Physical Exam Terms

**Complete**: A hernia where the hernia sac and contents protrude through the defect.

**Hesselbach’s Triangle**: The area bounded by the inferior epigastric vessels superiorly, the inguinal ligament inferiorly, and the rectus sheath medially. This “floor” consists of the fused internal oblique, transversalis and rectus abdominus muscles.

**Direct Inguinal**: An inguinal hernia where the hernia sac protrudes directly through the abdominal wall (i.e., through Hesselbach’s triangle). They occur medial to the epigastric blood vessels.

**Indirect Inguinal**: An inguinal hernia where the hernia sac protrudes through the deep inguinal ring into the inguinal canal. They occur lateral to the epigastric blood vessels.

**Incarcerated**: An irreducible hernia (i.e., where the abdominal contents become “trapped” in the hernia sac).

**Incomplete**: A defect is present without a hernia sac or contents protruding through (i.e., there is potential for a hernia to occur).

**Pantaloons**: An inguinal hernia where the hernia sac exists as both a direct and an indirect hernia at the same time.

**Reducible**: A hernia where the displaced organ can be returned to its usual anatomic site with moderate physical pressure.

**Richter’s Hernia**: This is where only part of the bowel wall gets trapped and ischemic in the hernia sac. Unlike most strangulated hernias, this patient will not present with signs of obstruction such as nausea, vomiting and obstipation, but will have exquisite tenderness over the mass.

**Sliding**: A hernia in which an abdominal viscus (e.g., the colon or bladder) forms part of the hernia sac.

**Strangulated**: A hernia where the blood supply to the displaced organ has been compromised. These cases usually have signs of obstruction such as nausea, vomiting and obstipation.