

Summary & Conclusions

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The treatment of Huge inguinal hernia will continue to be a significant part of many surgeons day to-day-workload .And also undergo technical modifications. The introduction of minimally invasive surgery had added a possible new dimension.

In conclusion, the present technique provides good solutions for:

1-the problem of limited abdominal cavity by increasing the intra-abdominal capacity to accommodate the replaced hernial contents by used transverse incision in open surgery group..

2-Simulataneous hernia repair and covering of the created anterior abdominal wall defect by insertion of a giant mesh in the preperitoneal space.

3-Prevention of adhesion and fistula formation that may result from direct contact between the mesh and the intestine by the use of the hernia sac, that would otherwise be discarded, to cover the intestine (reperitonealization beneath the mesh).

4-the three dimensional Laparoscopic anatomy of the inguinal region must be positively identified by the surgeon in order to avoid injury of important structures.

5-complications of open classic hernia repair which can be avoided or minimized by laparoscopic repair are :severance of testicular blood supply,vas deferense,nerves,injury to the bowel, wound complications and hernia recurrence .

As a trial to solve the problem of the difficult surgical exposure of the huge inguinal hernia which is liable for injury of important structures within the inguinal canal ,namely the vasdeferens ,testicular artery ,

pampiniform plexus of veins and nerves due to adhesions and to solve the problem of great liability of recurrence because the weakness of abdominal musculature ,this comparative study was done on twenty cases of Huge inguinal hernia .

Our study was done on twenty cases of huge inguinal hernia ; Patients were divided into two main groups (1) and (11) each include 10 patients for group (1) **Suprapubic transverse (Pfannenstils) incision** .For group (11) **Transabdominal Preperitoneal Laparoscopic Herniorraphy (TAPP)**. Postoperative pain ,seroma ,hematoma and scrotal edema ,wound infection , ecchymosis ,average drainage fluid and time of removal of the drain were less in group (1) than in group (11), but the dyspnea ,pneum-peritoneum and pneumo-scrotum in the (11) group .

It was concluded that the of polypropylene mesh is the recommended prosthesis in preperitoneal hernioplasty unless there is a that prosthesis may be exposed to bowel where PTFE mesh may be the material of choice .

The preperitoneal approach with polypropylene mesh reinforcement the visceral sac has the benefits of being easy ,rapid and safe procedure for the treatment of Huge inguinal hernia .

The Laparoscopic repair is best suited to the patients in good general health who cannot afford an extended time away from work.

We believe the operation has a place in the modern management of inguinal hernias though continued assessment of the procedure is essential to determine long-term recurrence rates.

Conclusion

Our new modification for treatment of huge inguinal hernia are summarized as follow :

- 1) I used suprapubic transverse (Pfannenstils) incision and I used (PPM mesh) polyprolin mesh instead of subumbilical incision used by Stoppa technique and Gortex mesh .
- 2) Mesh fixed preperitoneal approach through the transverse incision so complications related to adhesions, erosion of the patch material into the viscera, bowel obstruction, or fistula formation did not occur .
- 3)The open technique is suitable for huge irreducible hernias more than Laparoscopic technique .
- 4) We used Laparoscopic transabdominal preperitoneal repair for huge inguinal hernia ,mainly reducible not strangulated .
- 5)The best suitable for Laparoscopic repair .patients in good general health who cannot afford an extended time away from work.
- 6)The older patients with pre-existing cardiopulmonary disease and complicated hernia should still be managed in the conventual's way.

We hope that by adding an endoscopic alternative to the general surgeons options ,the early result are promising ,though long term follow-up is not yet available . We believe the operation has a place in the modern management of inguinal hernias though continued assessment of the procedure is essential to determine long-term recurrence rates.

The Laparoscopic repair form of treatment appears to represent a new approach to solve an old problem .