Comparison of Seroma Formation After Desarda Versus Lichtenstein’s Repair

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Abstract

Abdominal hernia repair is one of the most common elective surgical procedures that are done in a surgery ward. Many techniques have been introduced over past century. Desarda introduced his technique in 1990 to overcome challenges of conventional tissue and mesh repair techniques. This study compares Desarda and Lichtenstein’s repair for incidence of post-operative seroma formation. **Objective:** Comparison of post-operative seroma formation in Desarda versus Lichtenstein’s repair. **Study Design:** Randomized Control Trial. **Settings:** Department of Surgery, Allied Hospital, Faisalabad-Pakistan. **Duration:** 6 months from January 1, 2017 to June 30, 2017. **Methodology:** 160 patients undergoing hernia repair were randomly selected and divided into two equal groups. Group-A underwent Desarda repair and Group-B underwent Lichtenstein’s repair. Patients were observed for 3 post-operative days for seroma formation in ward and then followed in outpatient department for 6 weeks. If seroma formation was detected, multiple aspirations were performed using sterile syringes and quantity was measured until resolution. **Results:** Comparison of seroma formation in Desarda versus Lichtenstein repair of inguinal hernia shows that 2.5%(n=2) in Group-A and 10%(n=8) in Group-B had seroma formation while 97.5%(n=78) in Group-A and 90% (n=72) in Group-B had no findings of the morbidity, p value was 0.05 showing a significant difference. **Conclusion:** Desarda’s repair was a better approach as compared to Lichtenstein’s repair to prevent seroma formation.
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