

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.

Speaker Publications:

1. James Pilkington, Columna L, Lapolli B, Grosso EC, Silva DAS, Galatti LR (2017) Quality of life of Brazilian wheelchair tennis athletes across competitive and elite levels. Motriz Rev. Educ. Fis., 23, 101703.

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Biography:

James Pilkington, Doctor at Manchester Metropolitan University, UK