

Topic: INGUINAL HERNIA - Mesh vs non mesh

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OUTCOMES FOLLOWING A MODIFIED SHOULDICE PRIMARY INGUINAL HERNIA REPAIR

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Introduction: Annually more than 20 million groin hernias are repaired Worldwide. Following mesh repairs chronic pain occurs in 20-50%, often lasting many years. We reviewed the outcomes of patients who had undergone a modified Shouldice repair of a primary inguinal hernia by one of the 2 authors.

Methods: A retrospective study of the experience and outcomes of the last consecutive 50 patients who had undergone an open non-mesh repair of a primary inguinal hernia were sent a questionnaire regarding their outcomes including duration and severity of pain, return to driving and work and complications.

The repair closely followed the principles of the world famous Shouldice repair and will be described in detail.

Results: There were 39 replies from 50 patients

Operation performed as day case in 33 patients

One overnight stay in 6 patients

No stays longer than 1 night

On a pain scale of 0-10

39% of patients scored 0-2 in week 1,

60% in week 2

73% in week 3

94% in week 4

1 patient experienced some pain in week 5

No patients admitted to any pain after 6 weeks.

Mean time to return to driving was 8.9 days (1-16)

Mean time to return to work was 13 days (3-42, including 1 patient instructed by his Family Doctor to remain off work 6 weeks)

Mean time when felt ready to return to work 8 days (1-21).

Complications included minor suture line inflammation in 3 patients, urinary retention in 1, with a successful trial without catheter the same day.

Asked if they would undergo the same procedure again 100% said yes.

Asked if the recovery was better or worse than expected 100% said yes

Conclusion: By avoiding the use of a mesh and utilising a tension free modification of the Shouldice repair excellent outcomes can be achieved and post operative chronic pain eliminated

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THE GUARNIERI'S TECHNIQUE FOR INGUINAL HERNIA REPAIR. PRINCIPLES AND INNOVATIONS

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The Guarnieri's technique was developed 26 years ago by Antonio Guarnieri. This technique is a real Made in Italy.

The main principle of this technique is to modify the anatomy and preserve the physiology. The mesh is avoided in most of situations: it is used as a reinforcement and placed in the preperitoneal space.

This technique creates a new inguinal ring placed more cranial and medial than the original one. The calibration of the internal ring is easier because the transversalis fascia is stronger in that point, well covered by the internal oblique muscle. In case of direct hernia, the transversalis fascia is sutured in a double breast fashion never fixing any muscle directly to the inguinal ligament: this because the system should be flexible and elastic without tension and excessive traction. All the sutures are performed between fascia and fascia. The sutures run back and forward taking very small portions of fascial tissue (small bites). The muscles are not taken at full thickness thus avoiding suture tension. This technique also reduces and reinforces those areas of the inguinal canal that are without musculature. The reinforcement is obtained utilizing the laxity of the external oblique aponeurosis created by the hernia, suturing it in a double breast fashion. The external oblique aponeurosis is therefore placed in a double breast fashion under the cord from the pubic tubercle to the point of insertion of the internal oblique muscle to the rectus muscle sheath.

After leaving enough space for the cord exit, a double breast suture of the external oblique aponeurosis is performed over the cord up to the anterior superior iliac spine.

To avoid suture tension and to further reinforce the inguinal wall without mesh, this technique relies on two other artifices: a relaxing incision of the rectus muscle sheath and the lateral overturning of it. This is the last variant developed by Francesco Guarnieri on July 2011. This variant can further reduce the prosthetic use.

In our institution we have performed more than 7.000 herniorrhaphies with this technique.

We have reduced the use of prosthetic material for inguinal hernia repair without observing any increase of recurrences. We think that these kinds of pure tissue repairs can find a place even nowadays and in the future.

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COME BACK OF PURE TISSUE REPAIR ON NEW PRINCIPLES - "DESARDA REPAIR" - A GLOBAL REVIEW

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Introduction: Mesh repair is widely used in spite of its foreign body complications. It gives a rigid and a non-dynamic wall to protect from the recurrences. A tension free, elastic and stretchable support which is physiologically dynamic will give better protection for a longer period than a rigid and a non-dynamic posterior wall. The author's technique gives such a natural posterior wall that is tension free, strong, elastic