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Hernia femoralis pada wanita pdf

HerniaRage groin indirect hernia, srotal groin hernia (median view on the left). Designation/ˈhɜːrniə ˈɪŋgwɪnəl/ General differencesSymptomSakit, swollen in the armpit[1]DifficultyCequican[1]Normal ferments< 1 year, > 50 years old[2] Risk factors Family history, smoking, chronic obstructive pulmonary disease, obesity, pregnancy, peritoneum dialysis, vascular disease, collagen, Collagen pre-opened the effects of shortening[1][2][3] Methods of diagnosis Based on symptoms, medication,[1]Conservative treatment, surgery[1]Frequency27% (male), 3% (female)[1]Death59,800 (2015)[4] Paakhova hernia acts in the abdominal cavity due to inginal tract. 1] Symptoms are present in approximately 66% of people in serious condition. This can include pain or inaccuracy, especially when coughing, exercise or bowelgation. It always gets worse during the day and gets better when lying down. The bulging area can be one that becomes larger when producing. In smelly hernias are more common on the right than on the left. The main reason is strangulation, when the blood supply to the intestine is blocked. This usually causes severe pain and pain in the region. Risk factors for hernia development include: smoking, chronic obstructive pulmonary disease, obesity, pregnancy, peritoneal dialysis, collagen vascular disease, and previously opened short-ectomy. [1] Hernias are partially inherited genetically and are more common in certain families. It remains unclear whether the hernia is associated with heavy lifting. Individuals with hernias can often be diagnosed based on signs and symptoms. Sometimes medical treatment is used to confirm a diagnosis or identify other possible causes. Hernias of the ink, which do not cause symptoms in men, do not need to be fixed. However, repairs are usually recommended for women due to higher levels of femur hernias, which have more complications. Immediate surgery is required in the case of strangulation. Examination can be done through open surgery or laparoscopic surgery. Open surgery has a good opportunity to be carried out under the local anesthetic instead of general anesthetic. Laparoscopic surgery in general has less pain according to the procedure. In 2015, ink, hip and abdominal hernias affected an estimated 18.5 million people. [6] Approximately 27% of men and 3% of women have a inalivable hernia at some time in their lives. [1] Phaeus hernias occur most often before one and after fifty years. [2] Worldwide, ink, hip, and abdominal hernias led to 60,000 deaths in 2015 and 55,000 in 1990. [7] Fore's signs and symptoms of ink hernia vision (right). The hernia usually appears as a bulge in the ink area (part of the body between the abdomen and the panic of the peh), which can become larger coughing, suspense, or standing. Bonjolan usually disappears while lying down. Over time, mild inaccuracies may develop. Inaccuracy to reduce, or put the bonjolan back in the stomach, usually means that the hernia will be trapped, requiring emergency surgery. As hernia develops, the abdominal content, such as the intestines, can descend into the hernia and risk being narrowed inside the hernia, causing intestinal obstruction. Obvious pain at the hernia site indicates a heavier pathway, such as incarurate (hernia cannot be reduced back to the abdomen) and ischemia and subsequent strangulation (if hernias lack blood supply). [8] If the blood supply to the hernia is disrupted, the hernia is considered choked and intestinal and gangrene ischemia may occur, with potentially fatal consequences. A period of complications cannot be predicted. Pathophysiology In men, hernias do not directly follow the same pathway as lowered testicles that go from abdomen to scrotum during the development of urinary and breeding organs. A larger ink tract that transmits testicles and houses the structure of spermatic korda may be one reason why men are 25 times more likely to have a ink hernia than women. While some mechanisms, such as the strength of the posterior wall of the ink tract and the shutter mechanism that compensates for increased intra-abdominal pressure, prevent the formation of hernias in normal individuals, the true importance of each factor is still being discussed. The faculty's physiological opinion states that the risk of hernias is caused by physiological differences between patients suffering from hernias and those who do not have them, i.e. the aponeurotic spread of transoneurotic apoeurotic arches against death. [9] Inocular hernias mostly contain mental or thin parts of the intestine, however, some unusual ingredients may include appendicitis, diverticulitis, colon, urinary tract, ovary, and malignant lesions. [10] Illustration of the ininumerous hernia. Different types of insumous hernias. Fosna inguinal diagnosis of the inmate's inguinal hernia, as seen in the CT scan of the inmate's anterior species of inguinal hernia (to the left of the patient) with the expansion of the intestinal coil above. Hernia inguin containing urinary part. There are also pundi urine canisters. There are two types of inocial, direct and indirect hernias that are determined by their connection to the lower epigastal tract. Infernos are applied directly in the middle of the lower epigastrial tract, when the abdominal content of the hernia passes through a weak spot in the posterior wall of the phascia tract, which forms transverse fascia. Ink hernias are not used immediately when the abdominal content protrudes through deep, lateral ink ceccincin to the lower epigastreal tract; this may be caused by closure of the vaginal embryonic process. For females, the surface ininumerations of cecincin are smaller than that of males. As a result, the likelihood of hernias through the ink tract in males is much greater because they have larger holes and therefore a much weaker wall when the intestines can ripen out. Ininumerous hernias, in turn, include hernias of the femur, which also include femur hernias. Femoral hernias pass not through the ink tract, but through the femoral tract, which usually justifies the usual route of the femoral arteries and veins from the butt to the legs. When ammonia hernias, the contents of hernias are vermiform appendicitis. Ultrabook images of the ink hernia. The intestine moves in the inal areas with breathing. In littre hernias, the contents of hernia sacs contain diverticulum Meckel. Classification of clinical hernias is also important, according to which hernias are classified into the hernia franchise: this is one that can be discarded on the abdomen, put on it manual pressure. A hernia that cannot be reduced/trapped: this hernia, which cannot be denied to the abdomen, put on hand pressure. The relentless hernia is then classified into a blocked hernia: this is one with an om <1> for the blocked part of the intestine. Stifling hernia: This is when the blood supply to the hernia contents is trimmed, causing ischemia. Bowel rinsing may be patent or not. The direct hernia of Akhov hernia directly falls through the weak spot on the abdominal wall fascia, and the sach is indicated as medial to the lower epigastrical tract. Straight inalone hernias may be used in men or women, but men are ten times more likely to get a straight in chain hernia. Ink hernias are directly ripened through weak regions in transverse fascia near the medial infernal foss in anatomical regions known as ink or hesselbachic triangles, areas defined by the edges of abdominis rectus muscles, inocular ligaments and lower epigastric arteries. The hernia is able to enter through the surface inking cecincin and cannot spread to the scronym. When the patient has a direct and indirect hernia at the same time on one side, the effect is called the hernia pantalone (Malay: wide) (because it looks like a pair of wide, epigastal lattices in the sedimentation interval), and the defect can be repaired separately or together. As the abdominal wall weakens with age, hernias tend to occur in middle age and old age. This differs from indirect hernias, which can occur at any age, including young ones, as their etiology covers an innate component that when the ink tract remains more patent (compared to individuals less disadvantaged to indirect hernias). [12] Additional Risk Factors Include Chronic Constipation, Weight Loss chronic cough, family history, and previous episodes of direct inalnal hernias. Ink hernias are indirect ultrasonic hernias containing fat with testicles seen on the right. Mri with T2 justice from the same case (done for other purposes), also shows fatness. [15] Reproduction of ultrasonic carriers shows indirect ink hernias[14] Reproduction of media inaccurator hernias (inmates)[15] Ink hernias do not directly stem from the failure of closing the ink embryos of cecincin after the testicles pass through them. This is the most common cause of hernias. In the male fetus, ocythonea gives a layer of testicles when passing through this ring, forming a temporary joint called the vagina process. With normal development, the process is eliminated after the testicles have completely fallen. The eternal obitoneal layer that remains around the yayekas is called the vagina tunic. The testicles remain connected to its blood vessels and vases, which form a sperm córda and descend through the ink tract to the scrotum. Deep ink ceccincin, which is the beginning of the ink tract, remains a hole in the transverse fascia that forms the front deep wall of the sperm córda. When the hole is larger than necessary to run spermatic korda, the stage is set for an indirect inemic hernia. Protrusion of obitoneum through the ininumerous cecincin in may be considered an incomplete removal process. With indirect ininternal hernias, the protrusion through the arminum is deep and located next to the lateral lower epigastrial artery. Therefore, the tendons of the compound are not weakened. There are three main types of bubonozele: in this case, the hernia is limited to the ink tract. Funicular: Here the vagina process closes at the lower end just above the epididymis. The contents of the sac hernia can be felt separately from the testicles located under the hernia. Full (or scronym): Here the vagina process is patented all the time. Guernial sakes continue with the testicles of the vagina tunic. The hernia descends to the bottom of the scrotum and it is difficult to distinguish the testicles from the hernia. In women, hernias of the phaae are only 4% common in men. Indirect inality hernias are still the most common hernias of the pha for women. If a woman has an inguin hernia indirectly, her inguined ceccincin is patent, which is not normal for women. Peritoneal protrusion is not called the vaginalis process in women, as this structure is associated with the migration of testicles into the scrotum. It's just a herbal sake. The ultimate goal of hernia content for a woman is to progress labium on one side, and hernia can dramatically increase one lazone if justified in the process. Medical treatment Medical expert can diagnose inocial hernias, as well as their type, from the history of disease and physical examinations. [16] For ratification or it is uncertain that medical ultrasound is the first choice of exposure, as both can strain hernias and evaluate their changes with examples of Valsalva's pressure, position and maneuverability. The main diagnostic discovery was an increase in the diameter of the ink tract, which usually reaches 13 mm in deep ink cycincin. [18] When assessed from ultrabooks or keratane rentasses with CT or MRI, the main difference in diagnosis of inguinal hernias is indirectly the dissection of the sperm lipoma cord, as both can contain only fat and extend along the inguinal pathways into the scrotal. [19] In CT packets, lipomas come from the back to the cord, and are located inside the cremaster muscles, while the ink hernias are located in the umbilical cord rather than the intramuscular ones. Large lipomas may appear almost insatiable with fat covering anatomical limits, but they do not change position when coughing or suspense. Diagnosis of differential diagnosis of symptoms of inguinal hernia includes the following potential circumstances:[20] Femoral hernia Epididimite Testicular outbreaks Pajava adenopathic lipoma (Swelling of the lymph node glands) Abscess Pax vein dilation, Called Safena Vascular Aneurysm or Pseudo-Aneurysm Hydrosele Varikosele Cryptocridism (Testicles Not Down) Conservative Management At this time there is no medical reserve on how to manage the condition of the ink hernia in adults, in fact, until recently,[21][22] elective surgery , as a rule, recommend. The Trus hernia aims to insert a reduced ink hernia into the abdomen. It is not considered a healer, and if the pad is difficult and enters the hernia hole, it can cause scarring and augmentation of the hole. In addition, most rafters with older forms cannot effectively withstand a hernia all the time, as the base does not remain in contact with the hernia. A more modern variety of rafters is made with a flat pad, which does not interfere and is equipped with a guarantee of safe maintenance of hernia during all activities. While there is no evidence yet that such a tool can prevent the development of inality hernias, it is described by users as providing greater confidence and disrespect when performing tasks that require physical movement. Trus also increases the spread of complications including hernia strangulation, sperm córda atrophy, and facial field atrophy. This allows disability to increase and complicates further dissection. Their popularity tends to grow as many people with small and painless hernias now delay hernia surgery due to the risk of postherniorrafic pain syndrome. [24] The elastic zone used by athletes also provides useful support for smaller hernias. Surgical persistence of surgery on After surgery on the ininumerous hernia Repair surgery of the ininceral hernia is called hernia repair. He is not encouraged to have a minimal symptomatic hernia, which is advised to wait closely, due to the risk of postherniorrhagic pain syndrome. Surgery is usually performed as an outside surgery. There are various surgical strategies that can be considered in the design of repair of the ininumerous hernia. These include considerations for the use of mesi (e.g., synthetic or biological), open-air localization, laparoscopy use, types of anesthesia (general or local), suitability of bilateral recuperation, etc. Laparoscopy is most commonly used in restless numbness, however, low-invasive open-air screening may have a lower incidence of postoperative nausea and mesa-related pain. During surgery performed under local anesthetic, patients will be asked to cough and strain during the procedure to help show that treatment is projected without tension and sound. [25] Constipation after repairing the hernia caused tension that emptied the intestines, causing pain, and feared that the seams might rupture. Opioid analgesia worsens constipation. Promoting bowel movements is essential after surgery. Surgical correctiveness is always rumoured about incineral hernias in children. [26] Anxiety surgery for incartation (imprisonment) and strangulation carries a higher risk than developed optional procedures. However, the risk of imprisonment is low, estimated at a rate of 0.2% annually. On the other hand, surgery has a risk of inginodinia (10-12%), and that is why men with minimal symptoms are advised to be in case of waiting.[However, if they experience impairment during exercise or they regularly avoid them for fear of illness, they should get a surgical evaluation. [29] For female patients, surgery is recommended even for asymptomatic patients. The epidemiology of straight ininumerous hernias is rare (~25-30% of ink hernias) and is commonly applied to men over 40. In men, the hernia inguina incidence is 8 times higher than in women. [31] Reference ^a b c d e g h i j Fitzgibbons RJ, jr; 19-Feb-2015 Clinical practice. Hernias of the smell in adults. New England Journal of Medicine. 372 (8): 756–63. 10.1056/NEJMcp1404068. 25693015. Retrieved 2010-05-27. 5-minute clinical consultation in 2014 (ed. Philadelphia, PA: Wolters Kluwer Health /Lippincott Williams & Wilkins. 562. The legacy of the hernia of the ink: a systematic review. Hernia. 17 (2): 183–9. 10.1007/s10029-013-1060-4. In the 1930s, 1930s. Global, regional and national life expectancy, mortality and cause-specific mortality for 249 causes of death, 1980-2015: a systematic analysis of the global disease burden study 2015. Lancet. 388 (10053): 1459–1544. doi:10.1016/S0140-6736(16)31012-1. The 1990s and 1990s. 2008: 13 (4): 343–403. August 2009. 10.1007/s10029-009-0529-7. 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