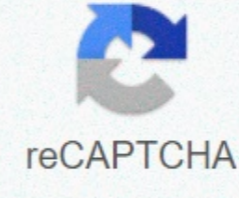




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Abdominal wall layers hernia

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In The Sarlow North. 2013 79-1269 :(5) 93 .: Pabumadacrosserifgoly Sctolarbaatner R, Shwarz J. Angoanal Hernia Repair: Current surgical techniques. Langanbeks Ark. 2012; 397 (2): 271-82. Pabumadacrosserifgoly Scholar 11 has an unusual hernia of rectos material for the abdominal wall and hernia chapter material snare, as well as it, along with it, taking it through a weakness in the outside wall, although it may be hernia drain (picture. 11.2). As the wall of the belly are common . More than one factor as hernias contribute to development. In essence, either the physical can be designed, either through inherited disorders, although these two factors work together in the majority of patients. The angonol and rani can exploit natural holes such as veins, oatturators or ossopaedial suktas, or touch the sway through these areas (e.g. adjithar hernia) or weak with surgery. Apart from these 'weak' physical areas, as well as, As I have a significant type of iii as I do. Type Iii provides flexible tilt to tissue, or the body participates in the strength of the CIA. The rate of type I/III differs between individuals but is constant in all the specific CIA of a particular individual. Heko, can be considered as a disease. Fig. 11.2 Hernia. A physical structure. B parts of the hernaal sec. Hernia is immediately invested by a peratonyal sec prepared from the vein of the abdominal wall (Picture 11.2). The sec is covered by the uncooked hernia window (i.e. the coloring) that are moved in front of it. The neck of the sec is set by the dahan samam in the wall of the symtao through which the hernia goes through. Maybe a hernia Structures but most commonly include omeum and/or small intestines. A hernia can include only part of the frame of the intestine (hernia of the richter), a macal daortakollam (Littleré's hernia) or a prison supplement (a hernia of the amand). A sliding inguanal hernia is described as a part of a wascos farm hernia sec wall. Most commonly, wascos is involved, the colony of Khameda or the urinary bladder. In the early stages of a hernia, sometimes the hernaal materials are only pre-pre-prateonyal fat, such as a sinful sinthat can copy the angonol hernia. All abdominal walls account for three-fourths of the he-Groin, and angonol hernand rhehahehi is one of the most frequently used general surgery procedures. The most common types of the croin hernia are the indirect ingonol (60%) directly, the angonol (25%) And Rani (15%) (Pic. 11.3). Max (85%) The groin hernias found in men are found in the same as the ingonomal 1-3% of all newborn males. Premature child events are 30 times which is seen in terms of In early life, an indirect angonol hernia is by far the most common type. After middle age, the weakness of the stomach miscsola goes directly to the growing events of Ingwanal Henico. Rani hernias are relatively more common in women (possibly due to the wide stupendous of the queen inguit in the ligams and pregnancy), but a non-lascivious anguanal hernia is still the most common type of chroin hernia in women. The Angonal Canal is an unapproved passage in the lower anterior abdominal wall, by which the supramatac bone is passed over the testas in the male, or goes to the labeom in the pit. The Prokasus-Veginesis passing canal is usually a new birth, but completely or in part perseverance presents a physical predission in a non-rectangular angonal hernia (Figure 11.4). The hole of the vein is formed from the inner and outer circle. The inner (deep) inguanal ingot is an opening CIA, which is about 1 cm above the mid-inguanal point (midway between the ziernaff gomdi and the anterior high-dynamic spine). The inner ingotis is the boundary medially by the inferior impermeable arteries (Figure 11.3). The Anguanal Canal ends at the ingot of the outer (surface) inguanal, which is just an opening at the top and aponorosis of the medical zairnaff gomdi. In birth, inner and outer circles are above each other so that the Angonoal is short and straight. With growth, the two rings that apart the longer and thicker the longer the weeds. The bones of testas and supromatagetget a veil from each of the palms as they pass through the abdominal wall. The material is derived from the part of the part (inner supramatak wall CIA), inner shear muscle to middle part The Cremastock muscles and the walled CIA), and the outer aponorosis (outer supermataque) outer lying by the CIA. Inside the Angwanal Canal, the supramatak's bones are covered only by the crematoc and inner supramatak. The bones of the supramatak consist of the quanda de France, the artery of the canon (lower vesacall artery branch), the testacaller artery (left side right and the branch of the vein on the kidney artery), the crematosis of the artery (lower venous artery branch), by the veins, the organal branch of the dyspha-ao-nerve, the branch of the , A non-rectangular anguanal hernia enter the inner (deep) ring of the anguanal and descents into the supramatak's bones color so that it can move down into the buds, the so-called Angwanu-Sakrutal Hernia. Very occasionally, it is the window to create an interview hernia between the muscle sands of the abdominal wall. The angonol softens as usually during months. Although such a hernia can cause any symptoms, especially during lifting or stress, or at the end of the day, a drag in the groin may be painful. After the rest of the period, such symptoms can improve to more severe activities. It is not unusual for a patient to present with a sussy in the croin, rather than due to painful symptoms. Swell in the hernia angonal canal, which can extend into the sanctomy. The patient is standing or coughing when it is often easily visible. However, as the population gets fat, and patients are to present the symptoms or first with a small swell, the diagnosis may not be so clear on the examination of the gron. However, find signs of nomazone between two gurus. While bipartite inguanal hernias are not unusual, it is unusual for both as similar sizes (Picture 11.5). An anguanal hernia, which goes through in the khasias, unlike a ziranaf gomdi, rani is up and medical on hernia, which has background sit down and on the gomdi (Picture. 11.6). Then, in more patients, such signs can be difficult to touch with confidence. A cough sequence is usually obvious, and the sound of the intestine can often be heard in the inside of the hernia on osclletitaon. If there is no visible swell, the patient is tried to stand up in a cough sequence. Picture. 11.5 The most-di-photo of the two-way Angonoal Hernia. Only gold members can continue reading. Log in or register to continue