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Comparison of Lichtenstein inguinal hernia repair with the tension-free Desarda technique: a clinical audit and review of the literature

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Abstract

Ours was a retrospective chart review of all elective open inguinal hernia repairs performed in a single unit at King Edward VIII Hospital, South Africa over an 18-month period. Comparison was made regarding duration of operation, length of hospital stay and complications such as pain, haematoma formation and recurrence between the Lichtenstein and Desarda techniques. The latter was noted to have a shorter operative time and avoided cost and possible complications of mesh usage, which are significant in resource-deprived settings. A larger comparative study with longer follow-up is needed to evaluate the wider suitability of the Desarda repair.

Keywords

Open inguinal hernia repair, Lichtenstein, Desarda, poor resource setting

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Introduction

The history of hernias is as old as the history of surgery, with the first repairs dating to 1559.¹ Inguinal hernias rank among the commonest of all hernias and surgery is the only definitive treatment. In understanding the pathological process of the development of a hernia, anatomical considerations have largely been concentrated on, and the emphasis is thus on restoring anatomical integrity, mostly (in the context of inguinal

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