



## 155 NO-MESH INGUINAL HERNIA REPAIR BY DESARDA'S TECHNIQUE

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### Objectives.

This prospective study is aimed to present the efficacy and benefits of our initial results of using Desarda's technique for 155 autotissue inguinal hernia repair (IHR) performed by several surgeons in one General Surgical Department of Ukraine, which is not a specialized hernia centre, for the period from October 2005 to March 2008 with respect to technical difficulties, convalescence, recurrence rate, chronic pain, quality of life.

### Patients and methods.

Desarda's technique was used for all cases of 155 inguinal hernias present in 141 patients (women - 17, men - 124) with a mean age of  $52,5 \pm 15,9$  years (range 17-80). Groin regions were scanned by 7-10 MHz resolution sonography in gray-scale and color duplex (SONOLINE Versa Pro, Siemens and Nemio XG, Toshiba) preoperatively. Dimensions of inguinal canal, inguinal gap, diameters and spermatic cord, quality of external oblique aponeurosis, width of it strip and others parameters were measured intraoperatively. We reinforce the inguinal floor without tension using an undetached longitudinal strip of the external oblique aponeurosis with continuous polypropylene or absorbable PDS-II №0 (Ethicon) sutures. Patients were studied with respect to type of hernia, anesthesia, postoperative pain (evaluated by VAS, VPS), request and need for analgesia, ambulation, complications, quality of life (evaluated by questionnaire SF-36), state of tissue of inguinal region (investigated by US). All patients were followed up by three surgeons.

### Results.

In one patient, the Desarda's technique was done after the surgical removal of tackers for the purpose of the expressed pain syndrome as complication of laparoscopic hernia repair. Bilateral hernias were operated in 14 cases. Direct in 28, indirect in 118, pantaloon hernia were observed in four cases. Thirty cases of inguinal herniorrhaphy were done under general (24,8 %), two (1,5 %) - under local and others 73,7 % - under spinal anaesthesia. A spinal anesthesia was given at the level of L<sub>1</sub>-L<sub>2</sub> by injecting 3-4 ml of the 0,5% bupivacaine or omnicaine. Desarda's technique was successfully used for all elective and emergency (5) herniorrhaphies, including recurrent inguinal hernias (6) after classic tissue (5) and Lichtenstein (1) IHR. The pain scores were low (40-3 mm) postoperatively. Patients had significantly long times to first report of pain and first pain medications, fewer average doses of pain medications (ketorolakum 30 mg). Patients could walk with no or minor problems at an earlier stage. Follow-up was done from 1 to 27 months and initial results have been encouraging. We have not had any major complications. There have been no recurrences or chronic groin pain to date. We noted, that substantial distinctions of quality of life patients operated by the methods of M.P. Desarda and I.L. Lichtenstein at estimation by a general questionnaire SF-36 was not founded. During postoperative ultrasound investigation all physiological mechanism of inguinal canal was confirmed. The relapse of hernia in patients in term from 1 to 31 months was not also observed.

### Conclusions.

Desarda's technique inguinal hernia repair is a good alternative to the existing autoplasic methods and need to be studied worldwide.