

The Hernia

Robert S. Bobrow, MD

Betty, now 58 years old, has been my patient for more than 20 years. She moved from Long Island to Florida several years ago, but I still see her occasionally and essentially have remained her primary physician, renewing her asthma medications and doing Papanicolaou smears. Health insurance had remained elusive for her all these years, and I persisted as her physician of choice for cost-efficiency as well as rapport.

She was visiting from Florida and had made an appointment one morning, arriving with her daughter (my patient as a child) and her daughter's son, whom I had not met, a sturdy 18-month old. It had been almost 2 years since I had last seen her, and after ascertaining the status of her asthma, I did some health maintenance, seizing the opportunity. (I did regular breast examinations; Betty could never afford mammography.) But the reason for this encounter was a question of a hernia, a mass in her groin that came and went for the past year. She wanted my opinion on what should be done about it. I saved it for last.

It was an inguinal hernia, a hard bulge 10 cm across, slightly tender. The mass had been "out" since the night before and was becoming uncomfortable; it never had stayed so prominent for so long. "Let's see if I can coax it back in," I said. But I couldn't. I tried the direct push; I tried to sneak it in from the sides. Incarcerated. I didn't want to push too hard, to worsen the edema and squeeze it further. "Ice," I thought. Although I knew I didn't have an ice bag in my office, I found a plastic bag with a zipper lock. Then I peeked in my little refrigerator's littler freezer and realized I had long ago removed the ice tray. Now what? I told my patient to wait; I wanted to put an ice pack on her hernia. With only my secretary in the office, I ran this errand myself.

Next door was a dentist. The receptionist, a young girl (at least to me) was on the telephone, obviously having a casual, personal conversation. I waited. I fidgeted a bit. Finally I ascertained that their office had no ice either. Do I send my patient to the emergency department now? They would have ice, not to mention sedation. Such a visit would pose an inconvenience, however, to the three generations in my office and would cost my patient at least \$300 in a best-case scenario, in which the hernia is reduced and she is discharged.

Not ready to quit, I took my plastic bag and headed for the delicatessen a half-block away. (In fairness to my good nature, if the office had been crowded that morning, which it was not, I might have sent her immediately to the emergency department and been done with it.) Of course, there was a line. Not considering my patient a medical emergency, I waited, although I can't say patiently. "Hi Doc." "Ice, please," offering my bag. It became filled with ice chips. No charge.

Back in the office I laid Betty flat on a table in another room, positioned the ice pack over the hernia, and told her to relax. I informed her and her daughter that this hernia had to go back in, or she would be going to the emergency department for possible emergency surgery. Her daughter decided to take her son home, where someone could mind him, and return in case she was needed. I saw a few more patients while Betty waited.

Then I called the surgical group—I wanted them to know there might be a referral. I also wanted to find out whether they knew some trick in hernia reduction, a particular angle of attack that I hadn't considered. Ultimately I was connected to a younger member of the group, whose father, a senior member, was still practicing. Warm and sincere, like his dad, he told me not to worry if the patient had no insurance, they'd be happy to take care of her. As for tidbits of wisdom, they just pushed, sometimes using meperidine first.

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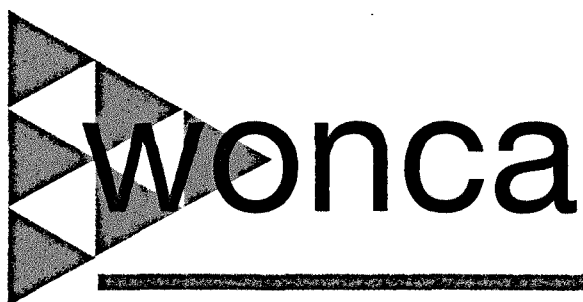
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So now back to Betty. Her daughter had just returned, and preparations were in place. Ready to do battle, I lifted the makeshift ice pack. The hernia was gone!

A 2-cm slit remained in the lower abdominal musculature through which the chilled, shrunken mass had slipped courtesy of gravity. She and her daughter were taught the "trick" and given the parameters for immediate consultation should it fail.

I added \$5 to the regular office visit fee for the trip to the deli.

Betty has decided to move back to Long Island and to look for work here. She hopes to find a job that includes health insurance, and for a preexisting condition at that. She realizes her chronic asthma and the hernia could require more attention than I can provide in my office. And Medicare coverage is 7 years away.



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