Desarda Technique versus Lichtenstein Mesh Repair For The Treatment Of Inguinal Hernia

A SHORT-TERM DOUBLE-BLIND RANDOMISED CONTROLLED TRIAL

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Abstract

Widespread and easily tolerated, the inguinal hernia is seen as a minor disorder. Because hernia surgery may be performed easily and successfully in both in- and out-patient environments, it is too often dismissed as a trivial complaint. On the other hand, in many countries it is considered a specialization. Unless inguinal hernia is treated properly, in fact, it may turn out to be very disabling. Furthermore, international statistics show that recurrences exceed the 10% mark. This means high social costs.

The fact that the solution to the problem is by no means straightforward is reflected in the existence of about 80 techniques, of which over 20 currently in use. Several techniques have been employed in the treatment of inguinal hernias, since Bassini first described his method in 1887. The techniques range from the tissue-repairs such as modified Bassini, Iliotibial tract repair, Shouldice, Maloney (Nylon-Darn), Halsted-Tanner and McVay, to the tension-free hernioplasties that involve the use of a mesh implant [13]. Despite the large number of techniques available for treatment of inguinal hernia, no surgeon has ideal results, and complications such as postoperative pain, nerve injury, infection, and recurrence continue to challenge surgeons [13].

In Egypt, the wide use of Bassini repair presents us with undesirable complications of tension repairs like chronic groin pain and high recurrence rates. The use of a mesh for repair is not widely practiced in most Egyptian hospitals because of its prohibitive costs. The Shouldice method which closely compares with the mesh repair is also rarely used in Egypt, probably because of the complexity involved in tissue dissection and repair.

The Desarda’s technique of inguinal hernia repair, acclaimed by its developer, Prof. Desarda, who has used it since 1990, seeks to get over the challenges faced with the use of the tissue repair and mesh repair techniques. It is based on the concept of providing a strong, mobile and physiologically dynamic posterior inguinal wall. The technique is simple, easy to learn and do. It does not require complicated dissection or suturing. There is no tension on the suture line. It does not require any foreign material and does not use weakened muscles or transversalis fascia for repair. The results are superior to those previously published in the field of hernia surgery [14-15].

The effectiveness of the Desarda technique has not been investigated in Egypt. There are no sufficiently large data from randomised comparative studies to consult. There are reports of its excellent results from the ongoing clinical trials in Poland, Cuba, South Korea, Albania and India [14].

The purpose of this study is thus to attempt to establish the influence of this new technique on early clinical outcomes of inguinal hernia repair, and if proved to be effective it will be a basis for the promotion of its use in Egypt.