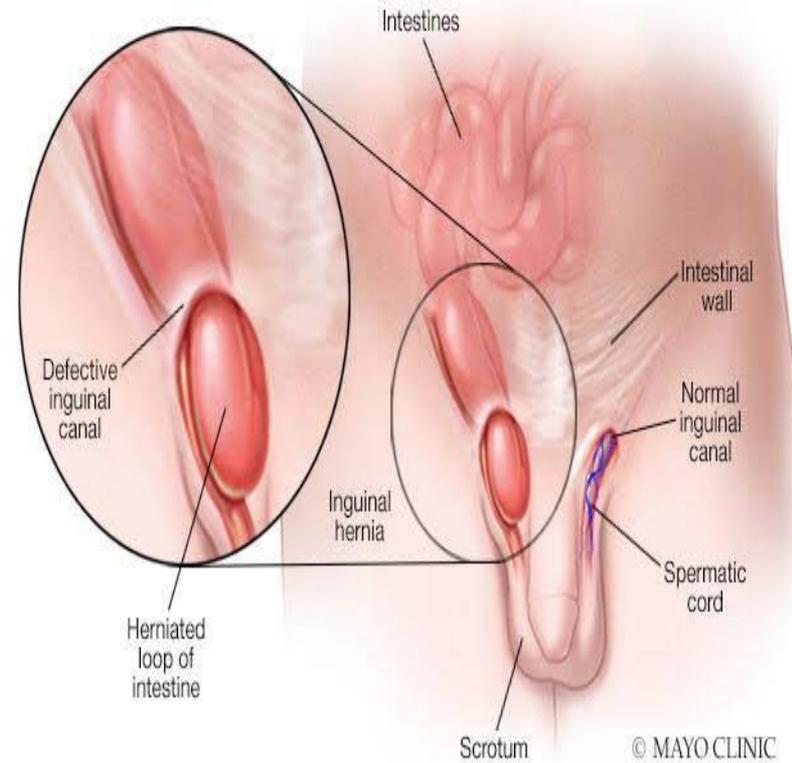
Causes of groin pain

- Hydrocele
- Scrotal masses
- Varicocele
- Epididymitis
- Orchitis
- Spermatocele
- Testicular cancer
- Testicular torsion
- Inguinal hernia
- Kidney stones
- Mumps
- Sciatica



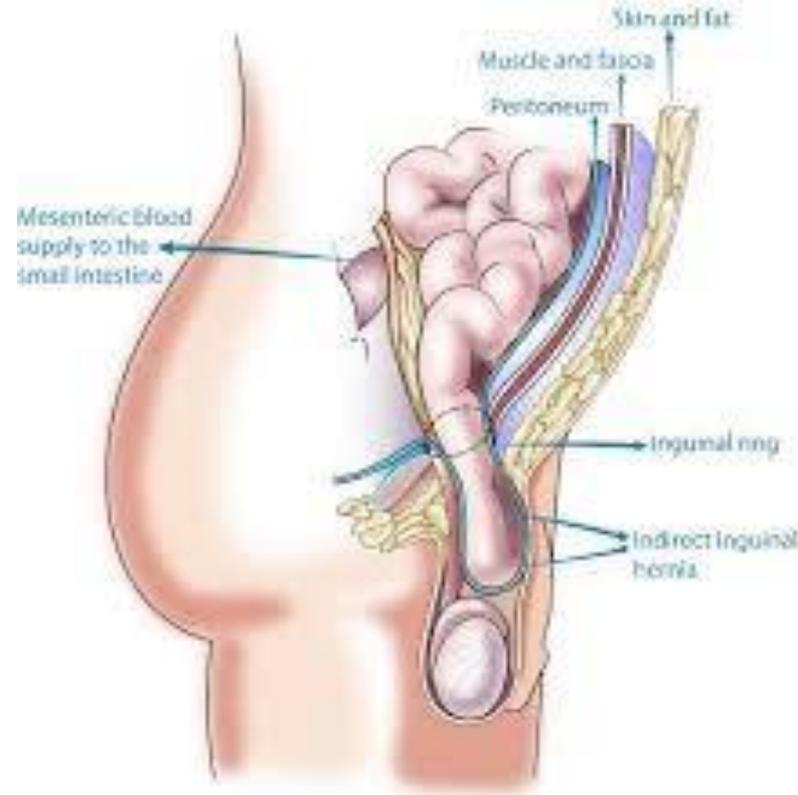
Causes of inguinal hernias

- Increased pressure within the abdomen
- pre-existing weak spot in the abdominal wall
- Straining during bowel movements or urination
- Strenuous activity
- Pregnancy
- Chronic coughing/sneezing



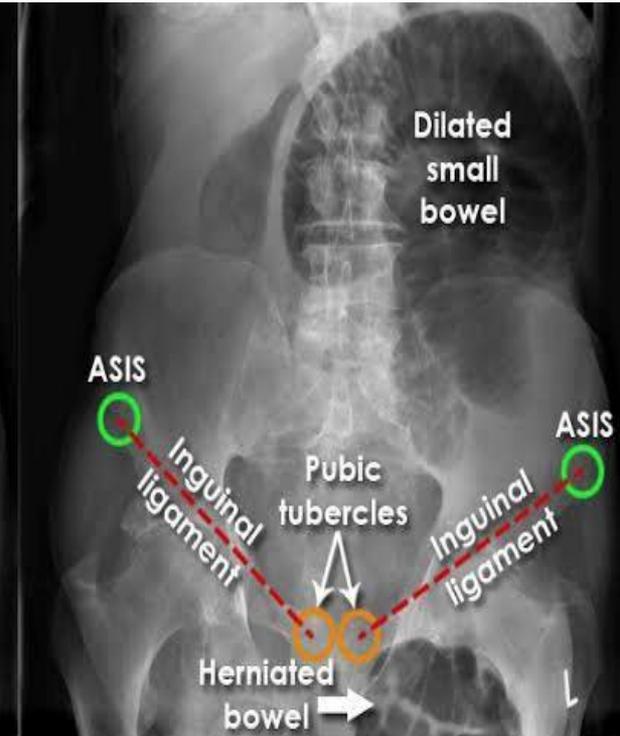
Risk factors of getting an inguinal hernia

- Being male
- Being older
- Family history
- Chronic cough
- Chronic constipation
- Premature birth
- Low birth weight



Investigation of groin pain and inguinal hernias

- History and examination
- Ultrasound examination
- X-rays
- Ct scan
- Bone scan



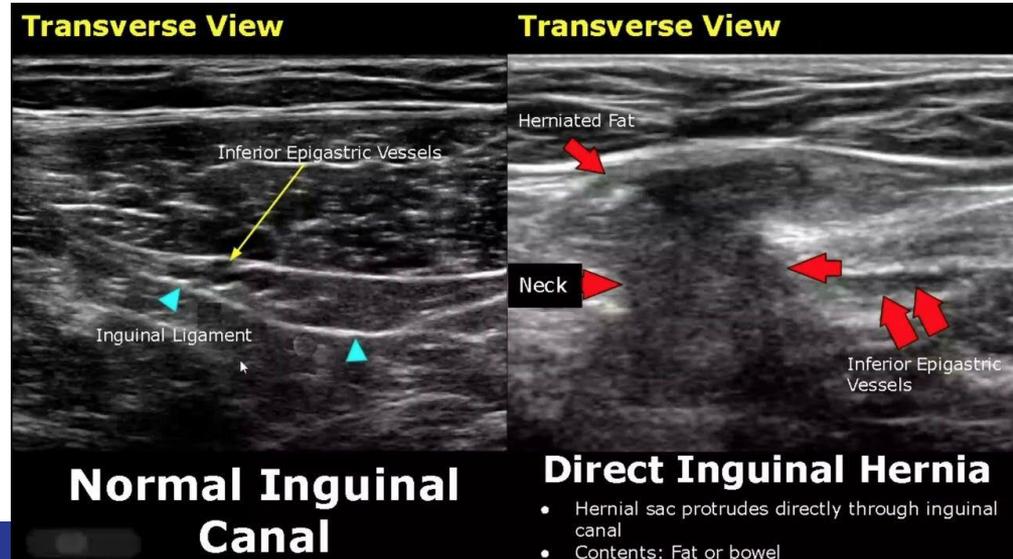
Treatment of groin pain

- Physiotherapy
 - Eases the inflammation and stretching exercises also improve the symptoms
- Local injections
 - These can be corticoid injections and PRP injections
- Surgery
 - Adductor tenotomy



Treatment of inguinal hernia

- Temporary use of hernia belt
- Physiotherapy
 - Post operative physiotherapy
- Surgery
 - Laparoscopic mesh repair
 - Open surgical repair of the hernias



Medico-legal assessment

1. The digestive system is discussed in [AMA5](#) Chapter 6 (pp 117–42). This chapter can be used to assess permanent impairment of the digestive system.
2. [AMA5](#) Section 6.6, 'Hernias' (p 136): Occasionally in regard to inguinal hernias, there is damage to the ilioinguinal nerve following surgical repair. Where there is loss of sensation in the distribution of the ilioinguinal nerve involving the upper anterior medial aspect of the thigh, a 1% WPI should be assessed as per Table 5.1 in [Chapter 5](#) of the Guidelines. This assessment should not be made unless the symptoms have persisted for 12 months.
3. Where, following repair, there is severe dysaesthesia in the distribution of the ilioinguinal nerve, a maximum of 5% whole person impairment (WPI) may be assessed as per Table 5.1 in [Chapter 5](#) of the Guidelines. This assessment should not be made unless the symptoms have persisted for 12 months.
4. Where, following repair of a hernia of the abdominal wall, there is residual persistent excessive induration at the site, which is associated with significant discomfort, this should be assessed as a class 1 herniation ([AMA5](#) Table 6-9, p 136). This assessment should not be made unless symptoms have persisted for 12 months.

Reference needs to be made to chapter 16 on Pg 78-79 of NSW workers compensation guidelines for the evaluation of permanent impairment, and chapter 6.6 table 6-9 criteria for rating permanent impairment due to herniation on Pg 136 in AMA guidelines 5th edition.

Medico-legal assessment

5. Impairments due to nerve injury and induration cannot be combined. The higher impairment should be chosen.
6. A person who has suffered more than one work-related hernia recurrence at the same site and who now has limitation of activities of daily living should be assessed as herniation class 1 ([AMA5](#) Table 6-9, p 136).
7. A diagnosis of a hernia should not be made on the findings of an ultrasound examination alone. For the diagnosis of a hernia to be made there must be a palpable defect in the supporting structures of the abdominal wall and either a palpable lump or a history of a lump when straining.
8. A divarication of the rectus abdominis muscles in the upper abdomen is not a hernia, although the supporting structures have been weakened, they are still intact.

Reference needs to be made to chapter 16 on Pg 78-79 of NSW workers compensation guidelines for the evaluation of permanent impairment, and chapter 6.6 table 6-9 criteria for rating permanent impairment due to herniation on Pg 136 in AMA guidelines 5th edition.

