

- [Home](#)
- [Surgery](#)
- [Posts](#)
- [Terms of use](#)
- [Certificates](#)
- [Reviews](#)
- [Contacts](#)
- [Questions](#)
- [Video clips](#)

- [Veselin Lyutskanov MD, PhD](#)
-
- [What is a hernia?](#)
- [Types of hernia](#)
- [hernia complications](#)
- [Hernia belt, truss](#)
- [Preparing for hernia surgery](#)
- [Hernia surgery anesthesia](#)
- [Hernia surgery \(hernioplasty\)](#)
- [Laparoscopic hernia surgery](#)
- [Meshes for hernia surgery](#)
- [Hernia surgery recovery](#)
- [Hernia surgery - results](#)
- [Херния при лечица](#)
- [Hernia and pregnancy](#)
- [Hernia in athletes](#)
- [Hernia in elderly](#)
- [Hernia surgery complications](#)
- [When after the operation to call herniologist](#)
- [Bilateral hernias in the groin](#)
- [gallery](#)
- [One day sugery for hernias](#)
- [Diseases which look like hernias](#)
- [Swollen testicle after hernia surgery](#)
- [Gastroesophageal reflux disease GERD](#)

one day surgery for hernia

DAY SURGERY IN THE TREATMENT OF hernia - YOUR RESULTS IN 289 PATIENTS

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Introduction

Over 20,000 operations for hernia of anterior abdominal wall is performed annually in Bulgaria1.

The risk of hernia was 27% in men and 3% zhenite2. This determines the greatest public importance of reducing

hospital stays and reduced costs.

The definition of day surgery (one day surgery) is still not clear boundaries and the concept includes a stay of 23 to 47 hours. The trend for ambulatory and day surgery units in specialized hernia develops upward for the past 30 years in the U.S. and Europe. In England 75% of the planned surgery is planned this way⁵. Growing number of studies showing significantly fewer complications and recurrences in shortened restore normal rhythm zhivot³⁻⁴. Present results from a series of personal hernioplastiki based day surgery.

Material and methods

Retrospectively studied 289 patients, treatment with 233 inguinal hernias and 56 ventral operated personally by the author in the Hospital "Vita" for the period from January 2006 to October 2009.

For the selection of patients for day surgery are complied factors in two directions:

1. Medical - the absence of decompensated chronic illnesses. Research and consultation with an internist, anesthesiologist and specialist in evidence and the necessary preparations are done outpatient.
2. Social - the patient and his relatives must understand the nature of the operation and postoperative course and agree to its operation on a day surgery to have a responsible adult to him for observation and assistance in the first three days, provided a secure telephone link, the ability to transport and adequate living conditions. For patients outside the region of Sofia provides holiday accommodation within 48 hours near the hospital.

Hospitalize patients for 1 hour before elective surgery, epilation operational flights are operated by private operator and immediately before surgery. Using standard antibiotic prophylaxis with second generation cephalosporin - 2.0 g intravenously 30 min before surgery and intraoperative irrigation of the operative field with a solution of aminoglycosides.

When placing the prosthesis (canvas) used Vypro II ® or Ultrapro ® of Ethicon ®.

In a Lichtenstein inguinal hernioplastiki routinely done by us denervation in the area of the prosthesis.

Before dehospitalizatsiyata patients were controlled and instructed personal conduct post-operative period and possible complications and problems. Was provided constant telephone contact with the operator.

Control examinations were performed at 2, 7, 30th day and every year. Distant results were reported for 234 (80.9%) patients. Analyzed operational methods, complications, recurrence, postoperative pain, duration of hospital stay, duration of absence from work.

Results

The age of the patients averaged 51 (7-84) years. Males were 251 and women 38. Increased body weight, BMI > 30 found in 34 (14.8%).

Ventral hernia 56 are allocated as follows: 26 postoperative, 23 umbilical, 6 gastrointestinal, 1 Shpigelova hernia. In all ventral hernias we applied preperitonealno available on canvas Stoppa-Rives under general anesthesia.

We did not use drains.

Groin hernia 233 are allocated according to pathological type as follows: 199 primary and recurrent 31 (13.5%). Sliding were 21 (9.1%), hernia and giant ingvinoskrotalni were 15 (6.5%).

Enclosed are 156 (67%) prosthetic plastics - 148 Lichtenstein and our modification of plastics in preperitonealna

Moran-Maden in 8 cases.

In younger patients with herniated T2 are used in plastics Marcy 19 and further strengthening cremasteric in our methodology in 14 cases.

For the remaining 58 patients we applied our own plastic tissue at Shouldice at 3, Mc Vay in femoral by Andrews in 12 so-called physiological expression of its author Desarda in 19 patients.

Anesthesia in 155 (67%) cases were spinal in 67 (28%) local and general za11 (5%).

Drainage are used in 6 (2.6%) patients with large recurrent hernias.

Average hospital stay was 18 hours, 23 (10%) of patients dehospitalizirani the same day. Stay longer than 24 hours were at 5 pax (1.73%). Rehospitalisation need in 2 (0.69%) patients. When a man with hypertensive crisis and one with a swollen scrotum.

Early postoperative complications were treated in 4 (1.38%) - hematoma in the wound for three. Revision of skin and hemostasis Court have in one of them. Swelling in the scrotum in patients undergoing ingvinoskrotalna giant hernia. There was no infection in the surgical wound. In inguinal hernioplastiki until relapse was observed. Relapse was reported in two (3.57%) patients with abdominal hernias. Period to restore normal rhythm of life (driving a car and office work) is an average of 9 days.

Discussion

Advanced age and chronic diseases are often a pretext for advice by GPs and relatives to refrain from surgery of abdominal hernias. They readily accepted by patients and led to an increase in hernia to giant size, the quality of life and surgical treatment of coercion in the more elderly. Our experience supports podhoda5 it is important not age and physiological status of the patient and sustainable compensation of chronic diseases.

In ventral hernia preperitonealnoto insertion of the prosthesis allows for minimal dissection under the skin without the use of drainage allows for day surgery.

In inguinal hernia share of Prosthetic plastics is lower than current standards EHS6. This policy is determined by the NHIF and the economic crisis and need study and introduction of a plastic Desarda7, 8

Most patients after discharge overnight, mainly because of restrictive requirements of the NHIF. Wound infection, especially after plastic prosthesis is a disaster for both patient and surgeon. In our series no wound complications in the surgical wound indulge in compliance with the Protocol proposed by M. Deysine9.

Conclusion

Surgical treatment of abdominal hernia in a day surgery an adequate selection of patients with excellent results in significant patient satisfaction and significant cost savings.

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