

GUEST LECTURE

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ABSTRACT TITLE: "Recurrence free & mesh free inguinal hernia repair with absorbable continuous sutures (New concepts of the physiology of inguinal hernia in context with today's trends and a new method of repair)"

INTRODUCTION: Millions of Dollars are spent by the government hospitals or the insurance companies on re-exploration of the inguinal canals for recurrence or post operative groin pain. Similarly, millions of working man hours are also lost affecting the national productivity. Use of the mesh and non absorbable interrupted sutures has become the hallmark for groin hernia repairs. But today, the recurrence free inguinal hernia repair with continuous absorbable sutures is no longer a dream but a reality.

METHODS: The author has operated on 1550 patients between a period from 1990 to 2009 by his new technique of inguinal hernia repair already published in various journals¹. Out of these, 560 patients were repaired with continuous sutures using PDSII no.1 (Monofilament Polydioxanone violet, Ethicon) absorbable suture material during last 5 years (2004 & 2009). An un-detached strip of the external oblique aponeurosis (EOA) is sutured to the inguinal ligament below and the muscle arch above, behind the cord, to form a new posterior wall. External oblique muscle gives additional strength to the weakened muscle arch to keep this strip physiologically dynamic.

RESULTS: Mean patient age was 52.07 years (range, 18 - 88). All the patients were operated under local or regional anesthesia. 94% patients were ambulatory with limited movements in 6-8 hours and free movements in 18-24 hours. 96% patients had a hospital stay of one night and 95% patients returned to normal activities within 1-2 weeks. One patient had wound oedema, which subsided on its own. The median follow-up period was 3.8 years. There was no recurrence of the hernia or postoperative neuralgia.

CONCLUSIONS: Results of this series of repairs done with continuous absorbable sutures are comparable with the results of the previously published author's series of repairs done with non absorbable sutures. This saves one packet of suture material required for internal suturing over and above the cost of mesh and saves time also. Dream of doing recurrence free inguinal hernia repair with continuous absorbable sutures, leaving no foreign body in side the patient, may become a reality in future. This was possible because this operation technique is based on the new concepts of inguinal canal physiology published by the author.²

REFERENCE:

- 1) Desarda MP. Physiological repair of inguinal hernia: a new technique (Study of 860 patients). *Hernia* (2006) 10: 143-146.
- 2) Desarda MP. Surgical physiology of inguinal hernia repair-a study of 200 cases. *BMC Surgery* 2003 3:2.