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Is there a place for pure tissue repair in inguinal hernia surgery?

Comparision between Lichtenstein and Desarda technique

A preferable method of inguinal hernia repair nowadays is the use of mesh graft in tension-free techniques. In the past few years a new technique developed by a surgeon from India, Mohan P. Desarda, was introduced. This method is based on the use of an undetached strip of the external oblique aponeurosis which strengthens the posterior wall of the inguinal canal.

The objective of this study was to compare the results of primary inguinal hernia repair in two groups of patients. One of the groups included the patients treated with Desarda technique (group I), and the second group included patients after Lichtenstein repair (group II).

Patients and methods: In group I the questionnaires were sent to 58 patients, we received 52 (89.6%) of them. In group II surveys were sent to 63 patients, we received 53 (84.1%) of them. In order to unify the examined groups first fifty patients who filled up and sent back the questionnaires in each group were included in the study. A group of patients after Desarda repair included 42 male and 8 female patients aged between 18 and 77 (average 48). The group II included 45 male and 5 female patients aged between 24 and 89 (average 58). The surgery and hospitalization were analyzed, additional questionnaire was sent to individual patient six months after the hernia repair. Analysis of duration of surgery and hospitalization was performed, including the occurrence of complications during and after the surgery, patients' subjective evaluation of the surgery regarding pain and time of returning to normal physical activity, as well as hernia recurrence.

Results: Average duration of the Desarda repair was 56.6 minutes, while the Lichtenstein repair lasted for 66.5 minutes. After Desarda repair there was less intensive postoperative pain, rated in VAS scale at 3.3 in first day after the surgery, 2.1 in second day and 1.5 in third one, respectively in group II rated at 3.8, 2.7 and 1.6. Patients after Desarda repair were discharged from hospital on third day after the surgery, in group II on fourth postoperative day [$p < 0.05$]. One week after the hernia repair patients in both groups equally classified the intensity of the pain (VAS 1.2). Six months after the hospitalization the effect of performed surgery was described as good or very good. Only one patient in group I was unsatisfied with the surgery results. There was minor intensity of the pain at this point - similar in both groups (I – 0.8, II – 1.1). Full activity was achieved by 46 patents in group I and 45 in group II. There was no hernia recurrence among the patients six months after the surgery.

Conclusions: The Desarda and Lichtenstein methods of primary inguinal hernia repair do not differ in the means of procedure complexity and surgery time. The number of local complications and pain intensity were comparable and similar to the literature data. The patients after Desarda and Lichtenstein hernia repair were satisfied with the surgery results. Desarda primary hernia repair is as effective as Lichtenstein surgery and six months after the surgery the treatment results are similar in both groups.