INGUINAL HERNIA : LAPAROSCOPIC TOTAL EXTRA PERITONEAL REPAIR VERSUS OPEN REPAIR WITH MESH.

Thesis
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TO MY ***FATHER***
(GOD REST HIS SOUL)*.*
HE WHO IMPRESSED UPON ME
THE IMPORTANCE OF FAITH,
PERSISTENCE AND HARD WORK
TO ACHIEVE ANY GOAL
THROUGHOUT MY LIFE.

اعوذ بالله من الشيطان الرجيم

بسم الله الرحمن الرحيم

" نرفع درجات من نشاء

و فوق كل ذى علم عليم "

صدق الله العظيم

سورة يوسف

الأية ٧٦

INTRODUCTION

Inguinal hernia repair accounts for approximately 15% of all elective general surgical interventions, making it one of the most common operations performed today ***(Scheuerlien et al., 2003).***

For the symptomatic defects in (myopectinal orifice) no surgical gold standard has become established during a period of more than 100 years ***(Tamme et al., 2003).***

In the 1980s, Lichtenstien & Shulman developed tension free hernioplasty using a polypropelene mesh implanted anteriorly not only for recurrent hernia, but also for repair of primary hernias ***(Lichtenstein et al. 1986).***

Whereas open anterior inguinal herniorhaphy is a time tested, safe, and well understood operation with a high success rate ***(Pawanindra et al., 2003)***. The conventional open approach is being increasingly supplemented or even replaced by minimally invasive procedures. Of the latter, the transabdominal preperitoneal patch repair ***(TAPP)*** and totally extraperitoneal repair ***(TEP)*** are performed approximately equally ***(Dirksen et al., 1998***). However, laparoscopic totally extraperitoneal repair ***(TEP)*** has gained popularity in recent years because peritoneal sanctity is maintained ***(Fitzgibbons et al., 1995)***.

So we believe that TEP ideally should be compared with prosthetic mesh repair. Both repairs are inherently tension free & both strengthen the posterior wall of the inguinal canal ***(Heikkinen et al., 1998).***

AIM OF THE WORK :

COMPARING TWO APPROACHES FOR INGUINAL HERNIAL REPAIR:

LAPAROSCOPIC TOTALLY EXTRAPERITONEAL REPAIR

VERSUS OPEN REPAIR WITH MESH (LICHTENSTEIN REPAIR)

AS REGARDS:

Operative time, postoperative pain, analgesic dose, intraoperative and postoperative complications, hospital stay, cosmoses and recurrence.

PATIENTS AND METHODS:

A prospective randomized controlled study will be conducted to compare TEP & open inguinal hernia repair techniques.

The study will be carried out on a total of 40 patients attending outpatient department of Ain-shams university hospital. Patients with unilateral or bilateral reducible inguinal hernias, whether primary or recurrent will be included in the study. Patients with irreducible or obstructed hernia, previous

lower abdominal operations and contraindications for general anaesthesia, ascites, coagulation disorders, or previous lower abdominal radiotherapy will be excluded.

The patients will be divided into 2 groups (20 patients for each) & every group with one type of repair & the data will be collected as regarding: ***operative time, postoperative pain, analgesic dose, intra and postoperative complications, length of hospital stay, evaluation of cosmoses, and short term recurrence between the 2 groups.*** The follow up will be designed after 10 days then every 3 months for 1 year.

CONTENTS:

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LIST OF ABBREVIATIONS.

Br.:	Branch.
COPD:	Chronic obstructive air way disease.
C.T.:	Computerized tomography.
Cut.:	Cutaneous.
DM:	Diabetes mellitus.
DVT:	Deep venous thrombosis.
ECG:	Electro-cardiography.
Fig.:	Figure.
GPRVS:	Giant prosthetic reinforcement of the visceral sac.
IEV's:	Inferior epigastric vessels.
IM:	Intramuscular.
Inf.:	Inferior.
Ing.:	Inguinal.
IPOM:	Intraperitoneal onlay mesh.
K:	Potassium.
Lat.:	Lateral.
Lig.:	Ligament.
LIHR:	Laparoscopic inguinal hernial repair.
Med.:	Medial.
MI:	Myocardial infarction.
MRI:	Magnetic resonance imaging.

NICE:	National institute for clinical excellence.
P value:	Probability of error.
PE:	Pulmonary embolism.
PT's:	Peritoneal tears.
SD:	Standard deviation.
Sup.:	Superior.
Syn.:	Synonymous.
TAPP:	Transabdominal preperitoneal hernial repair.
TEP:	Total extra-peritoneal hernial repair.
TiMesh:	Titanium mesh.

LIST OF FIGURES.
