

Referral Support Service

General Surgery

GS10 Sports Hernia

Definition

Somewhat of a misnomer as there is no classical herniation present. Also known as athletic pubalgia, sportsman's hernia or Gilmore's groin and is thought to involve injuries to the abdominal wall and pelvic musculature which causes a weakness of the posterior wall of the inguinal canal

Exclude Red Flag Symptoms

Unless there are palpable firm masses within the region, which may represent lymph nodes, there are no red flags in the presentation of a sports hernia

Management

Presentation

Typically presents in young active males who are often participating in Football, Hockey or Athletics. Females tend to be less affected, comprising just 3 to 15% of all sports hernia referrals.

Patients often complain of unilateral or bilateral groin pain (difficult to localize but described as being above the inguinal ligament). Pain can radiate to the scrotum and inner thigh and cross the midline. Pain occurs on exertion.

Signs

Tenderness over the pubic symphysis and/or pubic tubercle
Tenderness over the superficial ring on palpation (a 1/3 of the distance along a line drawn from the pubic tubercle to the anterior superior iliac spine)
Increased pain with palpation over the superficial ring when the patient performs a straight leg raise.
Pain with resisted situps.

Investigation

Other pathologies and a true hernia can be excluded with an USS or a MRI.

Treatment

Non-operative

This should be attempted for a period of 6 to 12 weeks. This includes rest from the aggravating activity, physiotherapy and NSAIDS – **ibuprofen 400mg tds or naproxen 500mg bd**. Return to sport should be in a careful, graduated manner. If this fails then operative intervention should be considered.

Operative

This aim is to reinforce the posterior abdominal wall which forms the posterior border of the inguinal canal. Techniques are based on variations of standard hernia repairs and use of mesh to reinforce. These procedures can be performed by either open or laparoscopic approaches.

Outcome

A randomized control trial involving 60 patients with sports hernia demonstrated 90% of patients in the operative group returned to sport within 3 months of surgery compared to just 27% of those where the non-operative approach alone had been used. At 1 year the figures were 97% vs 50%, respectively.

Referral Information

Information to include in referral letter

- Evidence that the 6 to 12 weeks of non-operative management has been completed and that this has failed to improve the situation
- Relevant past medical/surgical history
- Current regular medication
- BMI/Smoking Status

Investigations prior to referral

If a true hernia is suspected then an USS

References

[Paajanen et al, Surgery 2011, 150\(1\), 99-107](#)
[BJGP, 2013, 63, 160-161](#)