HERNIAS IN THE WORKPLACE
From mechanism of injury to final rating
Christopher S. Pruett, M.D.

What is a hernia?
A hole or defect in the abdominal wall.

What are the symptoms of a hernia?
pain, burning, "an awareness," sometimes there are no symptoms.
Abdominal wall strains present with the same symptoms with no defect.

What does a hernia look like?
Ranges from an asymmetry to a bulge.

Can a hernia be diagnosed on physical exam?
Yes. Examined in Standing, Straining and Supine positions.
Feel a bulge, a dip or a squish.

Radiology
Not required in most cases
Can be useful in obesity and persistent pain without physical findings

Types of Hernias:
Inguinal (groin) Male>Female
Ventral or incisional
Femoral (below groin) Female>Male, often presents with incarceration
Sports Hernia
Diastatsis Recti
   a separation of the rectus muscles and is often mistaken for a hernia. Does not need repair unless associated with a hernia

All hernias are either:
   Reducible
   Incarcerated (may become strangulated)

What causes a hernia, most common mechanisms of injury?
   Anything that increases intra abdominal pressure
   Lifting, pulling, pushing or climbing
   Sheer force exerted on abdominal wall
   Most often a combined pulling and twisting with a sudden change
   An unexpected stop or change in force

Why repair a hernia?
   Because no amount of exercise or
   To elevate symptoms
   Reduce the complications involved with incarceration and strangulation

Goals of hernia repair:
   Repair the anatomic defect
   Re-approximate native anatomy
   Relieve symptoms
   Minimize chance of recurrence
   DO NO HARM

Mesh: Why, when and where?
   To strengthen repair and reduce chance of recurrence
   Virtually always unless contaminated field
   ON ABDOMINAL WALL, NOT IN ABDOMINAL CAVITY.
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Open vs. laparoscopic
OPEN repair with mesh.
Keep mesh away from organs

Complications:
Wound infection, recurrence, ongoing pain after surgery

What I have learned about peripheral nerves and hernia repair:
Ongoing pain after surgery is often related to damage to peripheral nerves
Nerves can be damaged by the initial mechanism of injury
Excessive dissection, retraction or nerve to mesh interaction are important
Neurectomy at the time of surgery as indicated
Ongoing numbness is preferred to postoperative burning pain!

Return to Work:

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<thead>
<tr>
<th></th>
<th>Inguinal</th>
<th>Ventral</th>
<th>Large Ventral</th>
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<tbody>
<tr>
<td>Light Duty</td>
<td>2 weeks</td>
<td>2 weeks</td>
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<tr>
<td>Moderate Duty</td>
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<tr>
<td>Full Duty</td>
<td>5 weeks</td>
<td>6 weeks</td>
<td>8 weeks</td>
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MMI: Maximum Medical Improvement will be documented at the final office visit.

PPD: Permanent Partial disability is most often 0 % after hernia surgery and will be documented at the final office visit.

Anticipated need for future medical or surgical need

Durable medical equipment: NONE

Physical therapy: NONE anticipated
What impacts outcome in hernia repair?
Previous hernia repair (INTRAABDOMINAL MESH is a disaster)
Morbid obesity (recurrence and complications increase with BMI)
Smoking increases recurrence and wound complications

It is often difficult to differentiate hernia from abdominal wall strain. These patients need to be examined in the standing, straining and supine position by someone who evaluates abdominal walls every day of their life.

Please do not hesitate to contact me directly if you have questions. Office 314-995-6999
Text me with your patient questions on my cell 314-575-0652
Please identify yourself in your text and let me know how I can help.

Christopher S. Pruett, M.D., F.A.C.S.

"And whatever you do, whether in word or deed, do it all in the name of the Lord Jesus"
-PAUL, COLOSSIANS 3:17
Date of Service: _______________ D.O.I.: ( / / )

Employee: ____________________________

Employer: ___________________ CLAIM # ____________________________

Diagnosis: ____________________________

Causation: ____________________________

Prevailing Factors: ____________________________
Comorbid Factors: ____________________________

Immediate Work Status:

To remain off work until surgery.
Light Duty: ____________________________ Sedentary Only.
Moderate Duty: ____________________________
Full Duty: ____________________________

Plan: ____________________________ ( / / )

Return to Work:

Moderate Duty: ( ) Weeks after Surgery on ( / / ).
Full Duty: ( ) Weeks after Surgery on ( / / ).

Scheduled Post-operative office visits:

( ) Week after Surgery on ( / / ).
( ) Weeks after Surgery on ( / / ).

Maximum Medical Improvement (MMI) will be documented at the final office visit. Permanent or Partial Disability (PPD) is not anticipated and will be documented at the final office visit.

Adjuster: ____________________________ Fax: ____________________________

Nurse Case Manager: ____________________________ Fax: ____________________________

Surgeon: Christopher S. Pruett, M.D., F.A.C.S. ____________________________
Current Symptoms

Name: ____________________________ Date: ____________________________

Mark the areas of the body where you feel the described sensations with the appropriate symbols for those sensations from the chart below. Mark areas of radiation. Include all affected areas.

**** Numbness **** Pins & Needles  OOOO Burning  XXXX Stabbing  ///

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No pain

Moderate pain

Worst possible pain

Patient Signature: ____________________________ Date: ____________________________

Witness: ____________________________ Date: ____________________________
PRUETT SURGICAL ASSOCIATES  
Office Phone 314 995-6999    Fax 314 995 7064 
MEDICAL RELEASE

Date of Service: _______________ D.O.I.: _______________

Employee: ____________________________________________

Employer: ___________________________________ CLAIM #: ______________________

Surgical Date ___________________________ ( / / )

Return to Work:

WEIGHT RESTRICTIONS: MAY LIFT 20 POUNDS, MUST AVOID UNDUE BENDING, 
TWISTING, STOOPING, SQUATTING, OR CLIMBING OF LADDERS AND STAIRS OR 
EXCESSIVE WALKING.

__________________________________________________________

Moderate Duty: ( ) Weeks after Surgery on ( / / ).  
INCREASE WEIGHT LIMIT TO 30 POUNDS WITH THE ABOVE RESTRICTIONS.

__________________________________________________________

Full Duty: ( ) Weeks after Surgery on ( / / ).  
WITHOUT RESERVATIONS OR RESTRICTIONS.

__________________________________________________________

RETURN TO OFFICE FOR FOLLOW UP VISIT: ( / / ) at ________.

Maximum Medical Improvement (MMI) ( / / ).

Permanent or Partial Disability (PPD) ( / / ).

Christopher S. Pruett, M.D., F.A.C.S.

Adjuster: ___________________________________ Fax: ______________________

Nurse Case Manager: ___________________________ Fax: ______________________