

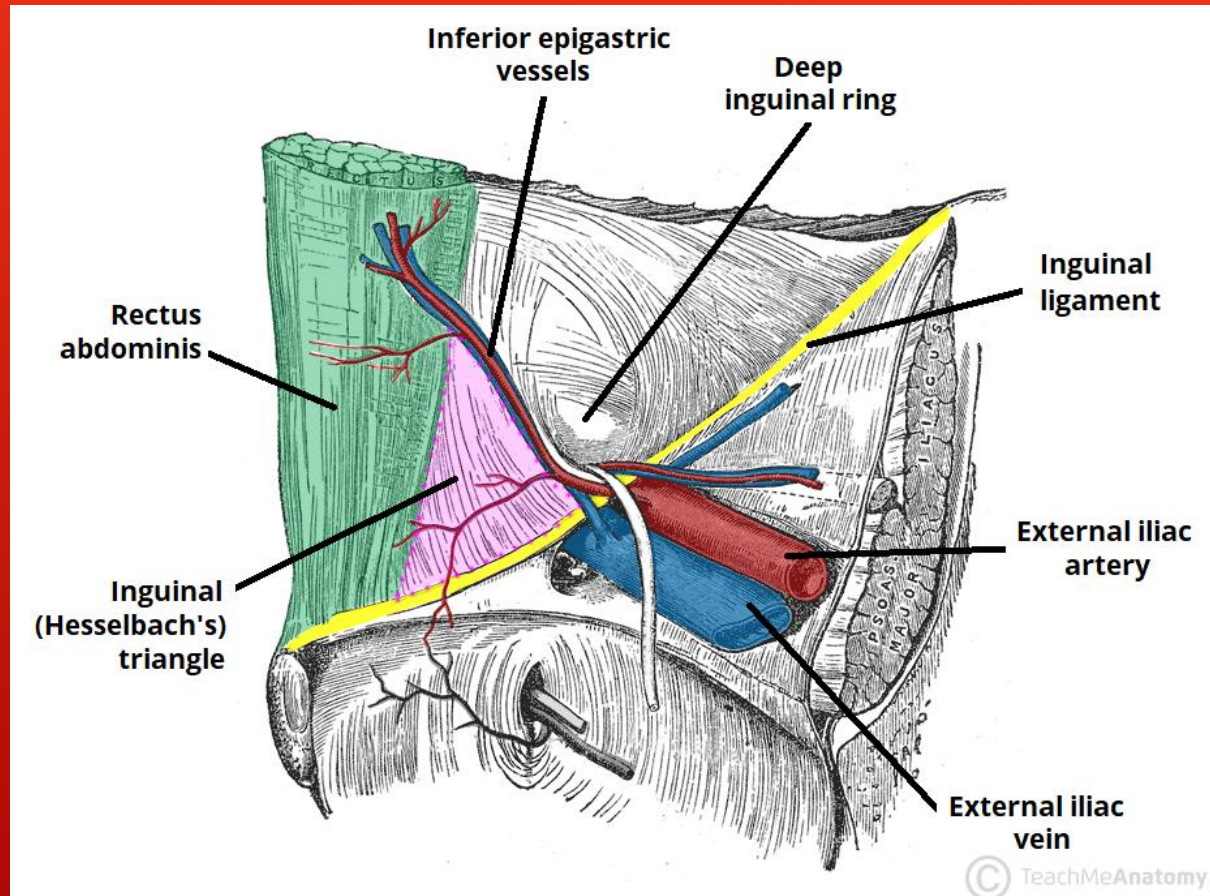
THIS IS HOW I DO IT—OPEN INGUINAL HERNIA REPAIR

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NO DISCLOSURES



TYPES OF GROIN HERNIAS



- ▶ Inguinal Hernias
 - ▶ Direct
 - ▶ Indirect
 - ▶ Pantaloon
- ▶ Femoral Hernia

TYPES OF OPEN REPAIRS

▶ Open Tissue Repair

- ▶ High Ligation

- ▶ Bassini

- ▶ McVay

- ▶ Shouldice

- ▶ Halsted

▶ Open Anterior Repair

- ▶ Lichtenstein repair

▶ Open Posterior Repair

- ▶ Plug

- ▶ Stoppa

▶ Open Hybrid Repair

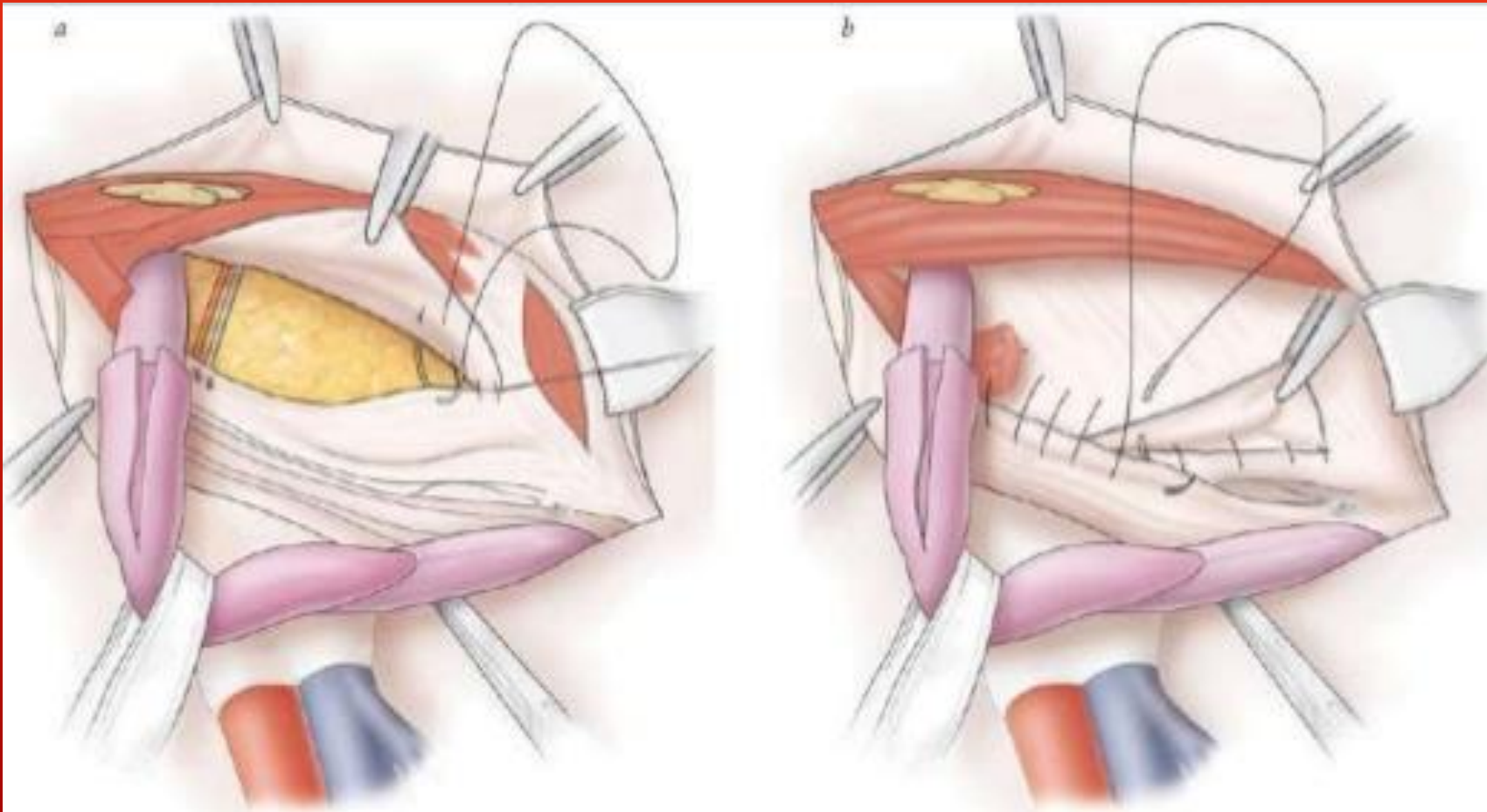
- ▶ Plug and Patch

- ▶ PHS

NOT ALL HERNIAS ARE THE SAME!



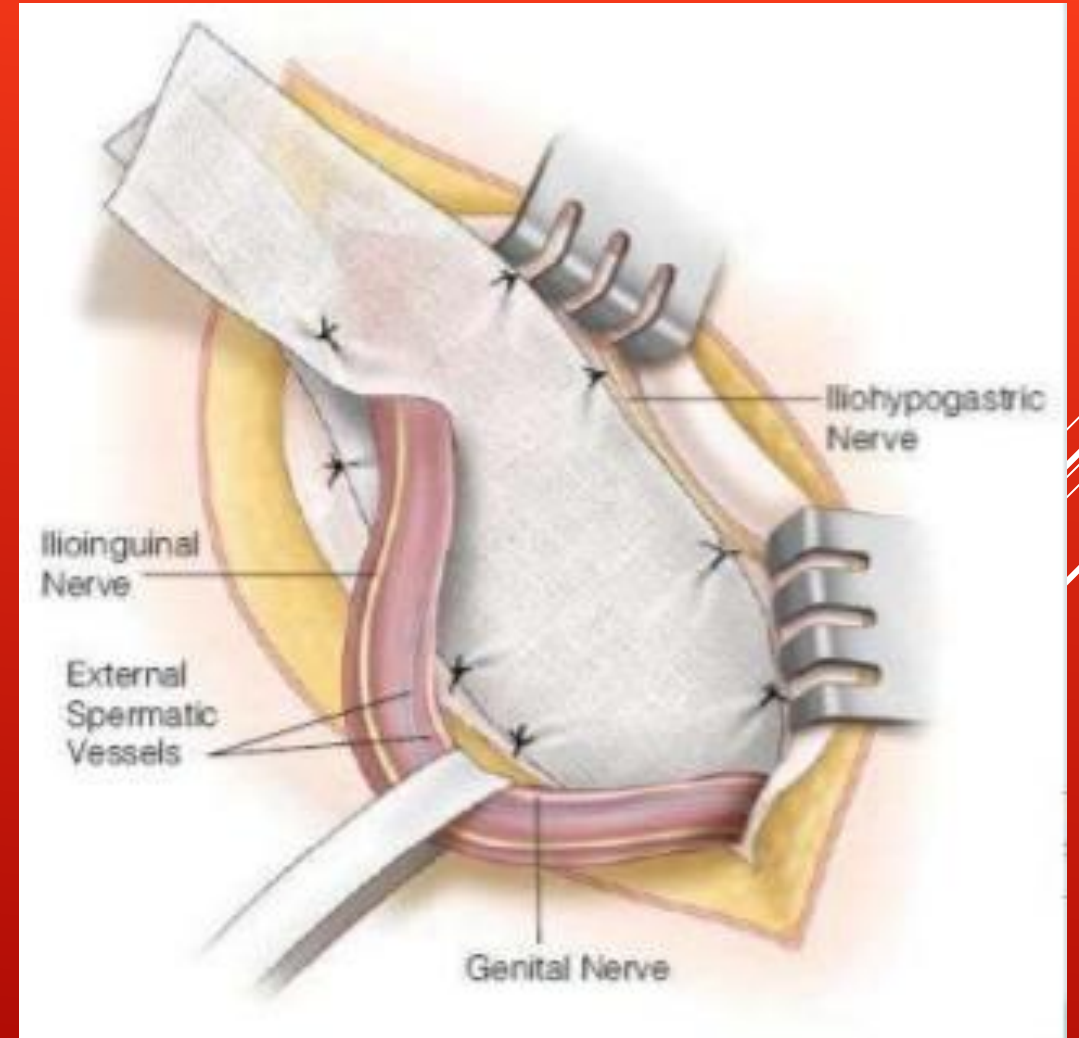
TISSUE REPAIR: SHOULDER



- ▶ Highly selected patients
- ▶ Technical and operator dependent

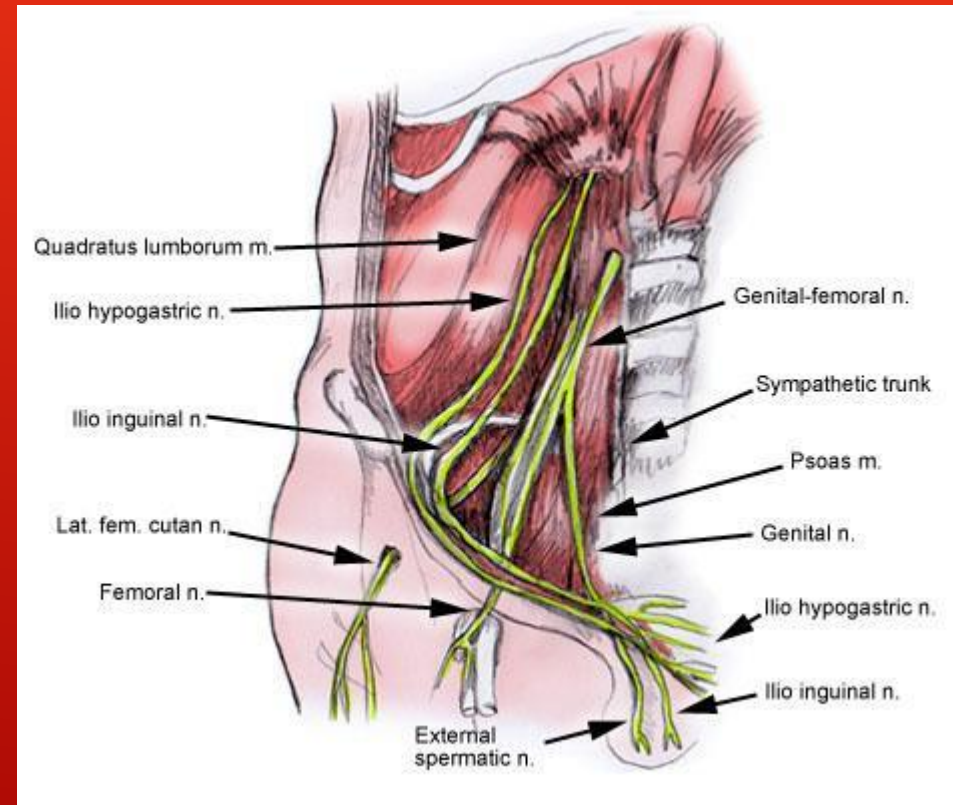
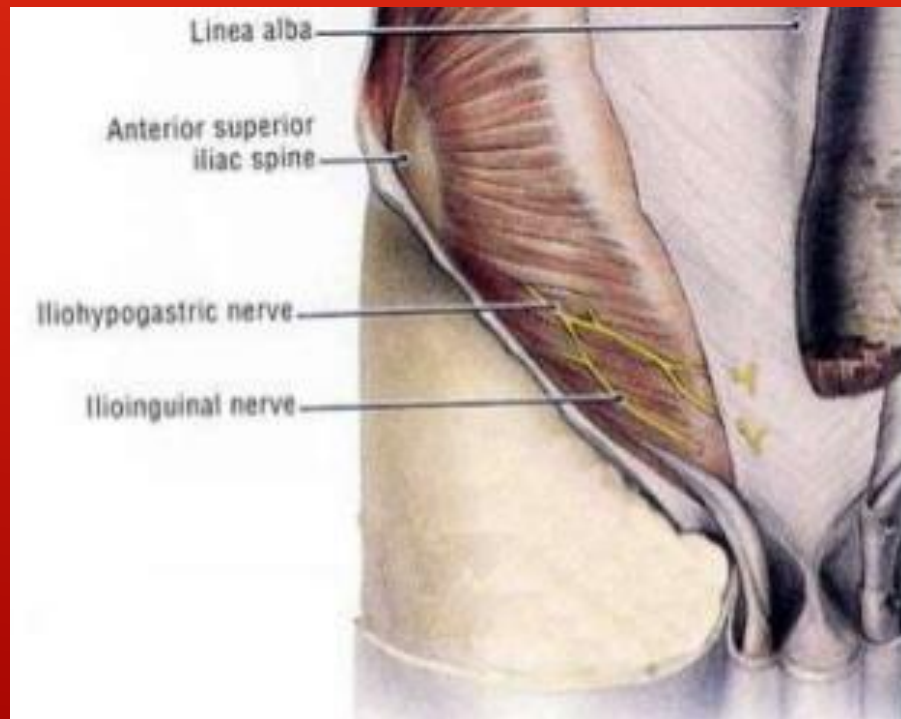
LICHTENSTEIN REPAIR

- ▶ Advantages
 - ▶ Quick
 - ▶ Reproducible
 - ▶ Local anesthesia
 - ▶ Regional block
 - ▶ Low recurrence rate
- ▶ Disadvantages
 - ▶ Foreign body
 - ▶ Proximity to nerves

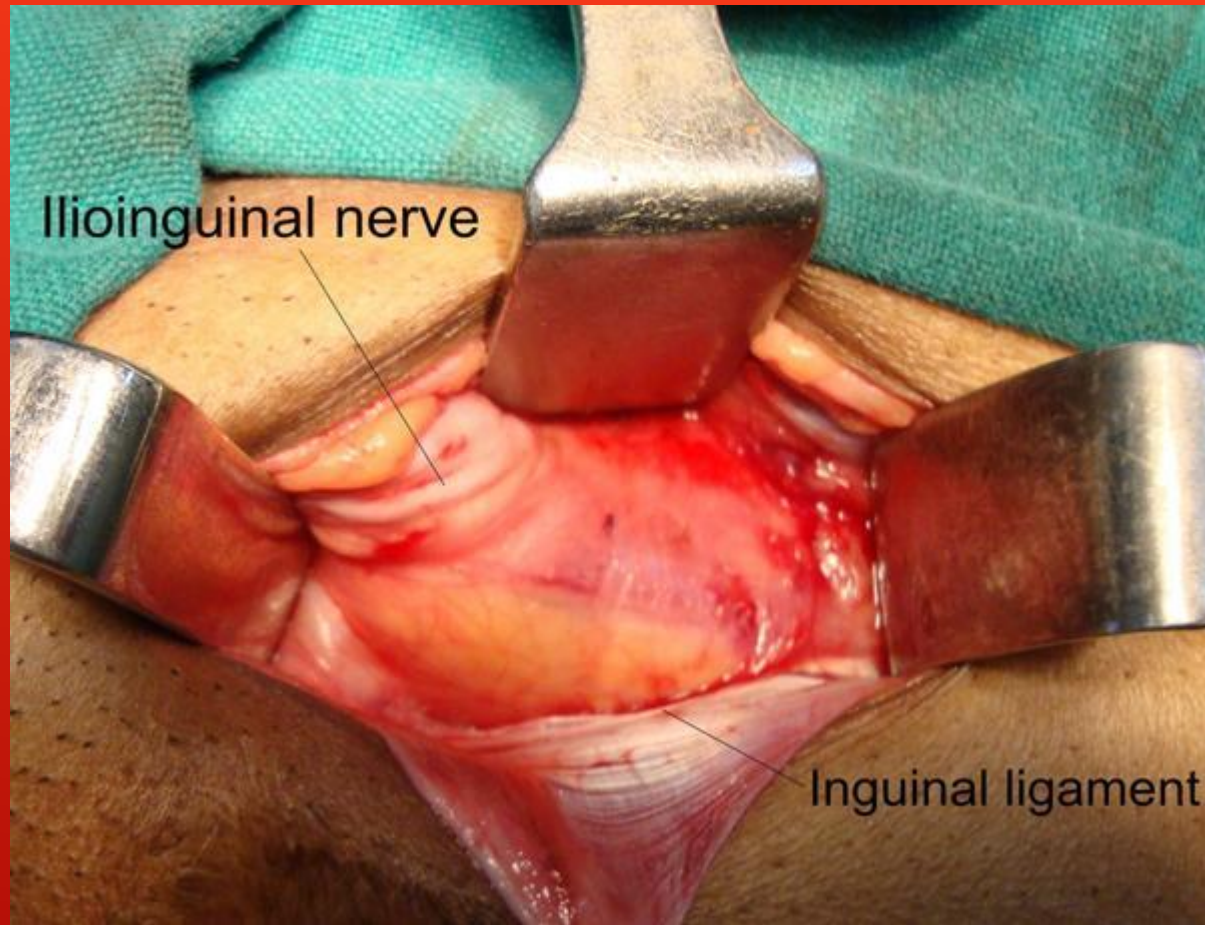


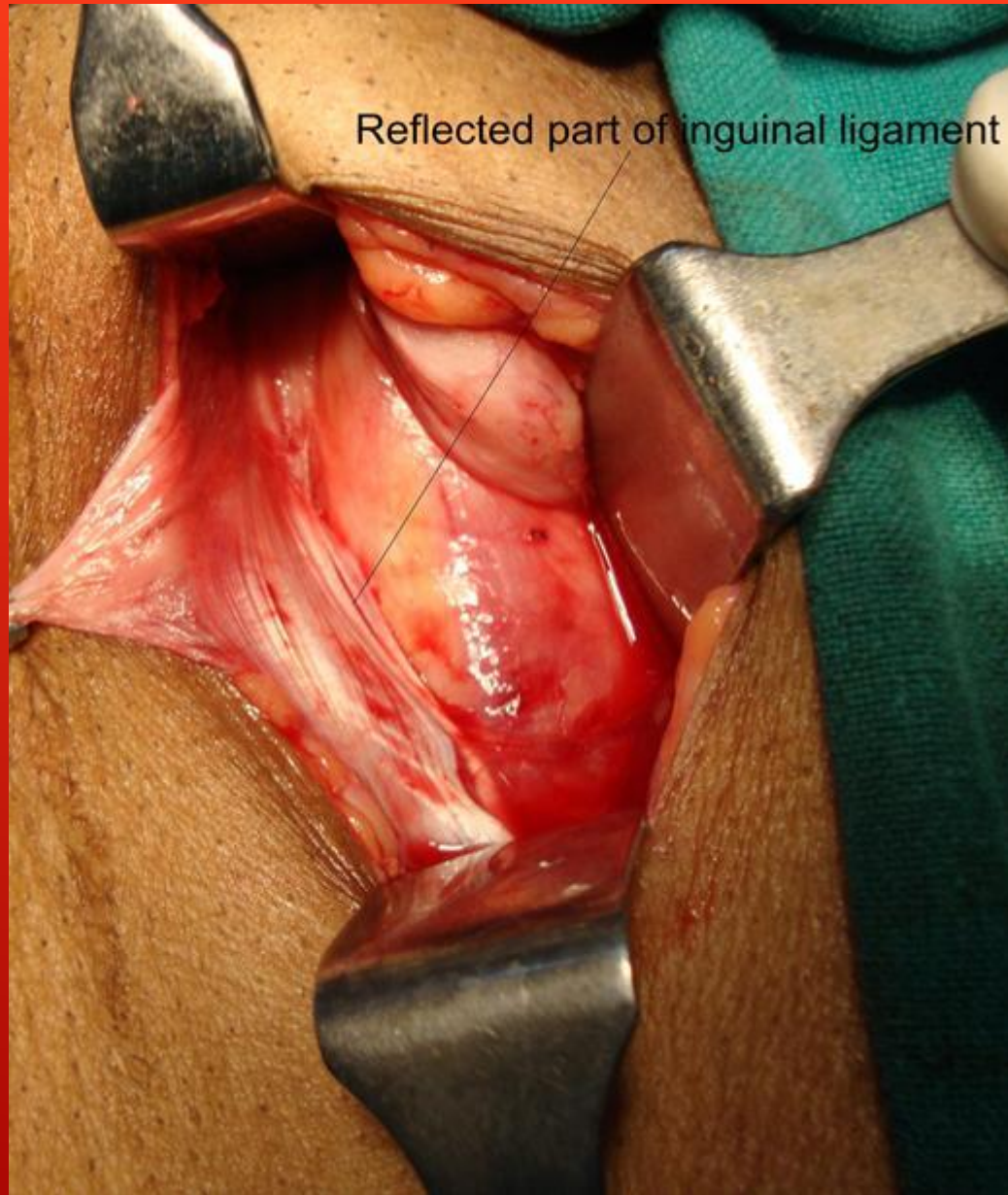
LICHTENSTEIN REPAIR

- ▶ Key step: Identification and preservation of nerves





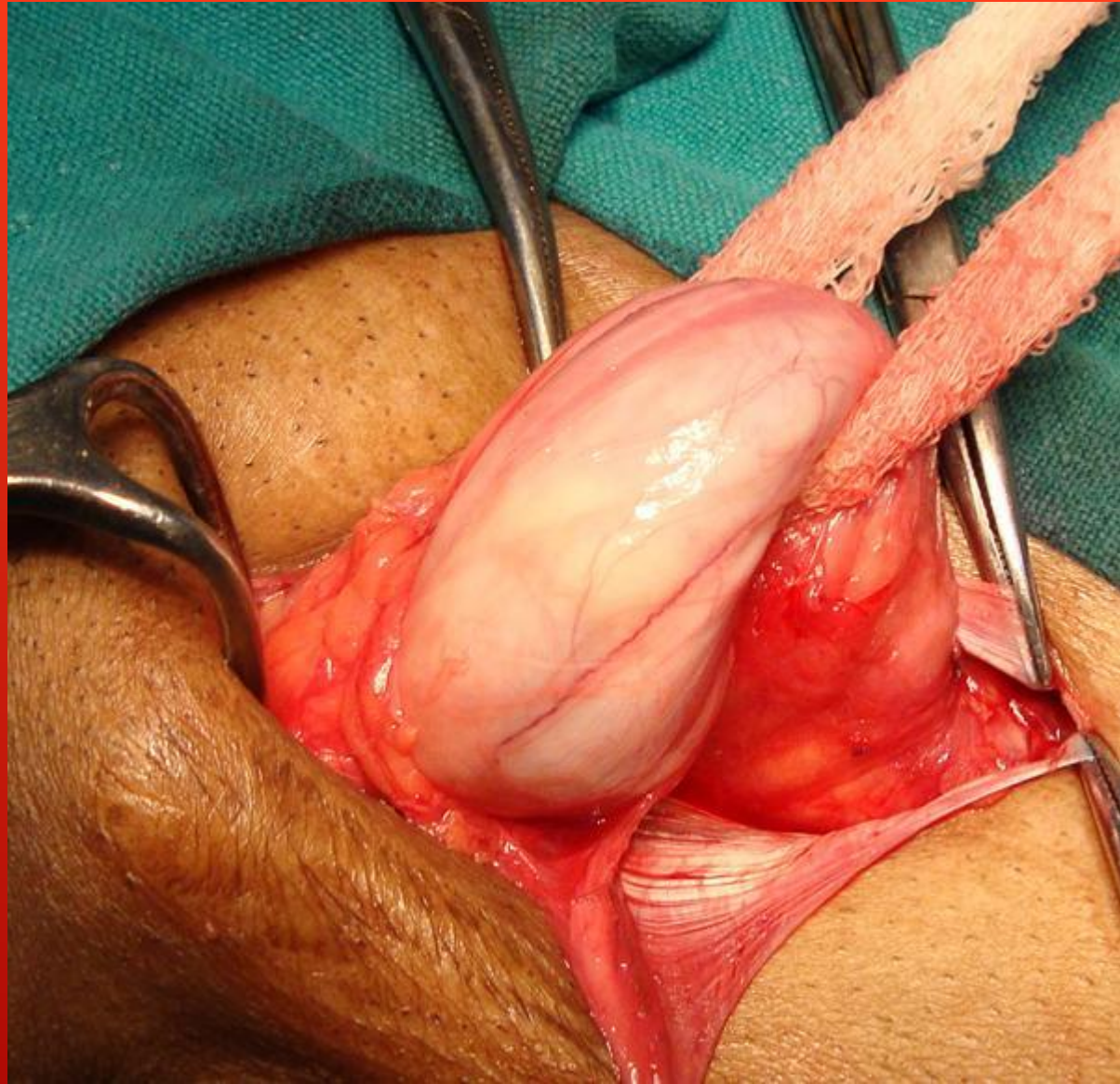


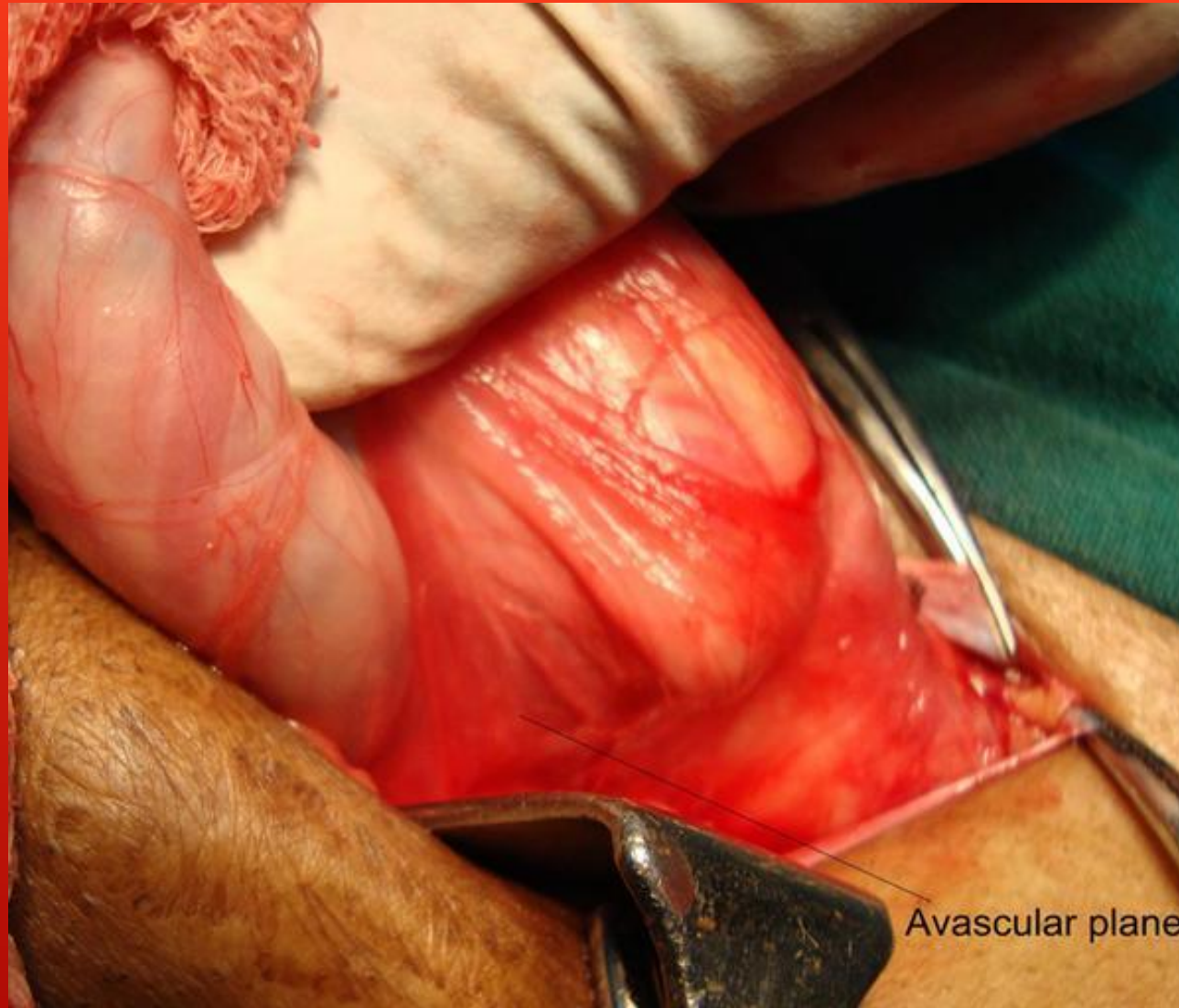


Reflected part of inguinal ligament



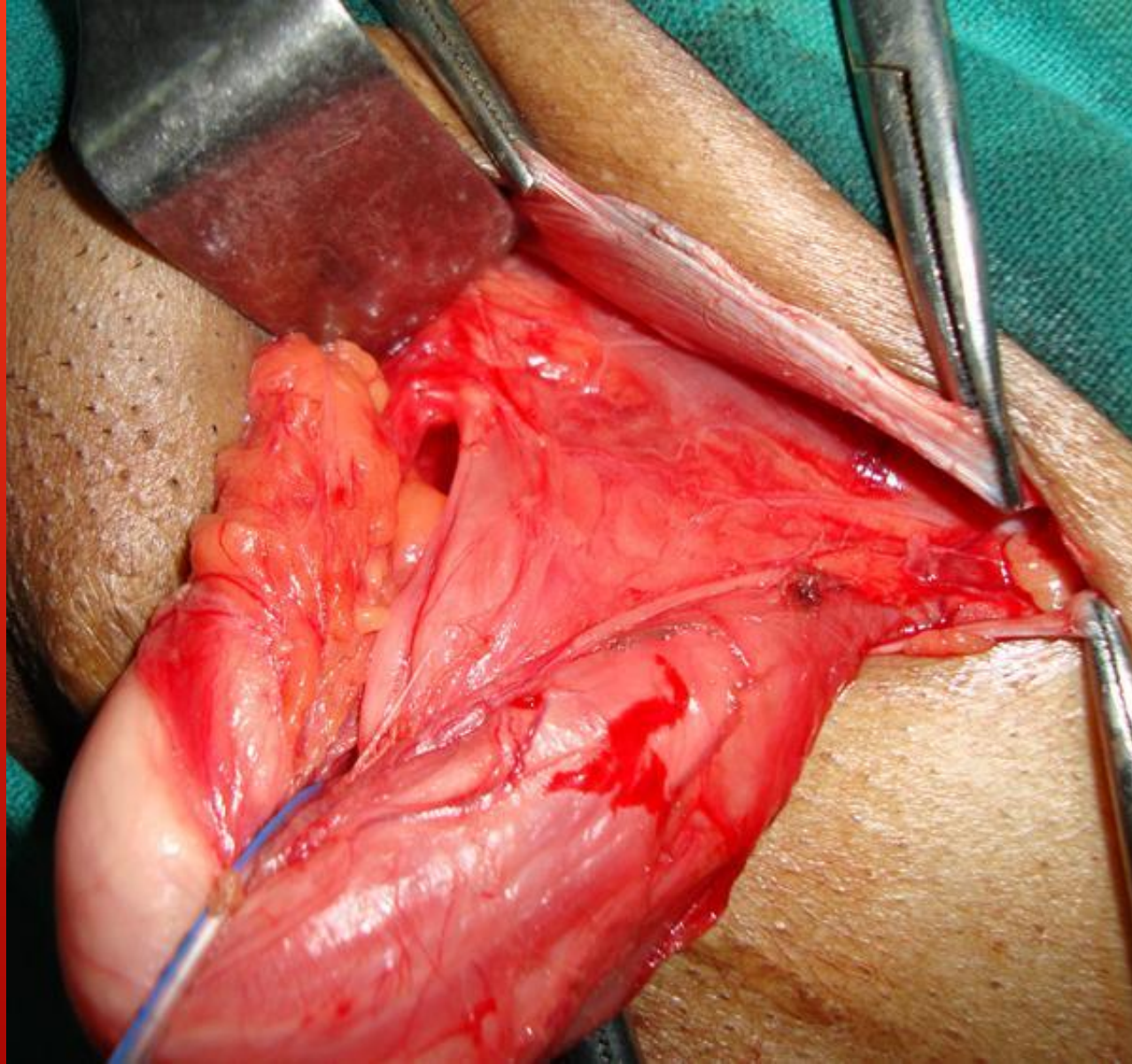


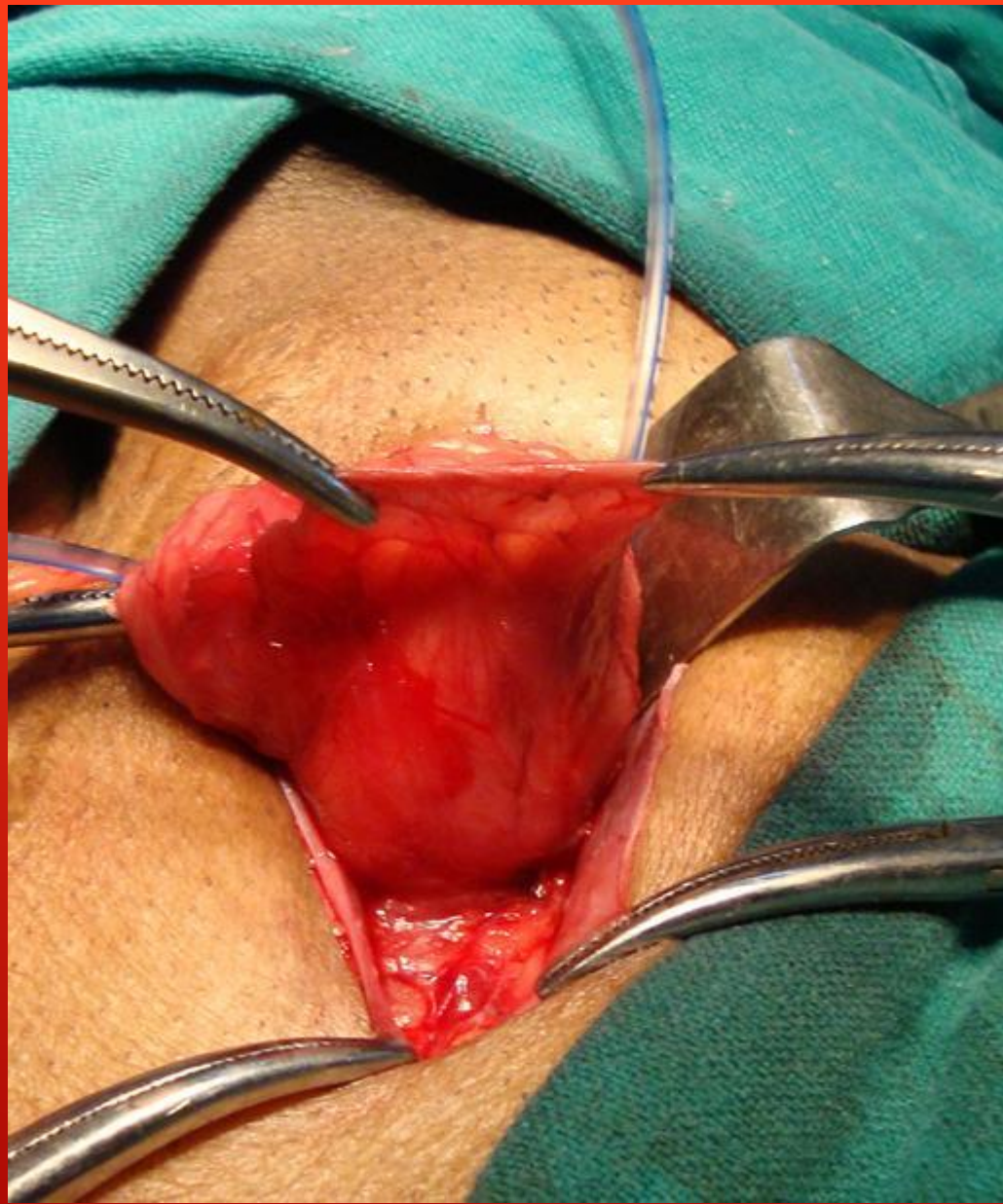


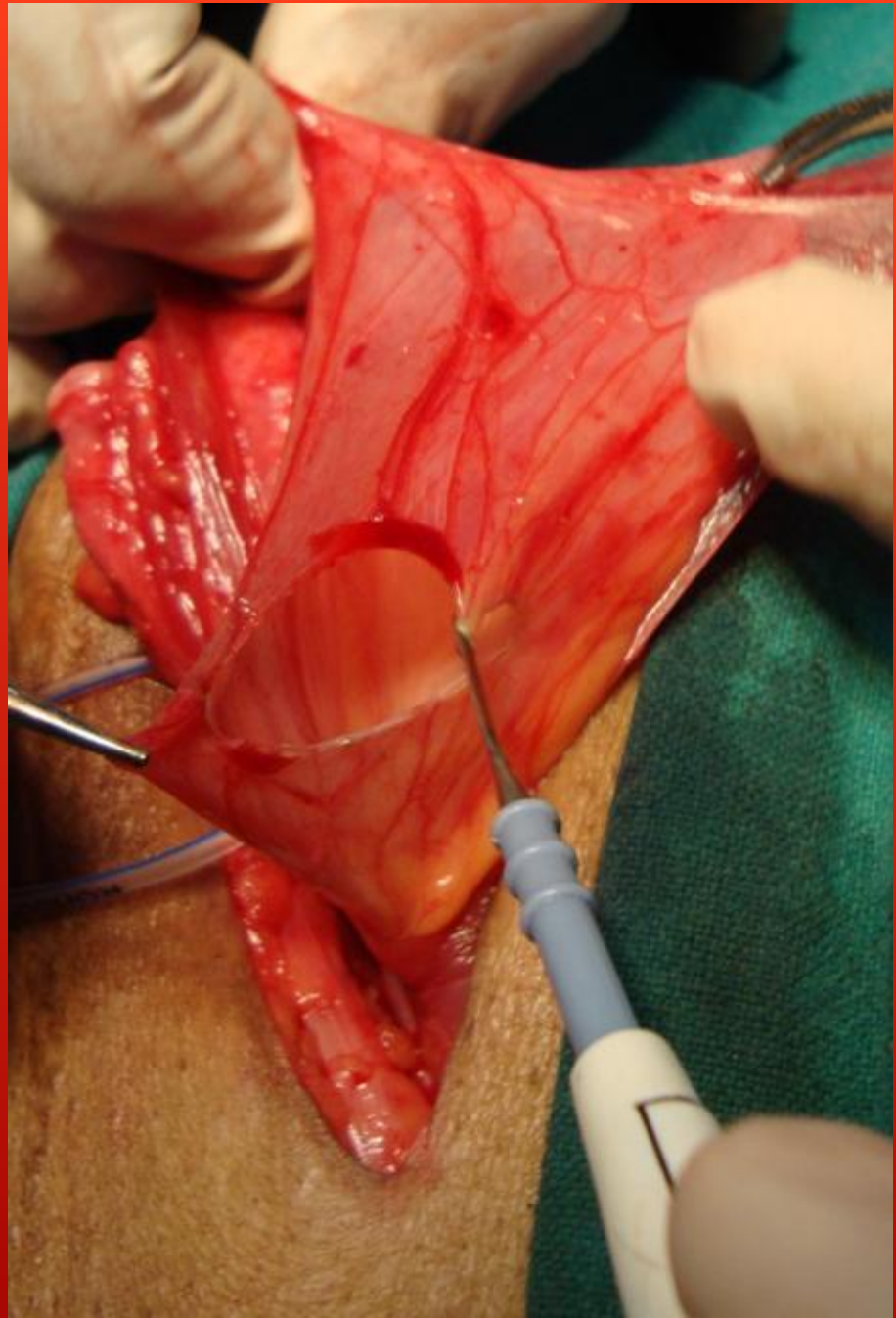


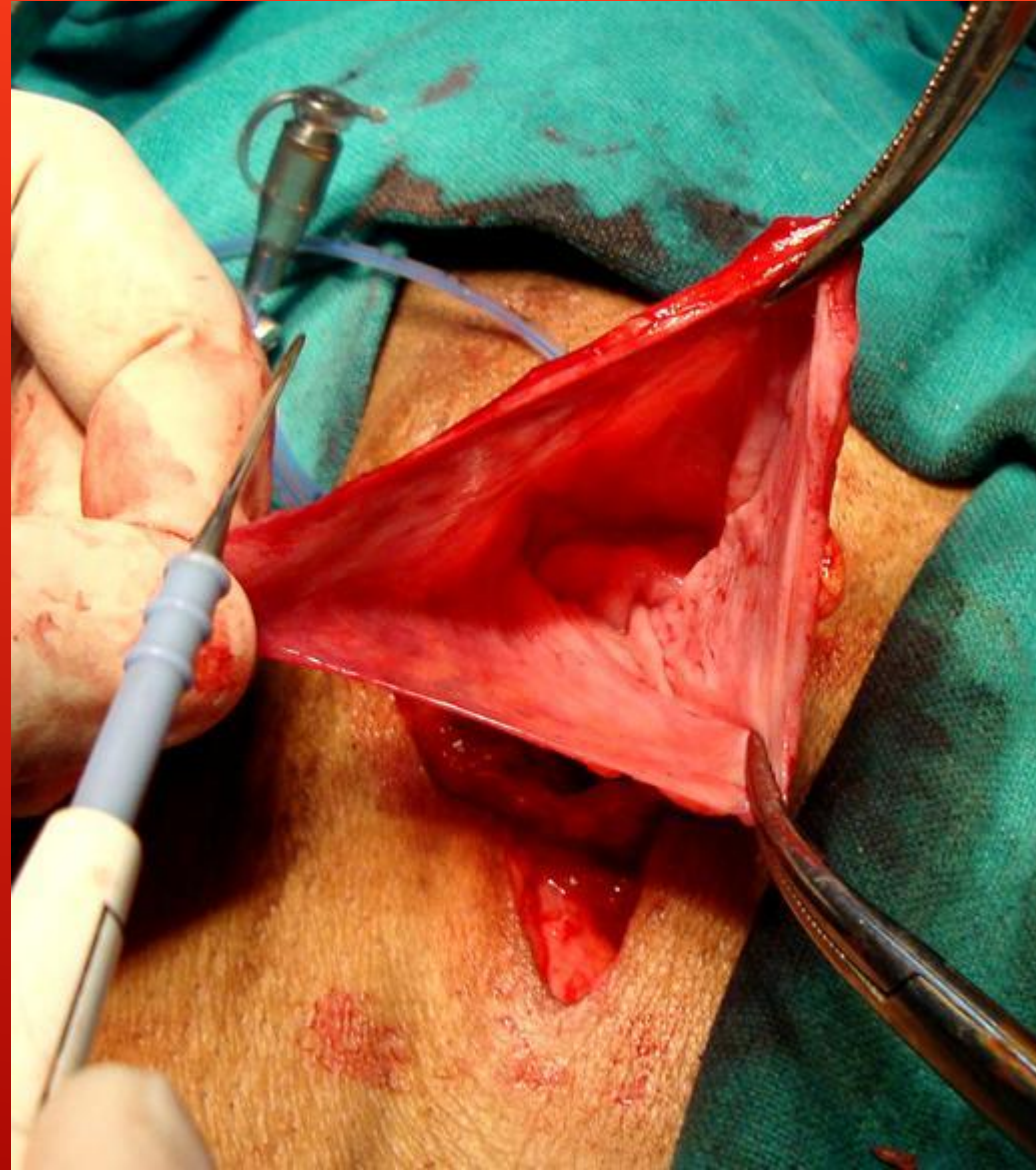
Avascular plane

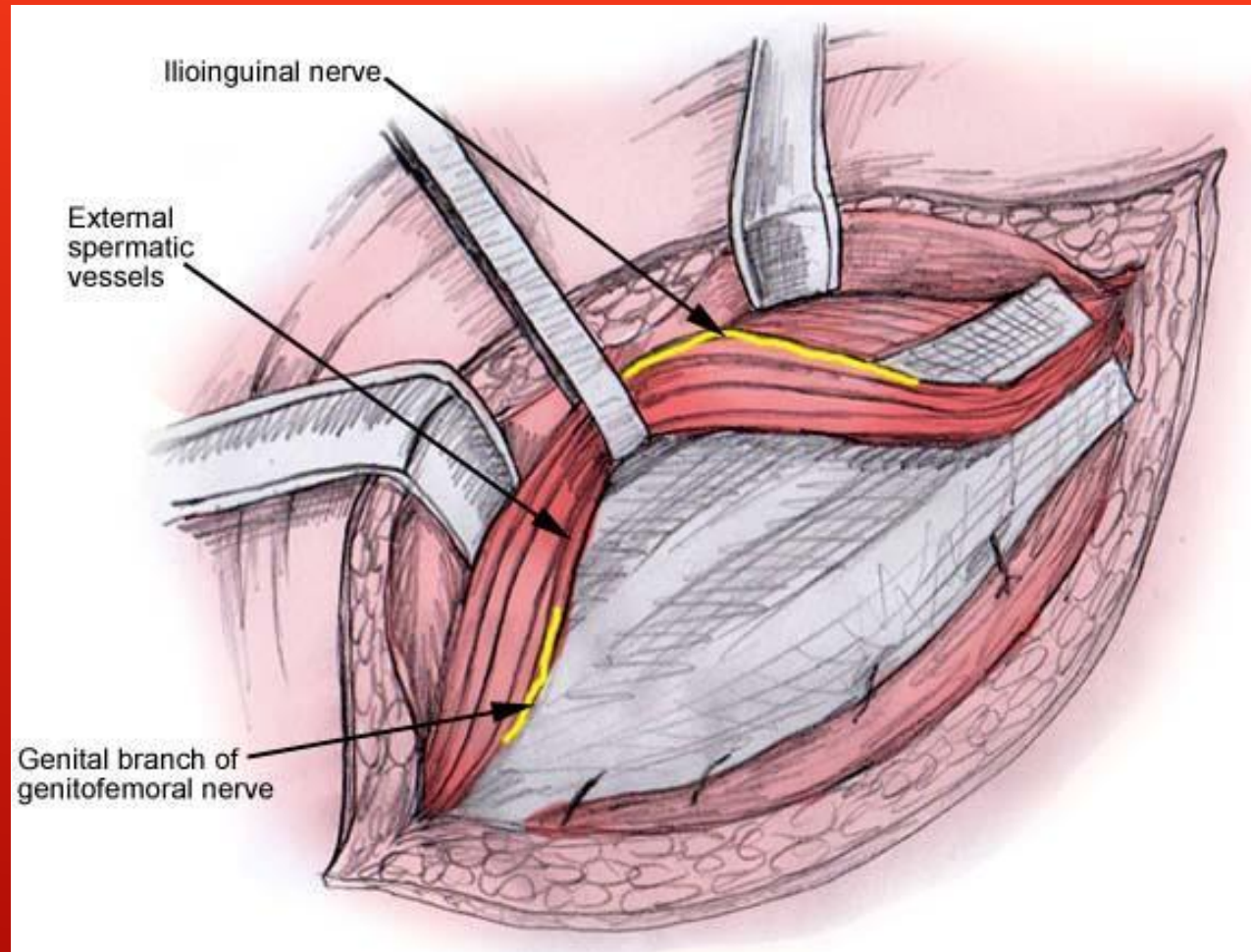




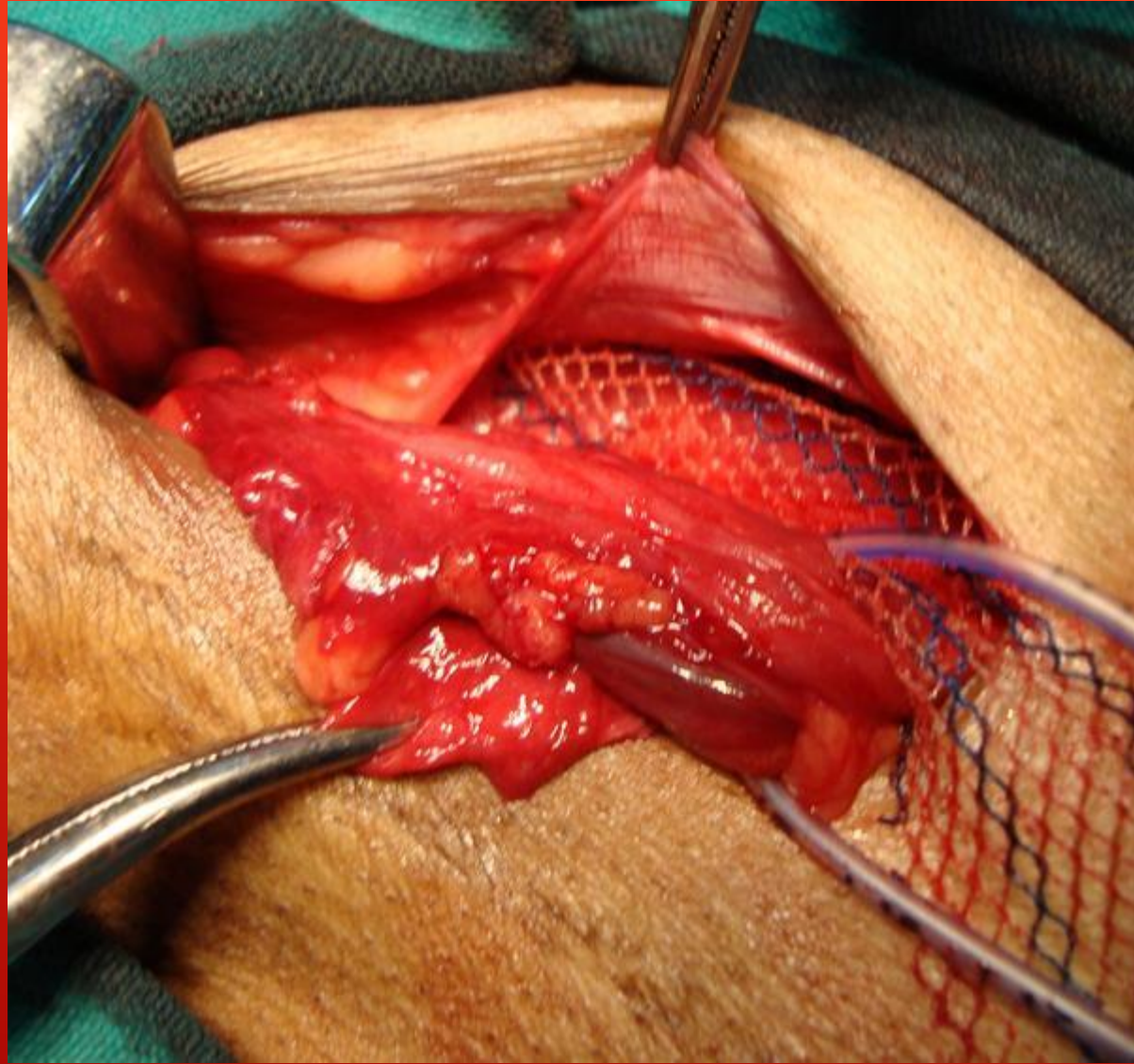




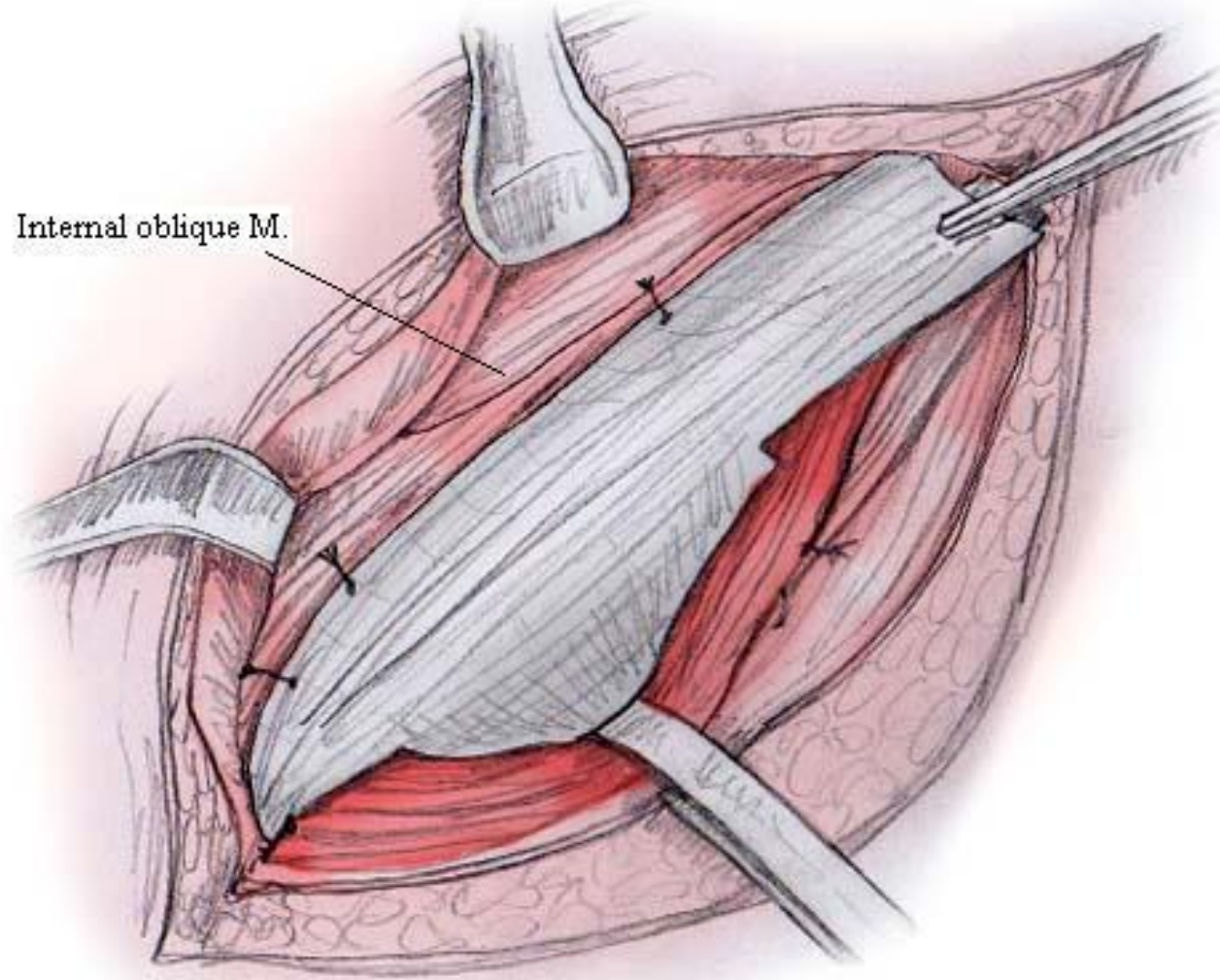


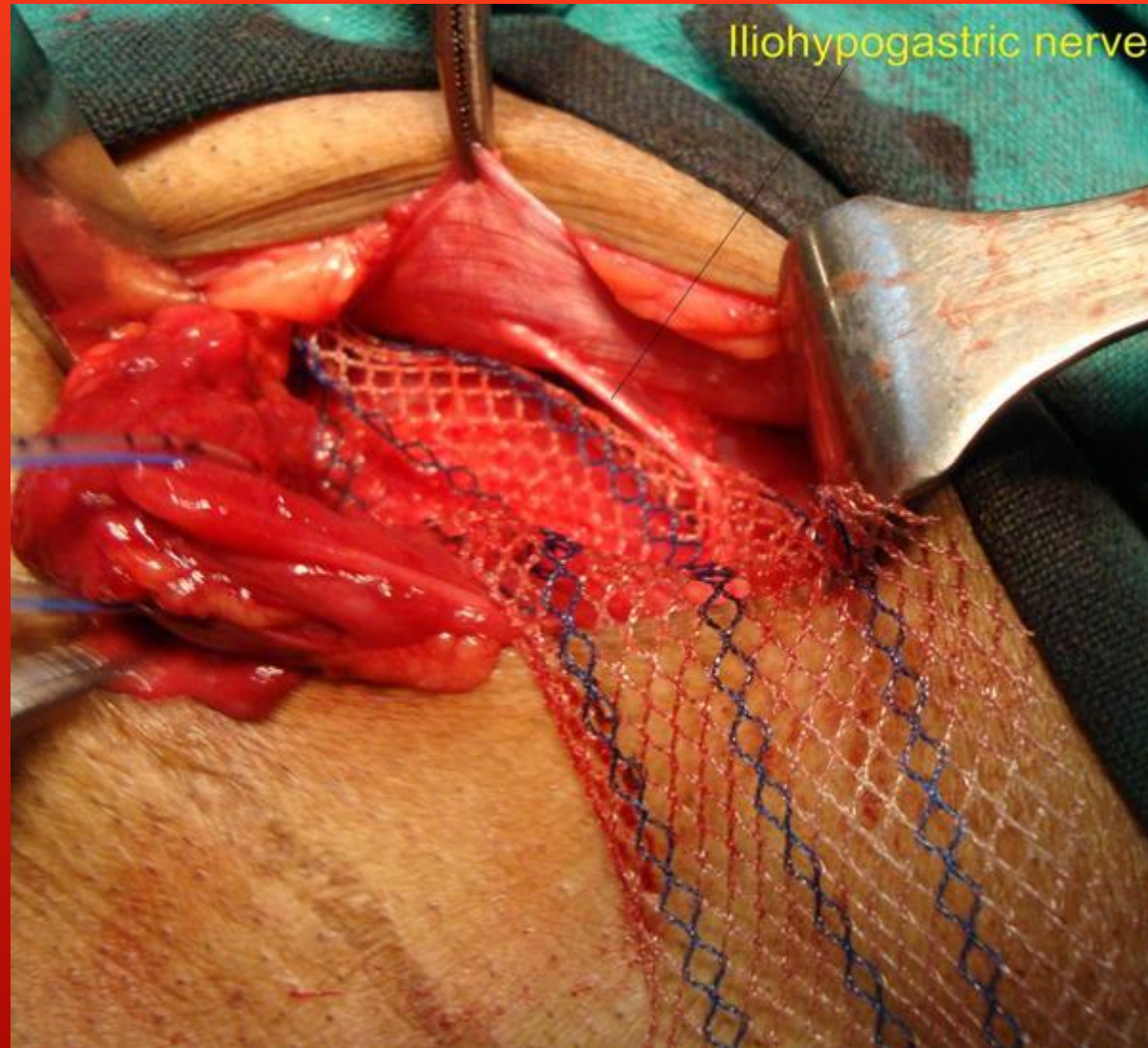






Internal oblique M.





COMPLICATIONS

- ▶ Risk 15-20%
- ▶ Early complications
 - ▶ Seroma formation and hematoma 8%
 - ▶ Urinary Retention
 - ▶ Wound infection 1-5%
- ▶ Late complications
 - ▶ Inguinal pain 0-30%
 - ▶ Hydrocele
 - ▶ Testicular Atrophy
 - ▶ Testicular Swelling
 - ▶ Recurrence
- ▶ Intraoperative Complications
 - ▶ Vascular injuries
 - ▶ Injury to abdominopelvic structures
 - ▶ Nerve injuries

HOW I ACTUALLY DO IT...

