

Mohan P.Desarda

**Physiological repair of inguinal hernia for complete cure.**

Poona Hospital & Research Centre Kamala Nehru Corporation Hospital, Indie

The successful management of any disease problem depends on the understanding of its patho-physiology. In this context, some questions related to the physiology of the inguinal canal or factors that prevent herniation still exist. The term "obliquity of the inguinal canal" is not a perfect description since the spermatic cord is lying throughout its course on the transversalis fascia. Repeated acts of crying do not increase the incidence of hernia in new born babies in spite of the almost absent "obliquity of the inguinal canal" or "shutter mechanism". Similarly, every individual with a high arch or a patent processus vaginalis does not develop hernia. Many patients with inguinal hernia are cured as a result of current techniques of operation, though factors that are said to prevent hernia formation are not restored. Therefore, the physiology of inguinal canal needs to be reconsidered to develop a new technique of repair to give complete cure from groin hernias. The author described such a method of inguinal hernia repair based on the physiological principles.

Importance of the aponurotic element (Transversus abdominis aponurotic arch extension) in the posterior wall to give *physiological protection* from herniation is not much emphasized in the literature. In the author's technique, undetached strip of the external oblique aponurosis serves as replacement of absent or deficient aponurotic element in the posterior wall and additional strength given by the external oblique muscle keeps it physiologically dynamic.

The author recently concluded study of 860 patients having 920 hernias with follow up of more than 7 years. No recurrence or any major complication, during or after surgery was seen.