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***"Currently Applied Tension Free  
Repair of Inguinal Hernias"***

Essay,

*Submitted for Partial Fulfilment of The*

*Master Degree in General Surgery.*



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# INTRODUCTION



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## **Introduction :**

There is perhaps no other operation which has so much interest to both physician and surgeon as hernia repair, and there is no operation which, by the profession at large, would be more appreciated than a perfectly safe and sure repair ( Halsted, 1984 ).

There have been and still are arguments as to what is the best approach and the best method of repair with the best result and least morbidity. No one technique however, seems to stand out as the ideal approach ( Irvin , 1992 ). It may be that ( this could be reached ) through the use of tension free repair .

Ever since Marcy, Bassini, and Halsted described groin herniorrhaphies more than a century ago, all modifications of their techniques have had the common disadvantage of tension on the suture line .

Relaxing incisions have failed to relieve that tension . Many complex hernia operations involving the use of tissue flaps or grafts and multilayered repairs have similarly not fulfilled the criteria of simplicity and reduction of complications and disability. An important advance in the lessening of tissue tension was the pioneering work of Usher and associates, who first reported the use of Marlex (monofilament knitted polypropylene) mesh in the repair of inguinal hernias. Those surgeons utilized the mesh prosthesis to buttress and reinforce previously sutured repairs ( Robbins & Rutkow, 1993 ) .

At the present time laparoscopic herniorrhaphy appears to be successfully performed by utilizing a preperitoneal approach. Preperitoneal mesh may become the standard for inguinal hernia as the laparoscopic approach become more popular . The tension-free hernioplasty without approximation of the margin either open or laparoscopic is rapidly gaining world wide acceptance ( Amid et al., 1993 ) . The tension - free repair is

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simple, rapid and seems to be less painful, as well as being effective and allowing prompt resumption of unrestricted physical activity.

The methods are assumed to have a long term success rate better than the many modifications of the Bassini repair . We try in this study to revise the results of tension-free repairs and to compare between the different techniques in an attempt to find the optimal surgical approach to the treatment of different types of inguinal hernia .