TRENDS IN INGUINAL HERNIA REPAIR IN ADULT MALES

Essay
Submitted for partial Fulfillment of master
Degree in general surgery

By
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MB, BCH.,1991

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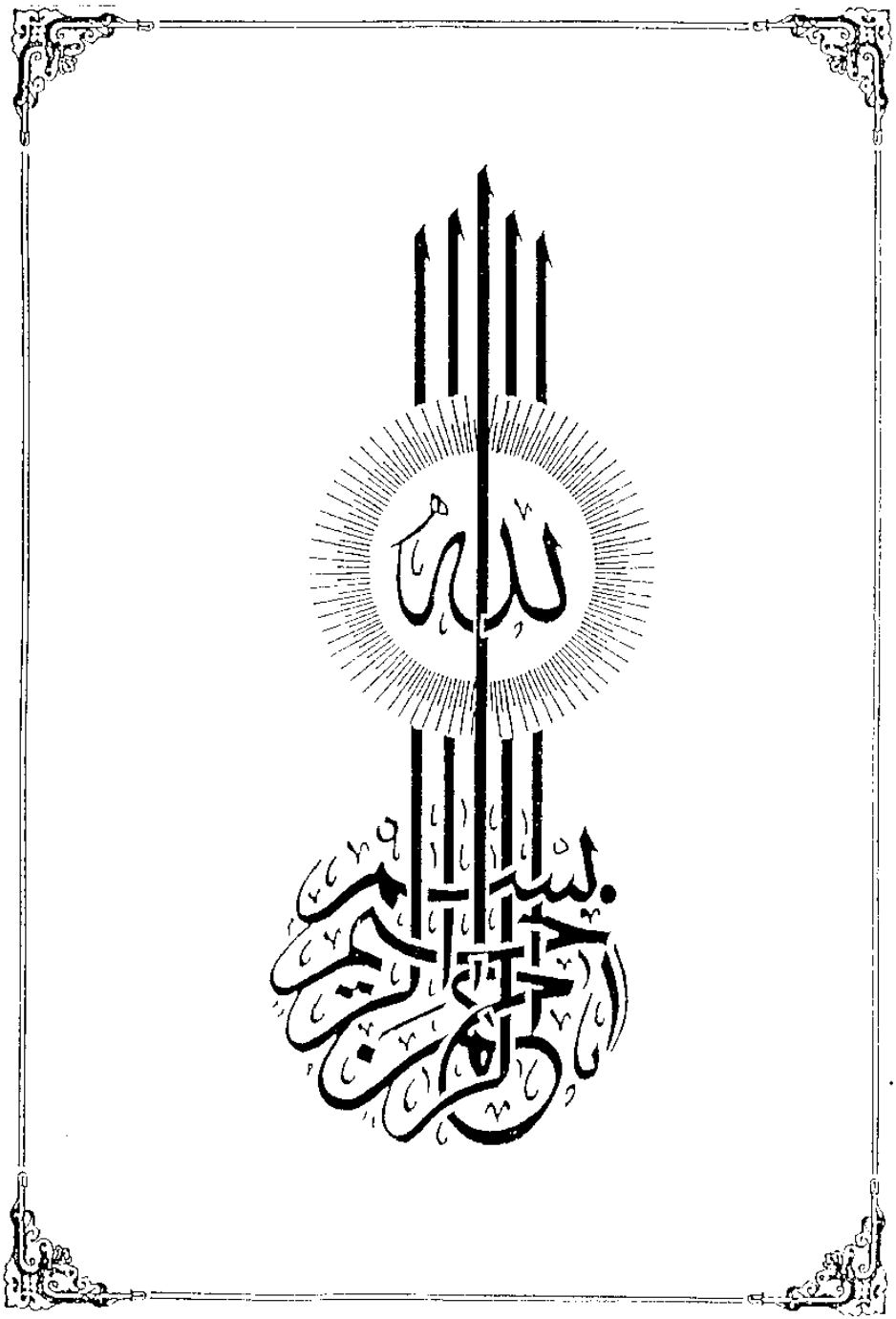

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ACKNOWLEDGEMENT

I would to express my thankfulness and deepest gratitude to Prof.. Dr. Rafik Ramsis Morcos. Professor of general surgery. Ain Shams university for his continuous supervision, valuable advice, guidance and encouragement.

I would to express my sincere gratitude and deepest thanks to Prof. Dr. Mohamed Osama Shetta professor of general surgery Ain Shams University for his continuous assistance and patient support throughout the work

I wish also to express my sincere gratitude and deepest thanks to Dr. Mohamed Kandeel Abd El- Fattah. Lecturer of general surgery, Ain Shims university for his assistance and patient support throughout the work

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ABSTRACT

Inguinal hernia surgery accounts for 8% of all general surgery operations.

Recent guidelines issued from the Royal college of surgeons of England (1993) indicate that the recurrence rate should be < 0.5 at 5 years and least 30% of cases should be operated upon as a one day operation.

"Marcy" performed first repair operation in 1871. "Bassini" performed the greatest contribution of hernia repair in 1884.

In 1953, "Shouldice" described the multilayered repair. This method has became popular in the past 20 years and is probably the most successful of pure tissue methods.

"Cooper ligament repair was popularized by "McVay" in 1988.

In recent years, sheet of woven monofilament polyamide or Knitted monofilament polypropylene mesh have been used extensively, it creates a strong and tensionless repair.

Laparoscopic transperitoneal closure orilice groin hernias by a series clips was introduced "Ger" in 1977, since then several methods have been evolved, but routine clinical application of the technique began only 1990.

LIST OF FIGURES

INTRODUCTION

Inguinal hernia is the most frequently encountered problem requiring surgery among men, which is the second most frequent operation after appendectomy. It accounts for 8% of all general surgery operations, it is also a preventable cause of death from strangulation, so selective repair is safe but there is considerable variation in comparative outcome of inguinal hernia surgery especially in terms of recurrence rate and length of hospital stay.

(Jones A, Thomas P, 1995)

The earliest treatment was in ancient Egypt by external manipulation and bandaging.

(Read RC, 1989)

The greatest contribution of hernia surgery was that of Edoardo Bassini since more than one hundred years. Bassini's method has proved to be the basis of modern herniorhaphy.

(Read RC, 1987)

Glassow F, in 1953 described the multilayer repair and reported recurrence rate less than 1%. Some believe that this method calls for extensive dissection and suturing under tension.

(Abrahamson J, 1997)

But other opinion sees that it is the gold standard for inguinal hernia repair regardless of the anatomical type of hernia.

(Hay J M et al, 1995)

In1942, **MaVay** demonstrated that the normal insertion of the transversalis fascia and the transversus abdominis muscle was to the Cooper ligament not, the poupart.

(Barbier J et al, 1989)

McVay also argued that the inguinal ligament is not a suitable structure for the repair of inguinal hernias, so he criticized the Bassini and Shouldice repairs, and popularized the original technique of Cooper ligament repair for inguinal hernia.

(Wantz GE, 1989)

Fruchaud 1956, demonstrated the myopectineal orifice as a site occurrence of all groin hernias.

Rutledge 1959, used the Cooper ligament for repairing of all groin hernias.
He reported recurrence rate 1.9 % for primary repair and 2.4 % for recurrent hernia repair.

(Rutledge RH, 1988)

To resolve the problem of tension **Moloney** 1948, introduced the nylon darn repair to produce a buttress across the weakened area of the inguinal canal.

(Lifschutz H & Juter GL, 1986)

He reported recurrence rate 1%.

(Moloney GE, 1972)

Many modifications introduced for darn repair by **Kimmonth** 1974.

(Lifschutz H & Juter GL, 1986)

And by **Abrahamson** in 1988.

(Abrahamson J, 1997)

The anatomic dissection of **Condon** was first reported in 1960.He was classifying the role of iliopubic tract as an analogue of the endoadominal fascia and its relation to all groin hernias. He described the anterior approach of iliopabic tract repair.

(Nyhus LM, 1993)

Because in recurrent groin hernias the preperitoneal approach allows anatomic definition of the hernial defect in a field that has not been