


Prevalence & Characteristics Of Inguinal Hernia Patients

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Article Info	ABSTRACT
Keywords: Inguinal Hernia, Characteristics, Prevalence.	Based on the World Health Organization (WHO) report, it is stated that between 2005-2010, there were 19,173,279 cases of hernias, and there were 50 million degenerative cases, including hernias, in 2020. The incidence of hernias in developed countries is only 17% per 1000 inhabitants, which is different from what happens in a number of countries on the Asian continent, which reaches 59%. Literature review with narrative review design. A review of 10 pieces of literature showed that inguinal hernia patients mostly suffered from men (95.6%), Spearman's correlation test between age and type of inguinal hernia obtained a p-value = 0.033 (< 0.05) with an average age The highest is 36 -65 years and the lowest is 0-11 years. There is a relationship with the incidence of inguinal hernia with a value of p=0.026, history of chronic cough (68.9%), doing heavy work (82.35%), patients undergoing herniorrhaphy (mesh) surgery.), Patients with lateral hernia locations dominate cases of hernia recurrence (80%). The time span for most hernia recurrences is <2 years (54%). The prevalence and characteristics of Inguinal Hernia sufferers are mostly men, aged 36-65 years, obesity, history of chronic cough, doing heavy work, undergoing Herniorrhaphy (mesh) surgery with lateral hernia location dominating the majority of hernia recurrences < 2 years.
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INTRODUCTION

A hernia is a condition where part of the intestine comes out of the abdominal cavity to form a bulge that can be seen and felt from the outside. In general, people who have reached old age, hernias are a disease that often occurs at that age, because the smooth muscle walls of the abdomen weaken in old age, so there is a very high risk of hernias occurring. This disease is characterized by the protrusion of stomach contents through a weak part of the abdominal wall, this disorder is mainly found in the groin area. In old age, the supporting tissue becomes weaker, older people are more likely to suffer from direct inguinal hernias. The risk of developing a hernia in old age is three times greater. So this is considered as one of the risk factors plays a role in the incidence of inguinal hernias.

An inguinal hernia is a subcutaneous portion of the peritoneum containing abdominal viscera that exits through the inguinal canal or directly through the abdominal wall. Inguinal hernia is the most common abdominal wall hernia and ranks first in the most frequently performed surgical procedures. Inguinal hernia is a multifactorial disease and can attack

anyone regardless of age or gender. However, inguinal hernias are more common in men and older individuals, where one third of men are diagnosed with inguinal hernias. Apart from gender and age, several other factors that can increase the possibility of an inguinal hernia are genetic factors and a history of chronic obstructive pulmonary disease (COPD), Danlos Syndrome, and Marfan syndrome. Genetic factors can increase the likelihood of an inguinal hernia four times greater than someone without a family history of inguinal hernia. Another factor is an increase in intra-abdominal pressure due to obesity, chronic cough, heavy lifting activities, and pushing activities in cases of constipation.

In the United States, the healing process for inguinal hernias is by surgery. It is estimated that around 800,000 cases of inguinal hernia are performed each year. Of all types of abdominal, it accounts for 75% of inguinal hernias. The incidence of inguinal hernias usually occurs in two nodes (bimodal), at the age of around 5 or after 70 years, which is the peak occurrence of inguinal hernias. 90% of men will experience an inguinal hernia while 10% of women will. Femoral hernias account for 3% of inguinal hernias and are more commonly seen in women at around 70%. An inguinal hernia will affect nearly 25% of men and less than 2% of women in their lifetime.

The incidence of congenital indirect inguinal hernia in term newborns is around 3.5-5%. The incidence of inguinal hernias in premature babies and low birth weight babies is higher, ranging from 9-11% and up to 30% in premature babies (gestational age <28 weeks) and very low birth weight babies (<1000 grams). Inguinal hernias occur more often in men than women, with a ratio of 8:1. About 60% of inguinal hernias occur on the right side, 30% on the left side, and 10% are bilateral. The incidence of bilateral inguinal hernias is higher in women, ranging from 20-40%. There was a family history of inguinal hernia in 11.5% of patients suffering from inguinal hernia. In body anatomy, the inguinal area, or groin, is a transition area between the lower part of the abdomen and the upper part of the thighs (Figure 2.1). This area is characterized by weakness in the lower abdominal wall, especially in men, which is prone to causing inguinal hernias. Inguinal hernias occur more often in men due to the process of descent of the testicles into the scrotum, which occurs along the inguinal area.⁴

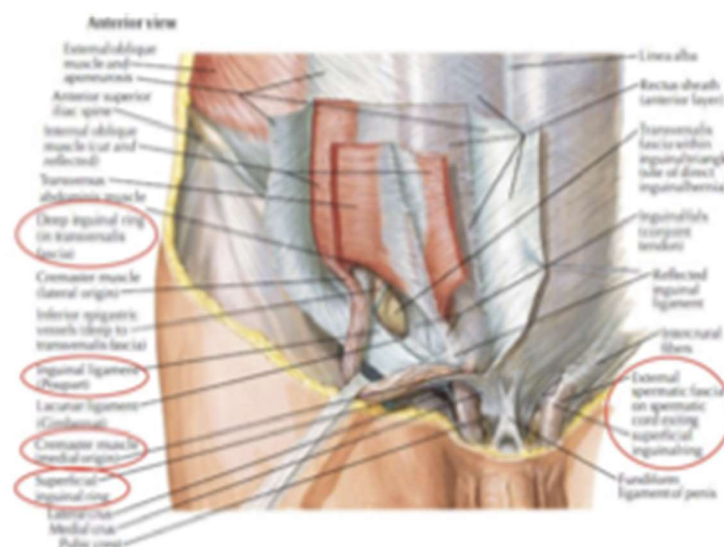


Figure 2.4 Anterior Abdominal Wall.

The inguinal canal is shaped like a sloping tunnel with a length of about 4 cm and is located right at the anterior end of the inguinal ligament. The inguinal canal extends between the internal inguinal ring and the external inguinal ring. In men, the inguinal canal contains the spermatic cord, while in women it contains the teres uterine ligament. The spermatic cord is composed of the cremaster muscle, testicular arteries and veins, branches of the genitofemoral nerve, vas deferens, cremastic arteries and veins, lymphatic channels, and the processus vaginalis. These structures enter the spermatic cord through the internal inguinal ring, and exit through the external inguinal ring. The cremaster muscle originates from the internal muscle fibers of the lower oblique abdominis and wraps around the spermatic cord in the inguinal canal.

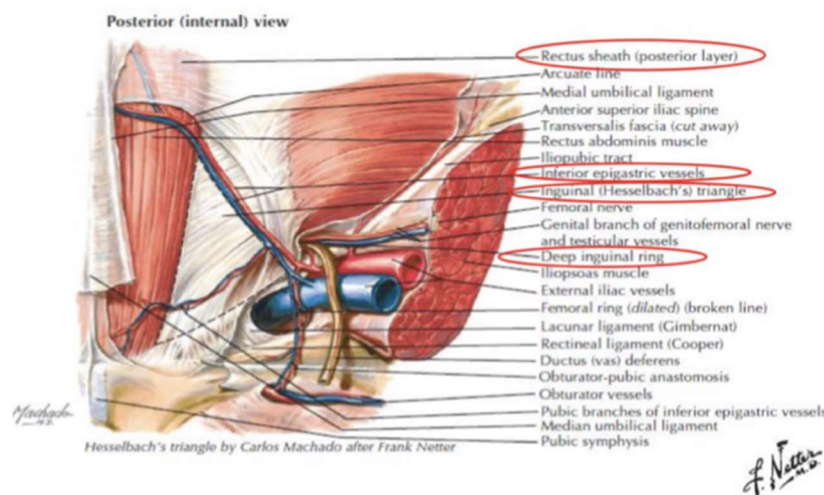


Figure 2.5 Hasselbach's triangle.

The boundaries of the inguinal canal form Hesselbach's triangle (Figure 2.2), where the epigastric blood vessels limit the superolateral part, the rectus sheath limits the medial part, and the inguinal ligament limits the inferior part. Direct hernias occur in Hesselbach's triangle, while indirect hernias occur laterally in Hesselbach's triangle. Although rare, moderate or large indirect hernias can affect the inguinal ligament as the hernia enlarges.⁶

METHOD

This research was conducted using a literature review method with a narrative review design aims to identify & summarize previously published articles, avoid duplication of research, and search for new areas of study that have not been researched. The flow of research carried out in writing a thesis for the narrative review model starts from determining the topic, searching literature based on a database of related articles, literature selection, data processing & conclusions.

RESULTS

No.	Title	Writer	Year	Method	Results
1.	Demographic and Clinical Characteristics of Inguinal Hernia Inpatients at Buleleng District Hospital in 2021-2022	Putu Gede Mas Reshna Suryadinata	2024	Cross sectional research using secondary data from 65 medical records selected according to inclusion criteria & processed using a total sample approach.	Of the 65 samples, the majority were in the elderly age group, namely over 65 years (39%), men (92%), not working (25%), lump in the groin (71%), lateral inguinal hernia (98%) , incarceration (37%), surgery with mesh (75%), no acute postoperative complications (100%), no comorbidities (95%).
2.	Relationship between risk factors for inguinal hernia and the incidence of inguinal hernia at Dr. Soeselo Regional Hospital, Tegal Regency	Hafni Zuchra Noor & Muchammad Fa Jrul Falach	2024	Observational study with a retrospective approach with a sample of 80 patients.	There were 13 patients with bilateral inguinal hernias and 67 patients with unilateral inguinal hernias. The statistical test results showed that there was a relationship between physical workload and the incidence of inguinal hernia with a value of $p=0.026$. There is a relationship between age and the incidence of inguinal hernias with a value of $p = 0.002$. There is a relationship between obesity and the incidence of inguinal hernia with a value of $p = 0.026$. The conclusion is that there is a relationship between the risk factors for inguinal hernia, namely physical workload, age and obesity, with the incidence of inguinal hernia at RSUD dr. Soeselo, Tegal Regency.
3.	Description of Risk Factors in Inguinal Hernia Patients at	I Gede Ryan Widhi	2023	Descriptive research with a cross sectional approach of	The results of this study showed that the majority were in the late elderly age group in

	Buleleng District Hospital in 2019-2020	Wirajaya, et al.		45 samples according to the inclusion criteria.	the range of 56-65 years, as many as 16 (35.6%) subjects, working as laborers as many as 16 (35.6%) subjects, based on gender, they were men, namely as many as 43 (95.6%) subjects, and 31 (68.9%) subjects had a history of chronic cough.
4.	Prevalence and Characteristics of Inguinal Hernia Patients at RSUD Prof. Dr. Margono Soekarjo Purwokerto	Christopher Amadeus Nicholas	2023	Descriptive research with cross sectional methods.	Based on research, the highest frequency group in this study was the age group 0 to 11 years with a percentage of 34.4%. There is an increasing trend in the incidence of hernias according to increasing patient age. The curve rises which means that increasing age is in line with cases of inguinal hernia. The conclusion of this study is the prevalence of inguinal hernia patients at RSUD Prof. Dr. Margono Soekarjo Purwokerto is 3% with a male : female ratio = 5:1 and the highest frequency is 0-11 years old (34.4%).
5.	Prevalence of Inguinal Hernia at Meuraxa Regional General Hospital, Banda Aceh City	Sayed Syafi Zuar, et al.	2023	Descriptive research with a retrospective approach using medical records.	This study found that the highest prevalence of inguinal hernias at Meuraxa District Hospital Banda Aceh in 2021 occurred in patients in the 41-65 year age category, 19 patients (55.8%), 29 patients (85.29%), men and working. as non-ASN 28 patients (82.35%).

6.	Characteristics of Inguinal Hernia Patients at Drs Putra Regional General Hospital. H. Amri Tambunan 2021-2022	Kevin Rhesa	2022	Cross sectional descriptive research using medical records 2021-2022.	From 43 samples, it was found that the highest age group for inguinal hernia sufferers was 56-65 years and the lowest was the 0-5 year age group. Characteristics of hernias based on gender are dominated by men rather than women. Jobs were obtained by the heavy work group and the lowest was the light work group. Classification of inguinal hernias shows that indirect inguinal hernias (Lateralis) are more common than direct inguinal hernias (Medialis) and are treated with surgery.
7.	Profile of Incarcerated Lateral Inguinal Hernia Patients at Raden Mattaher Regional Hospital	Agung Kusuma	2022	Retrospective descriptive research with total sampling using secondary data from 2016-2021 medical records with a total inclusion of 98 samples.	Patients affected by lateral inguinal hernias vary from 0-65 years. It can be seen that lateral inguinal hernias often occur in the 36-65 year age group. Based on gender, it was found that the number of cases of lateral inguinal hernias in men was higher than in women. The length of treatment for patients with lateral inguinal hernias who were treated post-operatively varied from 0 to 14 days. . With the highest length of stay occurring at ≤ 3 days, the majority of lateral inguinal hernia patients underwent surgical treatment, around 21 patients underwent herniorrhaphy (mesh) surgery.

8.	Characteristics of Patients Who Experienced Hernia Recurrence at Wahidn Sudirohusodo Makassar Central General Hospital in the Period January 2019-December 2021	Andi Ariyqa 2022 Zhafiyra	Purposive sampling method with medical record analysis of 177 samples.	It was identified that the characteristics of patients who experienced hernia recurrence at the study site were dominated by male gender (87%), with the adult age category dominating these cases (46%). Patients with overweight and normal BMI categories had the highest percentages of 27% each. Patients who were unemployed (33.3%), self-employed (26.7%), and retired (13.3%) dominated patients with hernia recurrence. The majority of patients had comorbidities (10 people/6.7% each). Patients with lateral hernia locations dominate cases of hernia recurrence (80%). The majority of hernia recurrence times are <2 years (54%).
9.	Risk Factors for Inguinal Hernia Patients at RSUP Dr.M. Djamil Padang Sore Period January 2018 – December 2020.	Muhammad 2022 Nurhuda, et al.	Descriptive research with a cross sectional approach using 119 diagnosed medical records using purposive sampling technique.	Based on secondary data from patients diagnosed with a groin hernia, the highest education level was elementary school for 43 people (36.1%), the highest age was >50 years, 84 people (70.6%). Family history was found in 2 people (1.7%), the highest BMI was normal in 68 people (57.1%) and a history of COPD and BPH was found in 21 people (17.6%) and 4 people (3, respectively). 6%). It can be concluded that the majority of inguinal hernias occur at ages >50 years and have a normal BMI.

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| 10. Relationship between age and type of inguinal hernia at Pertamina Bintang Amin Hospital, Lampung | Mizar Erianto, 2021 et al. | This research design used a cross sectional design, with total sampling using bivariate data analysis with the Spearman test for 113 samples. | Of the 113 respondents, the majority of respondents experienced lateral inguinal hernias, 98 (86.7%) respondents. The results of the Spearman's correlation test between age and type of inguinal hernia obtained a p-value = 0.033 (< 0.05). This shows that there is a significant relationship between age and the type of inguinal hernia and also displays a correlation value of 0.201. This value shows the relationship between age and the type of inguinal hernia which has a positive value with a low level of closeness. From the results above, it can be interpreted that the older you get, the greater the chance of experiencing an inguinal hernia. |
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Discussion

Abdominal wall hernias are the most common of all surgical problems. Every year there are an estimated 20 million cases of surgical procedures involving inguinal hernias, but the incidence and prevalence worldwide are not known with certainty. The rate of surgical procedures in various countries varies, ranging from 100 to 300 procedures per 100,000 people in one year. Hernias can occur at any age, including many in the productive age group, so they have quite a significant socio-economic impact.

Based on epidemiological studies, 75% of abdominal hernias are inguinal hernias. Inguinal hernia is one of the most common surgical cases after appendicitis. The contents of an inguinal hernia can be intestinal organs that come out through a defect or a thin and weak wall of the inguinal ring. Inguinal hernias occur as a result of congenital or acquired anomalies. Hernias that occur in children are caused by the processus vaginalis not closing properly as the testicles or testicles descend. Meanwhile, in adults, risk factors that can cause inguinal hernias include adulthood to old age, male gender, continuous heavy physical work, chronic cough, and obesity. The highest incidence of inguinal hernias occurs between the ages of 45 and 75 years because in older people the smooth muscle walls of the abdomen experience weakness, so there is a very high risk of hernias. This inguinal hernia often occurs in the stomach with the contents coming out in the form of part of the intestine. Lateral inguinal hernia (indireek), is a hernia that passes through the internal inguinal annulus which is located lateral to the inferior epigastric vasa, along the inguinal canal and out into the abdominal cavity through the external inguinal annulus. The data bank of the Indonesian Ministry of Health states that based on the distribution of digestive system diseases in inpatients according to categories of causes of illness in Indonesia in 2004, hernias were in 8th place with a total of 18,145 cases, 273 of whom died and this could be caused by the failure of the hernia surgery process. itself.

Based on the World Health Organization (WHO) report, it is stated that between 2005-2010, there were 19,173,279 cases of hernias, and there would be 50 million degenerative cases, including hernias, in 2020. The incidence of hernias in developed countries is only 17% per 1000 population, This is different from what happens in a number of countries on the Asian continent, namely reaching 59%.

Inguinal hernias can affect all ages, but increasing age can increase the incidence of inguinal hernias. Referring to research regarding the influence of age on the incidence of hernias which was carried out at RSUD dr. Soedarso Pontianak in 2018, it was found that the majority of subjects experienced inguinal hernias, namely subjects with an age range of 41-65 years or as many as 50 people (43.8%), 23.7% over 65 years, 11.4% aged 0 -5 years, 8.8% with an age range of 21-40 years, 7.0% 6-10 years, and 5.3% aged 11-20 years. This suggests that the risk of inguinal hernia increases with age. Inguinal hernias can be caused by congenital or acquired disorders. Hernias in children are caused because the processus vaginalis is not completely closed during the process of testicular descent. Meanwhile, in adults, risk factors for inguinal hernias include mature to old age, male adults, activities with heavy loads that are carried out continuously, chronic cough, and obesity. The incidence of inguinal hernias in elderly people, or those aged 45-75 years, is the incident with the highest

number of incidents, because at that age, there is a decrease in the strength of the smooth muscle walls, thus becoming a risk factor for hernias.

The occurrence of hernias is caused by two factors, the first is congenital factors, namely failure to close the processus vaginalis during pregnancy which can cause the contents of the abdominal cavity to enter through the inguinal canal, the second factor is acquired factors such as pregnancy, chronic cough, work lifting heavy objects, and other factors. age. The contents of the abdominal cavity enter through the inguinal canal, if it is long enough it will protrude from the external inguinal annulus. If this hernia continues, the bulge will reach the scrotum because the inguinal canal contains the sperm cord in men, thus causing a hernia.

There are hernias that can return spontaneously or manually, there are also those that cannot return spontaneously or manually due to adhesions between the contents of the hernia and the wall of the hernia sac so that the contents of the hernia cannot be reinserted. This situation will result in difficulty walking or moving so that activities will be disrupted. If there is pressure on the hernia ring, the contents of the hernia will strangle resulting in a strangulated hernia which will cause symptoms of ileus, namely symptoms of intestinal obstruction, causing disruption of blood circulation which will cause a lack of oxygen supply which can cause ischemia and the contents of this hernia will become necrotic. If the hernia sac consists of intestine, perforation can occur which can eventually cause a local or primary abscess if there is a connection with the abdominal cavity. Intestinal obstruction also causes a decrease in intestinal peristalsis which can cause constipation. In a strangulated condition, symptoms of ileus will appear, namely flatulence, vomiting, and obstipation in strangulation, pain that occurs, severe and continuous fatigue, the area of the lump becomes red.

Inguinal hernias usually appear as intermittent, asymptomatic bulges or masses in the inguinal area or scrotum, most often discovered on routine physical examination or by parents; after bathing or urinating is a classic symptom. In women, masses usually occur in the upper part of the labia majora. The bulge or mass is most visible during irritability or increased intra-abdominal pressure (crying, straining, coughing). Most inguinal hernias appear clinically in young children, approximately 50% in the first year, and most are asymptomatic or minimally symptomatic. The classic symptom of the elderly is intermittent groin, labial, or scrotal swelling that spontaneously decreases but gradually enlarges or is more persistent and becomes more difficult to reduce. When the child relaxes, the hernia usually reduces spontaneously or can be reduced with gentle pressure, pressing posteriorly to free it from the outer ring and then upward into the peritoneal cavity. In men, the hernia sac contains the intestines; Baby girls often have ovaries and fallopian tubes in the hernia sac.

Based on the summary results after the search, 10 journals were found that were related to the prevalence and characteristics of inguinal hernias. In 2024, research was conducted by Putu Gede Mas Reshna Suryadinata with the title "Demographic and Clinical Characteristics of Inguinal Hernia Inpatients at Buleleng Regency Regional Hospital in 2021-2022" cross sectional research using secondary data from 65 medical records selected according to inclusion criteria & processed using a total sample approach. Of the 65 samples, the majority were in the elderly age group, namely over 65 years (39%), men (92%), not working (25%), lump in the groin (71%), lateral inguinal hernia (98%) , incarceration (37%),

surgery with mesh (75%), no acute postoperative complications (100%), no comorbidities (95%).

The research above is supported by research in the previous year but in the same place by I Gede Ryan Widhi Wirajaya, et al entitled ""Overview of Risk Factors in Inguinal Hernia Patients at Buleleng District Hospital 2019-2020"descriptive research with a cross sectional approach of 45 samples according to the inclusion criteria. The results of this study showed that the majority were in the late elderly age group in the range of 56-65 years, as many as 16 (35.6%) subjects, working as laborers as many as 16 (35.6%) subjects, based on gender, they were men, namely as many as 43 (95.6%) subjects, and 31 (68.9%) subjects had a history of chronic cough.

The two studies above are supported by research in 2024 by Hafni Zuchara Noor & Muchammad Fajrul Falach with a larger sample entitled ""Relationship between risk factors for inguinal hernia and the incidence of inguinal hernia at Dr. Soeselo Regional Hospital, Tegal Regency."Observational study with a retrospective approach with a sample of 80 patients. There were 13 patients with bilateral inguinal hernias and 67 patients with unilateral inguinal hernias. The statistical test results showed that there was a relationship between physical workload and the incidence of inguinal hernia with a value of $p=0.026$. There is a relationship between age and the incidence of inguinal hernias with a value of $p = 0.002$. There is a relationship between obesity and the incidence of inguinal hernia with a value of $p = 0.026$. The conclusion is that there is a relationship between the risk factors for inguinal hernia, namely physical workload, age and obesity, with the incidence of inguinal hernia at RSUD dr. Soeselo Tegal Regency.

Then previous research conducted by Sayed Shafi Zuar et al, in 2023 with the title ""Prevalence of Inguinal Hernia at Meuraxa Regional General Hospital, Banda Aceh City"descriptive research with a retrospective approach using medical records. This study found that the highest prevalence of inguinal hernias at Meuraxa Regional Hospital Banda Aceh in 2021 occurred in patients in the 41-65 year age category, 19 patients (55.8%), 29 patients (85.29%), men (85.29%), and working as non-ASN 28 patients (82.35%).

The research above is supported by Kevin Rhesa Putra who also conducted research in 2023 entitled "Characteristics of Inguinal Hernia Patients at Drs Regional General Hospital. H. Amri Tambunan 2021-2022"cross-sectional descriptive research using medical records 2021-2022. From 43 samples, it was found that the highest age group for inguinal hernia sufferers was 56-65 years and the lowest was the 0-5 year age group. Characteristics of hernias based on gender are dominated by men rather than women. Jobs were obtained by the heavy work group and the lowest was the light work group. Classification of inguinal hernias shows that indirect inguinal hernias (Lateralis) are more common than direct inguinal hernias (Medialis) and are treated with surgery.

In the same year, Agung Kusuma conducted research in 2022 entitled "Profile of Incarcerated Lateral Inguinal Hernia Patients at Raden Mattaher Regional Hospital" a retrospective descriptive research with total sampling using secondary data from 2016-2021 medical records with a total inclusion of 98 samples. Patients affected by lateral inguinal hernias vary from 0-65 years. It can be seen that lateral inguinal hernias often occur in the 36-65 year age group. Based on gender, it was found that the number of cases of lateral

inguinal hernias in men was higher than in women. The length of treatment for patients with lateral inguinal hernias who were treated post-operatively varied from 0 to 14 days. . With the highest length of stay occurring at ≤ 3 days, the majority of lateral inguinal hernia patients underwent surgical treatment, around 21 patients underwent herniorrhaphy (mesh) surgery.

In the same year, Andi Ariyqa Zhafiyra in 2022 conducted research entitled "Characteristics of Patients Experiencing Hernia Recurrence at Wahidn Sudirohusodo Makassar Central General Hospital in the Period January 2019-December 2021"purposive sampling method with medical record analysis of 177 samples. It was identified that the characteristics of patients who experienced hernia recurrence at the study site were dominated by male gender (87%), with the adult age category dominating these cases (46%). Patients with overweight and normal BMI categories had the highest percentages of 27% each. Patients who were unemployed (33.3%), self-employed (26.7%), and retired (13.3%) dominated patients with hernia recurrence. The majority of patients had comorbidities (10 people / each 6.7%). Patients with lateral hernia locations dominate cases of hernia recurrence (80%). The majority of hernia recurrence times are < 2 years (54%).

And research in 2022 also by Muhammad Nurhuda et al, entitled "Risk Factors for Inguinal Hernia Patients at RSUP Dr.M. Djamil Padang Sore Period January 2018 – December 2020"Descriptive research with a cross sectional approach using 119 diagnosed medical records using purposive sampling technique. Based on secondary data from patients diagnosed with a groin hernia, the highest education level was elementary school for 43 people (36.1%), the highest age was > 50 years, 84 people (70.6%). Family history was found in 2 people (1.7%), the highest BMI was normal in 68 people (57.1%) and a history of COPD and BPH was found in 21 people (17.6%) and 4 people (4%), respectively.). It can be concluded that the majority of inguinal hernias occur at ages > 50 years and have a normal BMI.

Then research in the last 4 years, namely 2021 by Mizar Erianto et al, entitled ""Relationship between Age and Types of Inguinal Hernia at Pertamina Bintang Amin Hospital, Lampung" This research design used a cross sectional design, with total sampling using bivariate data analysis with the Spearman test for 113 samples. Of the 113 respondents, the majority of respondents experienced lateral inguinal hernias, 98 (86.7%) respondents. The results of the Spearman's correlation test between age and type of inguinal hernia obtained a p-value = 0.033 (< 0.05). This shows that there is a significant relationship between age and the type of inguinal hernia and also displays a correlation value of 0.201. This value shows the relationship between age and the type of inguinal hernia which has a positive value with a low level of closeness. From the results above, it can be interpreted that the older you get, the greater the chance of experiencing an inguinal hernia.

However, there is one study that is not in line with previous research, where previous research stated the prevalence and characteristics of herniasinguinalis mostly in adults-elderly. Research by Christopher Amadeus Nicholas in 2023 with the title "Prevalence and Characteristics of Inguinal Hernia Patients at RSUD Prof. Dr. Margono Soekarjo Purwokerto" Descriptive research using cross sectional methods. Based on research, the highest frequency group in this study was the age group 0 to 11 years with a percentage of 34.4%. There is an increasing trend in the incidence of hernias according to increasing patient age. The curve

risers which means that increasing age is in line with cases of inguinal hernia. The conclusion of this study is the prevalence of inguinal hernia patients at RSUD Prof. Dr. Margono Soekarjo Purwokerto is 3% with a male : female ratio = 5:1 and the highest frequency is 0-11 years old (34.4%).

CONCLUSION

An inguinal hernia is a subcutaneous part of a portion of the peritoneum containing abdominal viscera that exits through the inguinal canal or directly through the abdominal wall.. From the results of the literature review, the prevalence and characteristics found in inguinal hernia patients are that most inguinal hernias are suffered by men.(95.6%)compared to women.The results of the Spearman's correlation test between age and type of inguinal hernia obtained a p-value = 0.033 (< 0.05)with the highest average age being 36-65 years and the lowest being 0-11 years. There is a relationship between obesity and the incidence of inguinal hernia with a value of p = 0.026, history of chronic cough(68.9%), doing heavy work(82.35%),patients underwent Herniorrhaphy (mesh) surgery. Patients with lateral hernia locations dominated cases of hernia recurrence (80%). The majority of hernia recurrence times are <2 years (54%)

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