A comparative study between herniorrhaphy and hernioplasty.

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Abstract

Introduction: Inguinal hernia surgery is the commonest done surgery in any hospital. Different types of repairs have been experimented, but none could be labelled as the ideal surgical technique.

Aim: We conducted this study to analyze the best method of hernia repair by comparing Bassini’s repair and mesh repair.

Materials and Methods: Study was conducted on 134 patients, Mesh repair (with a new technique that is placing the mesh just below the external oblique aponeurosis instead of, over or below the fascia transversalis) and Bassini’s repair were performed in two groups of 67 patients each, by the same surgical team. After operation, the patients were evaluated for time of mobilization from the bed, hospital stay, recurrence, cost effectiveness and postoperative complications. Patients were followed-up, in OPD for further assessment after one week postoperatively and monthly thereafter for one year.

Results: Post-operative pain was observed in 1 (1.49%) of the patients in mesh repair in comparison to 3 (4.47%) in Bassini’s repair. Wound infection in 1 (1.49%) case of mesh repair & 2 (2.98%) cases in Bassini’s repair. As far as recurrence is concerned there were 2 (2.98%) recurrences in mesh repair while 4 (5.97%) patients with Bassini’s repair.

Conclusion: The size of mesh should be appropriate and it should always be fixed to the public tubercle. In mesh repair we propose a new technique in which we have placed the mesh just below the external oblique aponeurosis instead of just over or below the fascia transversalis.

INTRODUCTION

The strengthening of the posterior wall of inguinal canal has always been the endeavour of surgeons, as even today in 21st century there is no technique which can give 100% assurance for successful repair in hernia.

The need and method of repairing the posterior wall of inguinal canal was first noted and described in documented form by Edoardo Bassini an Italian surgeon in 1884 [6]; though Kocher too modified the technique three years later in 1887, but the basis of repair remained the same, i.e. joining the lower fibres of conjoint muscles with the posterior margin of the inguinal arch, without use of any foreign material other than necessary sutures, accordingly it is believed that using this technique correctly, good results can be obtained even today, but still the recurrence rate...

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