

Clinical Understanding of the Term 'Incarcerated' Hernia- A Survey - EHS202500110

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Introduction

The term '**incarcerated hernia**' is frequently used in clinical practice, yet its definition remains ambiguous. Variations in historical and contemporary usage have led to inconsistent interpretations among healthcare professionals.

This survey was conducted to evaluate how the term is currently understood by doctors across different specialties and levels of experience.

Literature Review: Review of literature revealed **no universally accepted definition** of the term 'incarcerated hernia.' Existing descriptions vary widely and are often **anecdotal**. Some sources defined it as chronically irreducible hernia, while others suggest it refers to a hernia at higher risk of complications such as obstruction or strangulation.

Notable, major hernia classification systems - including those by **EHS (European Hernia Society)** - do not include the term 'incarcerated', underscoring the inconsistency and lack of formal recognition in standardized nomenclature.

Materials & Methods

A cross-sectional online survey was distributed to 61 doctors at Princess Alexandra Hospital, covering General Surgery, Radiology, and Accident & Emergency (A&E). The survey was disseminated in person, via WhatsApp, and occasionally by email.

The key survey question was: "What do you understand by the term 'incarcerated hernia'?"

Respondents were asked to select from the following options:

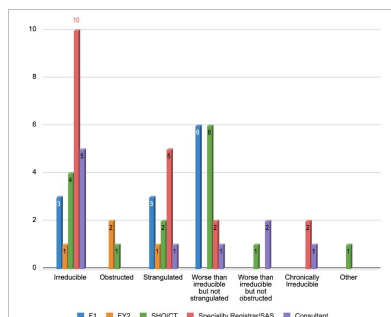
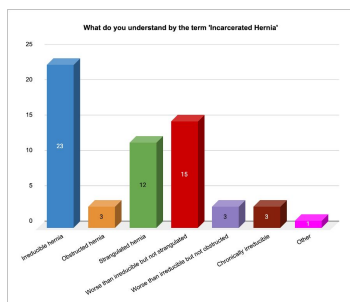
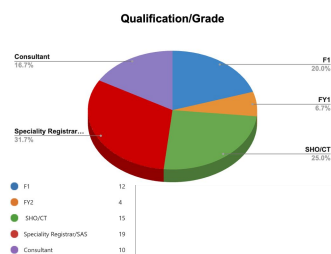
1. Irreducible hernia
2. Obstructed hernia
3. Strangulated hernia
4. Worse than irreducible but not strangulated
5. Worse than irreducible but not obstructed
6. Chronically irreducible
7. None of the above/Other (with free text entry)

Results

Most common interpretations:

- **Irreducible hernia** - 23 responses
- **Worse than irreducible but not strangulated** - 15 response
- **Strangulated hernia** - 12 responses

Higher occurance was observed among specialist registrars (SpR) and SAS doctors compared to foundation year trainers.



Literature Review: As the survey shows, there is substantial inconsistency in the interpretation of "incarcerated hernia" across specialties. We recommend abandoning the term to reduce confusion and instead use well-define nomenclature: **reducible, irreducible, obstructed, and strangulated**