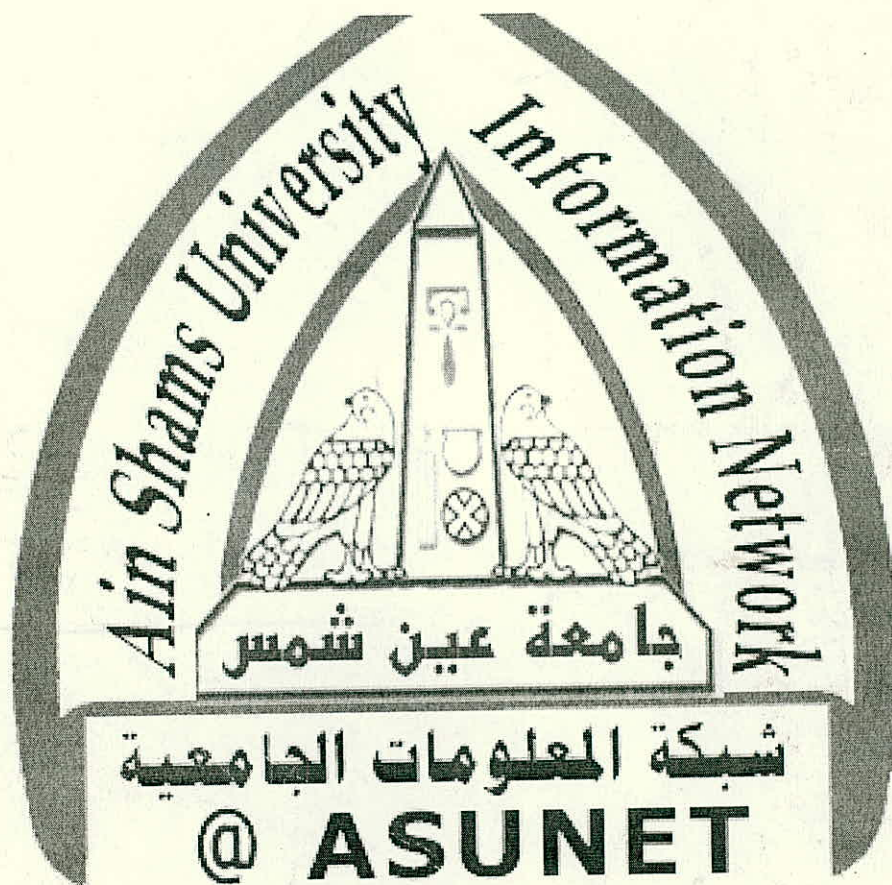




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التوثيق الالكتروني والميكرو فيلم



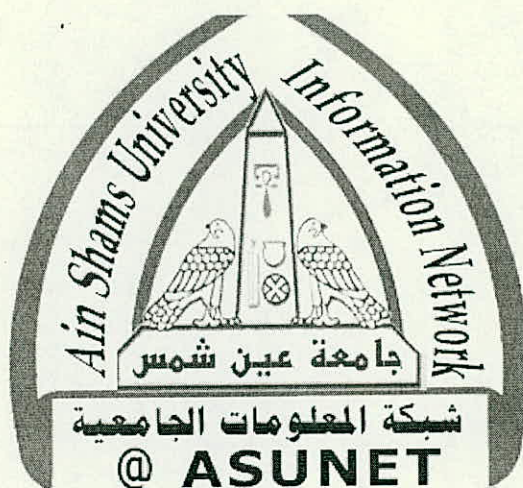
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التوثيق الالكتروني والميكرو فيلم

قسم

نقسم بالله العظيم أن المادة التي تم توثيقها وتسجيلها
على هذه الأفلام قد أعدت دون أية تغيرات



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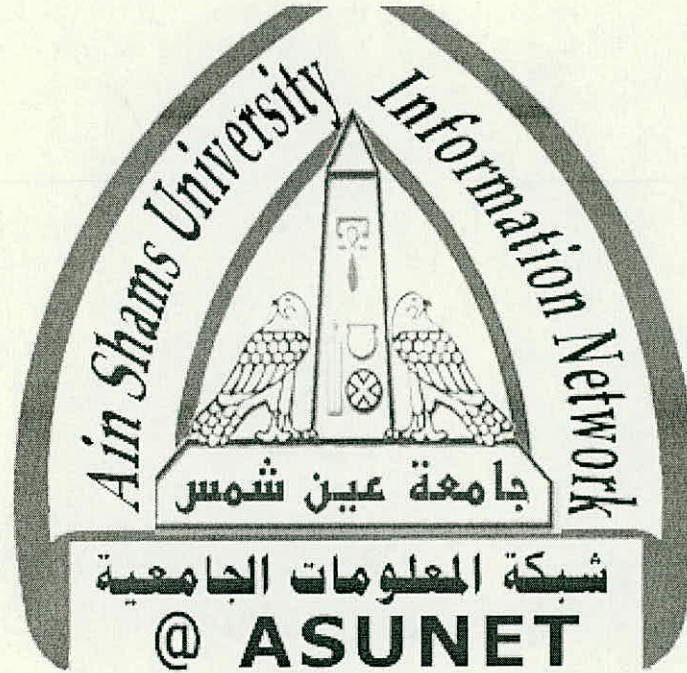
تحفظ هذه الأفلام بعيداً عن الغبار

في درجة حرارة من 15 – 20 مئوية ورطوبة نسبية من 20-40 %

To be kept away from dust in dry cool place of
15 – 25c and relative humidity 20-40 %



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لم ترد بالأصل



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بعض الوثائق الأصلية تالفة

PRE-PERITONEAL HERNIOPLASTY OF THE GROIN HERNIA

Thesis
Submitted for partial fulfillment of Master degree
Of General surgery

By
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M.B.B.CH

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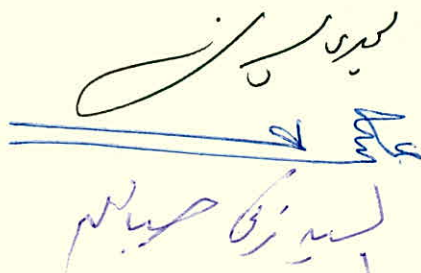
First and fore most thanks are due to God, the most beneficent and merciful and who is behind all success.

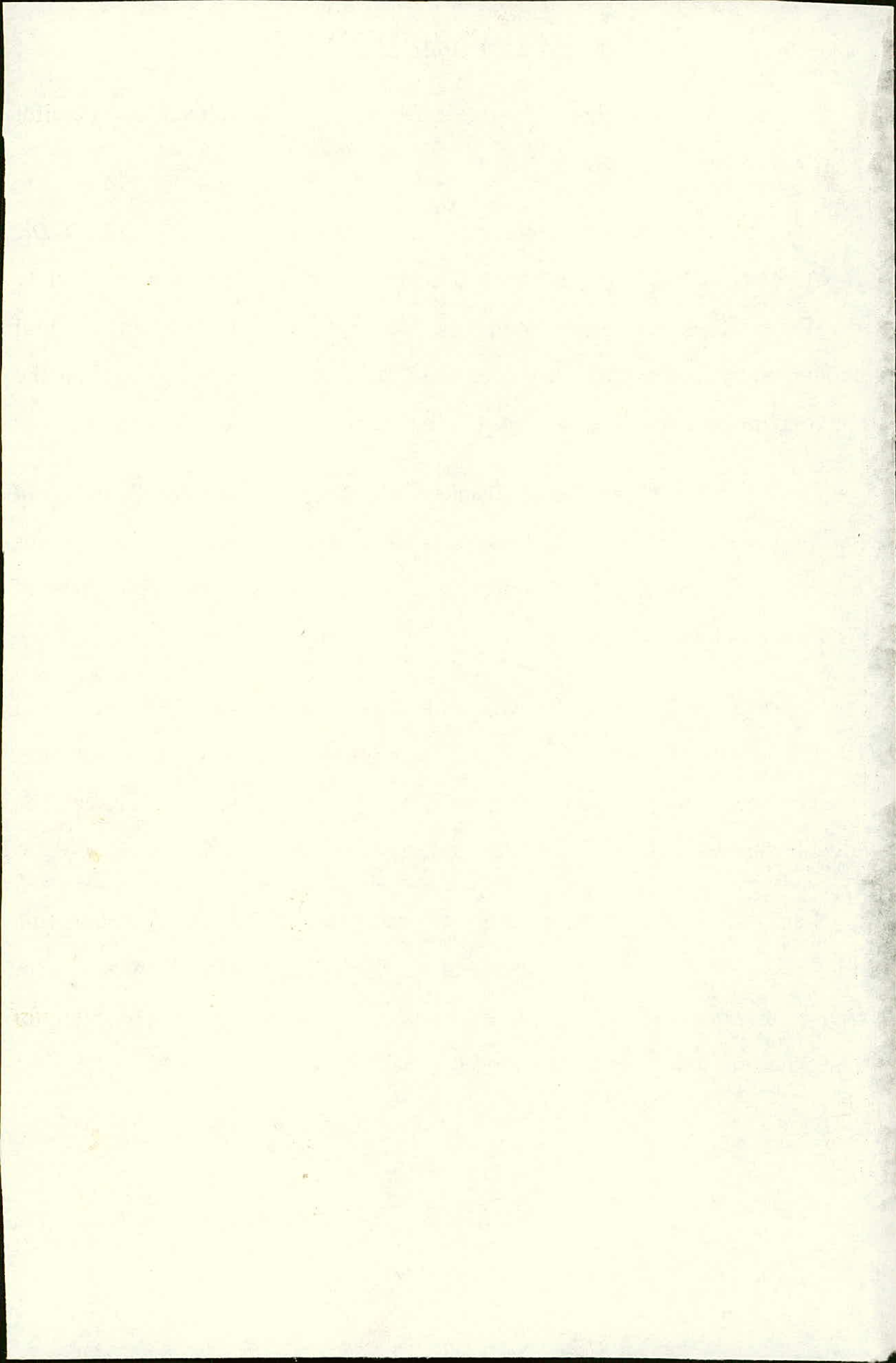
It is my pleasure to express my thanks and deepest gratitude to **Prof. Dr. Magdy Abdel Ghani Bassiouni**, Assistant professor of general surgery, Faculty of Medicine, Ain Shams University, for his kind supervision, faithful encouragement, continuos guidance, and valuable advises, which gave me the motive to utilize available resources in order to put this thesis at its best form.

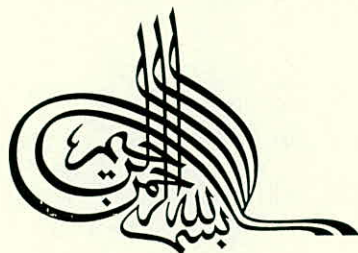
I wish to express my sincere thanks and gratitude to **Prof. Dr. Gamal Saad Abass**, Assistant professor of general surgery, Faculty of Medicine, Ain Shams University, for his effort, valuable advice which made the accomplishment of this work possible.

I am grateful to **Dr. Gamal Abd El-Rahaman El-Mowalled**, Lecturer of General surgery, Faculty of Medicine, Ain Shams University, for his patience, perseverance in supervision of this work. I feel thank full to his unlimited help, valuable advice and kind encouragement.

Lastly, it is a genuine pleasure to acknowledge **Dr. Abd El Zaher Atta**, M.D, Head of the surgery department, El Mahalla General hospital and **Dr. Khairy Megahed**, M.D., Consultant Surgeon, El Mahalla General hospital, for their generous cooperation and support.







﴿ قالوا سبحانك لا علم لنا إلا
ما علمتنا إنك أنت العليم
الحكيم ﴾

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الْعَظِيمِ

(البقرة - ٣٢)

ABSTRACT

We evaluated the preperitoneal approach as an alternative procedure for the repair of the groin hernia. In this study 60 patients presented with 67 groin hernias were selected among patients attending Ain-Shams university hospitals (22 case) and El Mahalla general hospital (38 cases).

There were 3 unilateral femoral hernia in 3 females, 7 bilateral inguinal hernias and 50 unilateral inguinal hernias. There were 13 recurrent inguinal hernias, 12 irreducible groin hernias 4 of them were strangulated. All the cases were approached through the preperitoneal space. The unilateral caes (51 cases) were treated by suturing the transversus abdominis aponeurotic arch to the iliopubic tract or Cooper's ligament. Then a polypropylene mesh was placed except for all femoral hernia (3cases) and the indirect hernia cases type I and II in young (below 35 years) muscular adults according to Nyhus classification of groin hernia.

The bilateral cases (7cases) and 2 unilateral cases with history of previous repair in the other side were treated with large polypropylene mesh placed through the preperitoneal space without any tissue repair.

The results showed 3 recurrences (5 % of cases), 2 cases with superficial wound infection, 2 cases with deep infection with no removal of the mesh, one case with seroma, dysuria and urine retention. No heamatoma, inguinal neuralgia, or testicular atrophy were reported.

It was concluded that the preperitoneal approach is relatively simple, safe, sound, and dependable procedure for the treatment of all groin hernias including the recurrent, bilateral complicated hernias, and in patients with high risk of recurrence. It was also concluded that it is not the first choice for the primary, uncomplicated groin hernias except femoral hernia.

ACKNOWLEDGEMENT

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