Laparoscopic inguinal hernioplasty

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The treatment of inguinal hernias will continue to be a significant part of many general surgeons, day to day workload. Endoscopic herniarepair adds a new dimension to the management of this problem. Ratherthan replacing open hernioplasty, the endoscopic approach can be used tocomplement other methods of hernia repair.Laparoscopic hernia repair is an efficient technique associated withsmall morbidity and compares favourably to current open surgicaltechniques. Patients are relatively pain-free following this procedure andcan return to work and normal activities much quicker than followingconventional hernia repairs. Although the follow-up of most series is notlonger than three years, the initial results show a very low recurrence ratecomparable to the mesh repair using Stoppa’s technique at open surgery.Stoppa demonstrated that most of the recurrences occurred in the first yearand the recurrence rate decreased thereafter, so a technically satisfactoryoperation will probably prove to be efficient in the long-term.The two real problems of the laparoscopic hernia repair are the costof the operation, which is higher than for conventional surgery, and thenecessity for general anaesthesia. The increased cost should be comparedwith the gain associated by a quicker and more productive return to workby the majority of the patient and in the future general anaesthesia may notrequired for laparoscopic hernia repairs. Laparoscopic surgery withoutcarbon dioxide insuffiation, using abdominal wall suspension is currentlybeing examined. In the future, this may prove to be the answer toperforming laparoscopy under local anaesthesia without a tensepneumoperitoneum._101_At present, the laparoscopic repair is best suited to the youngerpatient with. good general health who can not afford an extended timeaway from work. The older patient with pre-existing cardiopulmonarydisease and complicated hernia should still be managed in the conventialway. We hope that by adding an endoscopic alternative to the generalsurgeons options, other modes of managing inguinal hernia will evolve.Among the techniques described here the most reproducible and efficientappears to be the transabdominal preperitoneal mesh repair which has theadvantage of being easy to training surgeons. It also allows a more simplereduction of large hernias and a simultaneous exploration of the intraabdominal cavity. The total extra-peritoneal approach, although moreelegant, has a higher incidence of postoperative pain and is more difficultto reproduce and teach. Intraperitoneal onlay mesh is not advocated at thecurrent time.As inguinal hernia is the commonest type of hernia, there are manymethods for dealing with it. These methods include the classic opentechniques with its many disadvantages and the recent laparoscopicmethods. The surgical treatment of groin

hernias continues to undergotechnical modifications, the introduction of minimallyinvasive surgery hadadded a possible dimension. The three dimensionallaparoscopic anatomyof the inguinal region must be positively identified by the surgeon in orderto avoid injury of important structures.In this essay, a review was done on the classic anatomy,laparoscopic anatomy of the inguinal region, pathogphysiology and clinicalmanifestations of the inguinalhernia. The exact cause of inguinal hernia isstill unknown but the following factors contribute in its occurrence. Aperformed congenital sac, raised intra-abdominal pressure and weak_102_abdominal musculature. The complications of inguinal hernia areinflammation, obstruction, irreducibilityand strangulation.Complications of open classic hernia repair which can be avoided orminimized by laparoscopic repair are : severance of testicular bloodsupply, vas deferens, nerves. Injury to the bowel wound complications andhernia recurrence.The commonly used laparoscopic instruments are 3 cannulas andtrocars (5mm-lOmm-12mm) endograsper, endscissors, endodissector andstapling instruments.The main principles used in laparoscopic hernia repair are tIi~transabdominal preperitoneal Onlay mesh repair and the intraperitonealOnlay mesh repair.The main complications of laparoscopic hernia repair are improperclosure of the defect, adhesion to the prosthetic mesh, hydrocele andrecurrence.The ”advantages of this procedure are marked reduction ofpostoperative pain and groin discomfort with rapid return to the normalactivities, this procedure also did not cut any muscles of the anteriorabdominal wall and does -not interfere with shutter mechanism of theinguinal canal. However, further follow up is needed to evaluate the lateeffects of this recently introduced surgical technique.~~lJ~Jl.dl b!1olJlttl Alst-bll J.LJ~