managment of huge inguinal hernia

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The treatment of Huge inguinal hernia will continue to be a significantpart of many surgeons day to-day-workload .And also undergo technicalmodifications. The introduction of minimally invasive surgery had addeda possible new dimension.In conclusion, the present technique provides good solutions for:l-the problem of limited abdominal cavity by increasing the interaabdominalcapacity to accommodate the replaced hernial contents byused transverse incision in open surgery group..2-Simulataneous hernia repair and covering of the created anteriorabdominal wall defect by insertion of a giant mesh in the preperitonealspace.3-Prevention of adhesion and fistula formation that may result fromdirect contact between the mesh and the intestine by the use of the herniasac, that would otherwise be discarded, to cover the intestine(reperitonalization beneath the mesh).4-the three dimensional Laparoscopic anatomy of the inguinal regionmust be positively identified by the surgeon in order to avoid injury ofimportant structures.5-complications of open classic hernia repair which can be avoided orminimized by laparoscopic repair are :severance of testicular bloodsupply,vas defemse,nerves,injury to the bowel, wound complications andhernia recurrence .As a trial to solve the problem of the difficult surgical exposure ofthe huge inguinal hernia which is liable for injury of important structureswithin the inguinal canal ,namely the vasdeferens .testicular artery ,pampinifonn plexus of veins and nerves due to adhesions and to solvethe problem of great liability of recurrence because th.e weakness ofabdominal musculature ,this comparative study was clone on twentycases 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 10patients for group (1) Suprapubic transverse (Pfannenstils) incision.For group (11) Transabdominal Preperitoneal LaparoscopicHerniorraphy (T APP). Postoperative pain ,seroma ,hematoma andscrotal edema ,wound infection, ecchemosis ,average drainage fluid andtime of removal of the drain were less in group (1) than in group (11),but the dyspnea ,pneump-peritoneum and pneumo-scrotum in the (11)group.It was concluded that the of polypropylene mesh is the recommendedprosthesis in preperitoneal hernioplasty unless ther is a that prosthesismay be exposed to bowel where PTFE mesh may be the material ofchoice.The preperiteneal approach with polypropylene mesh reinforcement thevisceral sac has the benefits of being easy ,rapid and safe procedure forthe treatment of Huge inguinal hernia .The Laparoscopic repair is best suited to the patients in good generalhealth who cannot afford an extended time away from work.We believe the operation has a place in the modern management

ofinguinal hernias though continued assessment of the procedure isessential to determine long-term recurrence rates.Our new modification for treatment of huge inguinal hernia aresummarized as follow :1) I used suprapubic transverse (Pfannenstils) incision and I used (pPMmesh) polyprolin mesh instead of subumblical incision used by Stoppatechnique and Gortex mesh .2) Mesh fixed preperitoneal approach through the transverse incision socomplications related to adhesions, erosion of the patch material into theviscera, bowel obstruction, or fistula formation did not OCI;ur.3)The open technique is suitable for huge irreducible hernias more thanLaparoscopic technique .4) We used Laparoscopic transabdominal preperitoneal repair for hugeinguinal hernia ,mainly reducible not strangulated.5)The best suitable for Laparoscopic repair .patients in good generalhealth who cannot afford an extended time away from work.6)The older patients with pre-existing cardiopulmonary disease andcomplicated hernia should still be managed in the conventual’s way.We hope that by adding an endoscopic alternative to the generalsurgeons options ,the early result are promising ,though long termfollow-up is not yet available. We believe the operation has a place inthe modern management of inguinal hernias though continuedassessment of the procedure is essential to determine long-termrecurrence rates.The Laparoscopic repair form of treatment appears to represent a newapproach to solve an old problem.