An update on management of Sports Groin; a surgical perspective

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Abstract
Background
Painful groin without a hernia presents a number of problems in diagnosis and management. In the case of a sporting person this can mean time out from sport, impacting earning potential and quality of life. Surgery has a role in the management of these patients but appropriate work up and patient selection is paramount.

Methods
Summary of experience in managing condition from 3 year research fellowship into abdominal wall surgery including summary findings from two peer-reviewed publications.

Results
In managing Sports Groin the correct use of terminology is important. When approaching a patient, assessment should be structured towards anatomical areas known to contribute towards patient experience of groin pain; thigh, groin, hip, pelvic ring, and lumbar spine. Options in the management of inguinal disruption include targeted physiotherapy and surgery. Surgical options include a number of techniques. Significant differences exist in time to presentation and post operative recovery when comparing amateur and elite athletes. In a cohort of patients undergoing groin repair (N = 144), the incidence of positive MRI findings within the adductor tendon and pubic ramus are 25% and 20% respectively.

Conclusion
Structured assessment of Sports Groin patients is paramount. Early specialist referral and targeted physiotherapy should be considered as first line management.

Biography:
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