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In Women, Hernias May Be Hidden Agony

By **JANE E. BRODY**

Laura Sweet was an active, upbeat 42-year-old saleswoman living in Santa Monica, Calif., when the agony first started — debilitating, flaring pains in her pelvis that lasted for days and recurred periodically. The discomfort resulted in many visits to the emergency room, referrals to various specialists, wrong diagnoses and a daily cocktail of painkillers.

Her once-sunny disposition turned morose, and her vigorous workouts declined to a measly 20 minutes of walking a day. When one doctor's tests revealed no explanation, Ms. Sweet said, he told her she had “chronic pelvic pain and I should learn to live with it.”

Her sorry tale could be repeated by countless women who, like Ms. Sweet, had hidden abdominal [hernias](#), a condition that most doctors — including gynecologists and surgeons — rarely consider or know how to find.

Unlike hernias in men, which are far more common, those that afflict women are usually small and internal and rarely cause an obvious bulge. Symptoms can be suggestive of other problems — [ovarian cysts](#), [fibroids](#), [endometriosis](#) or adhesions from a previous operation — but surgically correcting these conditions does not relieve the devastating pain.

“On average, women go through four prior surgeries, and some a lot more than that, before the real cause of their pain is identified,” said Dr. Deborah A. Metzger, a gynecologist in Los Altos, Calif., who specializes in chronic pelvic pain.

When a woman lies flat on the examining table, the signs and symptoms of a hernia disappear. And the usual exam, an **ultrasound**, rarely reveals the real problem. Lacking an accurate diagnosis, doctors often send patients to be drugged up by pain specialists and **psychiatrists**.

For many women with these occult, or hidden, hernias, it can take years, if ever, to get the right diagnosis and correct the problem. Women account for only 8 percent of the hernias diagnosed, and doctors simply “don’t think hernia” when women complain of pelvic pain, Dr. Metzger said in an interview.

But after 18 months of torment, Ms. Sweet got lucky. A **urogynecologist** she consulted at Cedars-Sinai Medical Center in Los Angeles had a hunch that a hernia might be the problem and sent Ms. Sweet to a colleague, Dr. Shirin Towfigh, one of the few specialists in women’s hernias in the country.

‘Like It Never Happened’

An **M.R.I.** revealed not one but two inguinal hernias: small holes in a layer of muscle through which pieces of abdominal fat can protrude, pressing on nerves and causing pain. Dr. Towfigh repaired them both in a four-hour laparoscopic operation.

“I was back exercising in a week and jogging 10 days later,” Ms. Sweet said in an interview. “Now everything is fine, like it never happened.”

A hernia is protrusion of tissue through the wall of a body cavity in which it is normally contained, most often an opening

or weakness in the muscular wall of the abdomen.

Dr. Towfigh, a general surgeon who trains other doctors in laparoscopic surgery, explained that in men hernias often involve an obvious outward protrusion. In rare instances, such hernias may entrap a piece of the intestine, causing **gangrene** and even death.

But while women can sometimes develop a similar hernia, they are more likely to have a hidden, internal kind that entraps abdominal fat and compresses nerves, causing intense pain.

Dr. Towfigh said that despite frequent misdiagnoses, the symptoms of a hernia in women are really not typical of more common gynecological problems. She recalled that Ms. Sweet said she had experienced “burning, pinching pain shot down into her groin, leg and back. It was worse with exercise, prolonged standing, lifting, bending, coughing, laughing, going up and down stairs, straining at stool, and during her menstrual period.”

In other words, anything that increases abdominal pressure, sometimes even prolonged sitting, can provoke the pain, which occurs randomly throughout the day, Dr. Towfigh said.

“Women with young children can’t bend over to pick them up. It affects their marriage because sex hurts too much, and it impairs their ability to work,” she said. “The pain can be severe enough to cause a woman to pass out. It can be so extreme that women are given spinal injections and spinal stimulators,” as well as multiple **pain medications** and psychiatric drugs.

When all else fails, some women resort to lying in bed to bring relief.

Dr. Towfigh explained that tiny hernias are the worst. “The smaller the hole, the worse the pain,” she said. But in examining a woman, even with an M.R.I., “you don’t see the

hole — you only see the hole when something goes through it.” That may require positioning the patient to provoke the symptoms.

Dr. Metzger said that an abdominal exam in the standing position sometimes reveals a subtle bulge. But more often these hernias can be neither seen nor felt, and a correct diagnosis relies mainly on a vaginal examination. The pelvic muscles are often tense and tender, and the patient’s pain can be reproduced by pressure on the internal inguinal area, she said.

When a woman’s hernia is properly diagnosed and surgically corrected — usually by placing mesh over the hole during a laparoscopic procedure — the pain disappears completely. “It’s so easy to fix,” Dr. Towfigh said. “When the women wake up, they know they’re better.”

Exercise that helps maintain healthy abdominal muscle tone can protect against hernias, she said, but “once you have the problem, exercise won’t correct it, though it may prevent it from getting worse.”

Particular Vulnerability

Women are also more likely than men to develop umbilical hernias, in the bellybutton, especially if they are overweight, have had multiple pregnancies or endured very long labor when delivering a baby.

The British R & B star Jamelia Niela Davis, who goes by her first name, has said she first noticed that whenever she laughed, she automatically put her hand on her stomach and could feel an odd bulge.

Though she did not have much pain at first, one day she experienced “excruciating pain, as if someone had grabbed hold of my insides and was twisting them.” The surgeon she consulted told her that a piece of fatty abdominal tissue was

being caught in the weakened umbilical wall and that without an operation it would only get worse, aggravated by singing and dancing.

Umbilical hernias can also entrap intestines and become life-threatening, and the pain can be intense enough to cause [fainting](#). But umbilical hernias are easier to recognize than internal hernias in women.

“The bellybutton should be perfectly symmetrical,” Dr. Towfigh said. “If you look carefully, you can see the asymmetry caused by an [umbilical hernia](#), when a little piece of fat pushes out through a small hole.”