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## Letter to the Editor

### **Mairs Repair for Inguinal Hernia is Already Discarded - A Strip of External Oblique Aponeurosis (Desarda's Repair) A Better Choice to Skin**

Sir,

I read with interest the article 'Mairs Repair for Inguinal Hernia' by Rohit P Joshi et al on the internet. This study was undertaken by the authors in the year 2005 or earlier and the results were published in the year 2005. I do not agree with the author's views that Mairs repair is safe and efficient. It may be simple and cost effective but the complications and recurrences following Mairs repair have already made to abandon this repair from the world map long back. The author recommended this repair for the lower socioeconomic strata with a monthly income of \$20 (Rs.800/- approximately). How is he going to decide the real income of any body who poses to have income less than Rs.1000/- per month? If he is really poor and can not afford the cost of mesh then better to treat him on charitable basis and use any other methods of repair like Bssini/Schouldice repair, which gives equivalent or much better results, instead of putting patient to all sorts of complications due to skin graft like necrosis, infection, cyst formations, recurrences, etc. without any added advantage. In my repair, a strip of the external oblique aponeurosis goes behind the cord to form a new posterior wall. After excision of the sac, a strip of the external oblique aponeurosis (EOA) is partially separated from its medial leaf, keeping its continuity intact at either end. This undetached strip of EOA is sutured to the inguinal ligament below and the arch of muscle above, behind the cord, to form a new posterior wall. This strip is put under tension by muscular contraction and works as a shield to prevent recurrence. External oblique muscle gives additional strength to the weakened muscle arch to keep this strip physiologically dynamic. I have recently published an article 'Physiological repair of inguinal hernia-A new technique (Study of 860 patients) in 'The World Journal of Hernia and Abdominal wall surgery'.<sup>1</sup> The 0% recurrence rate, minimal pain, one night stay and complete recovery in 1-2 weeks time is seen because this repair is based on the physiological principle and not on the anatomical principle as seen in the mesh repairs. Today, this operation is being followed in many countries like Poland, Cuba, Ukraine, Korea, Albania, Libya, Brazil, Yugoslavia, Russia, Afghanistan, Iran and some countries in central and east Africa. Now, since last 4-5 years, I am operating all cases with continuous absorbable sutures, which saves time and one packet of suture material, a great saving, with equally excellent results. Preliminary results of this study are already published in the 'Asia Pacific Hernia Congress 2006' held in New Delhi. It was never thought by any body till today that it will be possible to use continuous and that too absorbable sutures in repairs of inguinal hernias. This was possible in my repair because there is no tension on the sutures and it is based on the physiological principles. I request the authors and the readers to take trials of this technique instead of going back to an abandoned technique. This article and this letter to the editor assume importance because it is published by consultants from a hospital of high repute and known to have quality research. I personally feel not to hurt any body by this letter.

#### Reference

1. Desarda MP. Physiological repair of inguinal hernia - A new technique, Study of 860 patients. *Hernia* 2006; 10 : 143-6.

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