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RECURRENT INGUINAL HERNIA REPAIR BY DESARDA TECHNIQUE

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Abstract

The breakdown of a hernia repair, which often increases the complexity of the problem, is called recurrent hernia. Recurrence is a significant public health problem. Recurrence of the hernia in the early postoperative setting is rare. When this does occur, it is often secondary to deep infection, undue tension on the repair, or tissue ischemia. Clearly, all of these etiologies raise the concern for a technical complication on the part of the surgeon, either in the handling of the groin tissues or the placement of mesh or suture. The patient who is overactive in the immediate postoperative setting may also be at risk for early hernia recurrence. It is thought that early exercise disrupts the suture or mesh in the repair before. Recurrent hernias can be repaired using either traditional open surgery or using laparoscopic techniques. We represent 23 male patients who underwent herniorrhaphy and developed recurrent hernias were treated by Desarda method between 2015 and 2019. 19 were elective and 4 were acute emergency patients, respectively. Hernias in 8 cases were direct, 15 indirect. There was 1 scrotal hernia, 2- sliding hernia cases among elective patients. No patient had discomfort for more than 11 days after this repair. Among postoperative complications there were not any severe complications. No chronic pain, sensation of foreign body and no recurrence was observed. The mean hospital stay was 2 ± 0.78 . According to our experience Desarda method seems to be an attractive alternative of other methods widely adopted today.

Keywords

Hernioplasty, Recurrent Inguinal Hernia, Deserda Technique.

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