Summary and Conclusion

Groin hernias represent one of the most common procedures performed in general hospitals. The rapid changes that have been witnessed in prosthetic materials, open approach surgeries, and laparoscopic techniques have made hernia surgery a most interesting field of endeavour that demands renewed discipline and dedication .

With the new millennium the changes in our health care and health care system seem to accelerate. Surgery and surgeons are no longer able to hide behind foreboding edifices and timeless traditions. The changing pattern of surgery is to minimise hospital stay and to be conducted on a day surgery basis.

In our study a review was done on the anatomical basies of groin hernia repair, patho-physiology and clinical manifestations of groin hernias, the classic methods using the open inguinal approach and the different methods of mesh repair.

In the past several years we have seen multiple improvement in operative techniques and results. Where post-operative stays were formerly measured in days, they are now measured in hours. We believe that surgical procedures for the repair of groin hernias are based on principles of tensioned or tension free techniques. Traditional tissue based or sutured hernia repairs all share the common disadvantage of tension on the suture line. All of these procedures produce similar results, no

matter which tissue structure is sutured to which layer of tissue. There is really no significant difference in results between one of the traditional sutured repairs and another. They all share the common defects of prolonged disability and suture line failure. Many complex hernia operations using tissue flaps, grafts, relaxing incisions and multi-layered repairs have no fulfilled the criteria of simplicity, and reduction of complications and disability. The availability of modern prosthetic materials has enabled the development of tension free techniques. This technique is characterised by simplicity and ease of performance. The normal mechanism of the internal ring and the sling and shutter mechanism of the inguinal canal are not disturbed. Needle holes are avoided. Tissue trauma is decreased, reducing resultant tissue oedema and blood loss. Nerve injury also is decreased.

Fears of complication have proved to be without foundation. As a local anaesthetic, out patient procedure without the need for complex and expensive instrumentation, combined with the ability of patients to return to work in a short time. Overall costs can be kept of minimum without in anyway compromising the safety or the long-term success of the procedure .

There are many methods for dealing with groin hernias. These methods included the classic open technique, both tissue approximation and tension free techniques and the recent laparoscopic methods.

The main advantages of conventional inguinal herniorrhaphy over laparoscopic inguinal hernia repair are : It is effective operation already performed as a day surgery procedure with low morbidity and mortality.

The methods of open hernia repair include both tissue approximation techniques as Bassini, Moloney darning, Mcvay, Halsted, Shouldice and others. Tension free techniques as Lichtenstein and sutureless repair (Mesh Plug).

The tendency today is to repair groin hernias using local anaesthesia in an ambulatory setting, since the type of anaesthesia does not influence the recurrence rate.

Conventional inguinal herniorrhaphy may be performed under local anaesthesia where as laparoscopic inguinal hernia repair usually requires general anaethesia, and laparoscopic inguinal hernia repair is more expensive .

The introduction of "tension free" concept of Lichtenstein in 1986 and the suturesless (mesh plug) methods of Gibert in 1987 which expanded on by Rutkow and Robbins 1989 was an actual and effective contribution in the treatment of all types of groin hernias.

It has been concluded that, of the open technique, the tension-free mesh repair give the most consistent good results. It also concluded that for most patients day case surgery was as appropriate as planned overnight stay.

Since the aim of hernia surgery is reconstruction of distorted anatomy. We concluded that hernioplasty particular mesh plug (sutureless) repair is simple, safe, quick and depenable technique for all primary and recurrent inguinal hernias and can be done safely under local anaesthesia as day surgery base with low cost effect.

The use of local anaesthesia offers significant advantages for patients undergoing inguinal hernia repair, especially in the day surgery settings. It is safe and well tolerated by patients, and offers a practical alternative to general anaesthesia in the treatment of groin hernias.

The repair of all groin hernias with a mesh-plug has resulted in a reduced recurrence rate and a decreased number of complications. This simplistic methods has the added benefit of greater patient comfort, universal applicability, rapid return to work and of major importance, reduced cost to our health care system.

We concluded that hernioplasty particular mesh plug (sutureless) repair is simple, safe, quick and dependable technique for all primary and recurrent inguinal hernias and can be done safely under local anaesthesia as day surgery base with low cost effects .