

Suction drainage may be useful in some patients undergo groin hernia repair. It can especially be considered in cases of aspirin use. Patients with multi-recurrent or complex hernias may also be good candidates for drain use after a groin hernia repair.

Drains were removed 2-4 days postoperatively (mean duration: 2.5 days). Mean daily drainage was 42 ml (20-120) at day-1, 35 ml (5-125) at day-2, and 15 ml (10-20) at day-3. Two patients with multi-recurrent hernia developed large echymosis in spite of drain use. No surgical site infections were recorded.

Suction drainage may be useful in some patients undergo groin hernia repair. It can especially be considered in cases of aspirin use. Patients with multi-recurrent or complex hernias may also be good candidates for drain use after a groin hernia repair.

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TREATMENT OF FRONT ABDOMINAL WALL HERNIAS WITH APPLICATION OF PROLENE HERNIA SYSTEM (PHS) AND CA.B.S.□AIR

Badri, G.; Arnold, A.

A.V.Vishnevsky Institute of Surgery. Moscow. Russia Republic

Objectives: To estimate possibility, safety and reliability of hernioplastics with application of Prolene Hernia System (Ethicon) and CA.B.S.□Air (Cousin) endoprosthesis in patients with inguinal, femoral, umbilical hernias and with hernias of spigelial line.

Patients and methods: From 2001 till now we have performed 73 surgical interventions with PHS (68 operations in patients for inguinal hernias, 2 operations - for umbilical hernias, 2 operations - for spigelial line hernias and 1 operation - for femoral hernia). From 2004 we used CA.B.S.□Air implants in 11 patients (10 - for inguinal hernias, 1 - for umbilical hernia).

In common, patients were aged 42-77 (in average 61), 80 men (83 inguinal hernias, 1 spigelial hernia), 4 women (3 umbilical hernias, 1 spigelial hernias). Under local anaesthesia 69 operations were performed, under epidural anaesthesia - 14, under general anaesthesia - 1.

Primary inguinal hernias were detected in 54 patients (69,2%), recurrent and multiply recurrent - in 24 patients (30,8%).

Results: Early postoperative complications: 2 seromas and 1 hematoma of spermatic cord in the patient for recurrent inguinal-scrotal hernia. All complications were eliminated by conservative treatment. Long-term results: Observations from 1 to 6 years - the patients were satisfied with the results, no recurrences.

Conclusions: Hernioplastics with PHS and CA.B.S.□Air technologies are not traumatic, graceful, easily performed under local anesthesia and easily adapted to a patient. It is not necessary to restore a front abdominal wall by suturing of the weakened tissues which are filled with prosthetic material, thus preventing protrusion of underlying structures.

INGUINAL HERNIA REPAIR USING 4D-DOME TECHNIQUE.

Karanikas, J.; Siaperas, P.; Fotopoulos, A.; Lazaridis, S.; Matthioudakis, D.; Bobotis, E.; Antsaklis, G.

1st Dept. Of Surgery, Sismanoglion General Hospital, Athens, Greece.

Objectives : Evaluation of new alternative mesh technique using 4D-dome mesh. Use of mesh in inguinal hernias has become standard since the first Liechtenstein operation technique. However, together with benefits of method, along came the complications of it, with most usual the long term post-operative inguinal pain. The 4D-dome mesh technique introduces a different aspect in the hernia operation. In our study we include our experience using this mesh.

Patients & Methods : 30 male patients having inguinal hernias (20 :unilateral, 5 : bilateral and 5 : recurrent hernias, 20 direct – 10 indirect) were included in the study. 4 D-dome mesh was implanted to the patients (15 under general and 5 under local anesthesia) through open hernia surgery. According to this method the hernial sac was not opened or resected but pushed inside the peritoneal cavity, through deep inguinal ring. A dome-shaped mesh was placed on the deep inguinal ring maintaining the reduction of the sac and fixed with 3 stitches round the inguinal ring. Furthermore a mesh was placed around the spermatic cord and fixed on the floor of inguinal canal using stat tack titanium clips.

Results : Operation time was reduced comparing the conventional Liechtenstein technique. Patients didn't require an extra dose of analgesia post-surgery. All of the patients were discharged hospital the following day. No recurrence was seen during 1 year follow up and no complains for chronic post operative pain in the area was reported.

Conclusions : Use of mesh has become standard technique in inguinal hernias. However one of the most important considerations for patients who underwent hernia surgery remains chronic post-operative pain in the area. From our study we conclude that the 4D-Dome mesh technique is safe, and also seems that it can reduce the chronic pain, resulting probably from the minimal surgical intervention in the groin area.