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NEW CONCEPTS OF PHYSIOLOGY OF ING. CANAL THAT PREVENT INGUINAL HERNIA FORMATION
Mesh repair was introduced 3-4 decades ago and it was accepted worldwide in spite of its F.B. complications.

**WHY?**

Because we did not have alternative pure tissue repair that was equally simple & easy to do and still gave equal results with minimum complications.
If you wish to develop such pure tissue repair then you must understand the factors that prevent inguinal hernia formation in the normal individuals.
RECALL MEMORY ABOUT ING. CANAL PHYSIOLOGY

The theory described in text books and taught to students every year is

1] Post. Wall is a single layer structure formed by Trans. Fascia alone &

2] Its strength prevents the ing. hernia formation

“In reality this is not true and still this misconception got fixed widely in the minds of every one”
WHAT IS A REALITY?

IN REALITY

The Post. Wall of inguinal canal is composed of 2 layers instead of 1 layer
1] Transversalis Fascia and
2] Aponeurotic extensions from the Trans. Abdominis aponeurotic arch

Bendavid stated that the surgeons overlooked this critical observation, and the misconceptions have been carried in many publications & books
TWO LAYERED POST WALL
ANATOMY OF ING. CANAL - post. view
1] Transversalis fascia is just an extension of the endo-abdominal fascia in inguinal canal.

2] It is a sheet of loosely packed areolar tissue between the Aponeurotic Extensions in front and the pre-peritoneal pad of fat behind.

3] Obviously, it does not have any strength to protect the posterior wall of inguinal canal.
Thus you will find that trans. Fascia alone does not form the post wall & it hardly plays any role in the prevention of the hernia formation.

IT MEANS THESE THEORIES DESCRIBED AND BELIEVED TO BE TRUE FOR ALMOST A CENTURY ARE REALLY NOT TRUE AND CORRECT
NEW CONCEPTS OR THEORIES PUBLISHED BY US

Aponeurotic Extensions from the Transversus Abdominis Aponeurotic Arch in the posterior wall of the ing. Canal is important real factor that prevents hernia formation in the normal individuals AND Hernia formation takes place only if they are absent or deficient.
TOTAL COVER OF APO. EXT. IN NORMAL CANAL WITHOUT HERNIA
Transversus Abdo. Apo. Arch sending Aponeurotic Extensions-No full cover
Hernia seen through scanty Apo. Ext.
Hernia seen through Scanty Apo. Ext.
This post. Inguinal wall is kept physiologically dynamic due to those Aponeurotic Extensions & muscle contractions.

Contraction of the trans. abdominis pulls this posterior wall and the aponeurotic extensions upward and laterally creating increased tone in it to prevent hernia formation (Physiologically dynamic action of the post. wall)
HOW PHYSIOLOGICALLY DYNAMIC PROTECTION IS GIVEN TO POSTERIOR WALL

AT REST

IN ACTION
This tension in the posterior wall is created in gradation as per the force of contraction of the muscles. And the force of contraction of the muscle changes as per the force of the internal abdominal blow.

Such a physiologically dynamic & strong post. wall is needed to be constructed to give 100% cure from the ing. hernias
"My Operation Technique"

NO MESH INGUINAL HERNIA REPAIR WITH CONTINUOUS ABSORBABLE SUTURES BASED ON THOSE NEW CONCEPTS
Star Points of Technique

- It is a Herniorrhaphy operation / plasty
- Locally available live & active tissue
- EOA is large enough to get strip easily
- You get physio. dynamic post. wall
- No difficult dissection is required
- No foreign body or special material
- Satisfies all criteria of modern Hernia surgery like day surgery, low learning curve, early ambulation, recovery in a week, minimal pain, no major complications and **ALMOST ZERO RECURRENCE**
OUR STUDY

- Operated on 2000 pts. during last 20 yrs.
- Continuous Absorbable sutures were used in more than 800 pts during last 8 years.
- Median follow up period more than 7-8 yr
- 98% patients went home within 24 hrs.
- 95% pts started routine work in 3-8 days. Pts. could drive car and go to office.
- Pt. can bend, squat, climb up a staircase, carry luggage & travel. Pts from abroad go back to their country on 3rd day.
- Recurrence & minor complications <0.1%
STATUS TODAY

- Today, this operation is being followed in many countries like USA, Poland, Germany, China, Malaysia, Cuba, Russia, Korea etc.

- This technique is now added in the famous “Love & Bailey” text book of surgery along with Bassini & Shouldice & has become a part of the curriculum to teach under graduate and postgraduate students.

- Web site [www.desarda.com](http://www.desarda.com) have been visited by more than 1 million of people till today
“RECURRENT FREE ING. HERNIA REPAIR WITH CONTINUOUS ABSORBABLE SUTURES

LEAVING NO FOREIGN BODY IN SIDE THE PATIENT IS NO LONGER A DREAM BUT A REALITY TODAY

THEN WHY SHOULD WE DO A MESH REPAIR AT ALL??"
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ODDZIAŁ CHIRURGII OGÓLNIEJ
THANK YOU