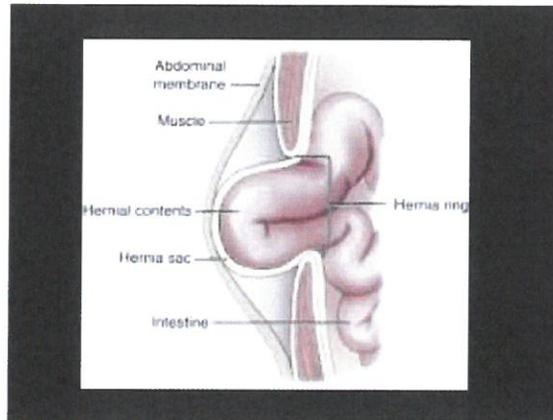


HERNIAS IN THE WORKPLACE
From mechanism of injury to final rating
Christopher S.Pruett, M.D.

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

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Diastasis 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 alleviate 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:

	Inguinal	Ventral	Large Ventral
<i>Light Duty</i>	2 weeks	2 weeks	3 weeks
<i>Moderate Duty</i>	3 weeks	3 weeks	4 weeks
<i>Full Duty</i>	5 weeks	6 weeks	8 weeks

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

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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



PRUETT SURGICAL ASSOCIATES

Office Phone 314 995-6999 Fax 314 995 7064

Assessment / Plan / Work Status

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:

Light Duty: () Weeks after Surgery on (/ /).

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. _____

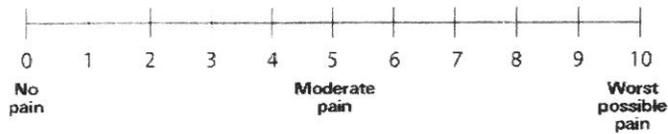
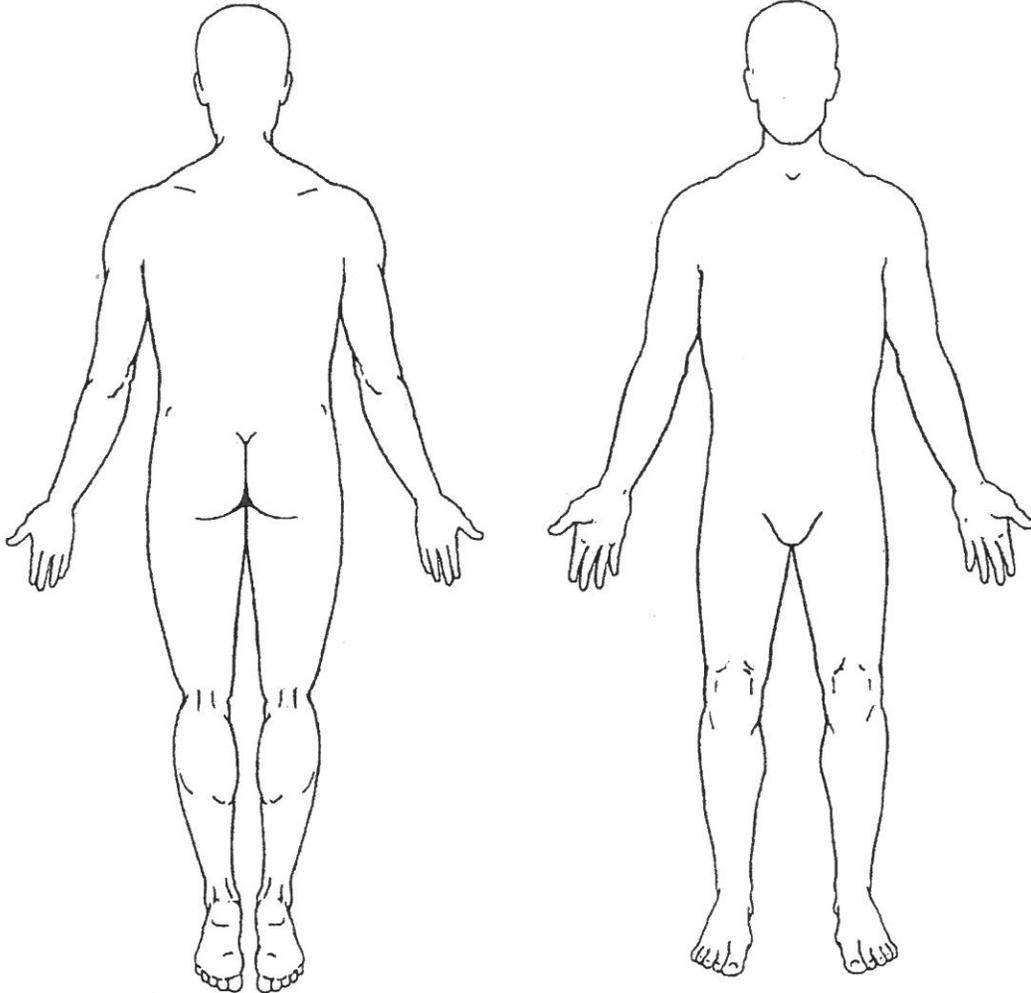
Current Symptoms

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.

	****		0000		XXXX		////
Numbness	****	Pins & Needles	0000	Burning	XXXX	Stabbing	////
	****		0000		XXXX		////



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:

Light Duty: () Weeks after Surgery on (/ /).

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: _____