LAPAROSCOPIC APPROACH TO INCARCERATED AND STRANGULATED INGUINAL HERNIAS

R. N. ABU SHAMSIEH

Department of Surgery, anesthesiology and intensive care postgraduate education National Medical University O. O. Bohomolets doc_rami@yahoo.com

The aim – to improve the results of treatment of patients with strangulation inguinal hernias by laparoscopic technologies use in lightweight mesh implants, fixed themselves, technology electric fabrics [1–9].

Materials and methods

A retrospective analysis of 125 video laparoscopic surgery for inguinal hernia in 112 (89.6 %) men and 13 (10.4 %) of women aged 17–84 (57.0 ± 19.8) years for transabdominal preperetonial patch (TAPP) technique using different mesh implants at the Department of Surgery, anesthesiology and intensive care postgraduate education of the National Medical University A. A. Bogomolets, for the period from 2018 to 2020.

Results and discussion

Recurrence (3) were in the first group and reasonable, in our opinion, insufficient size of mesh material. Further, using prostheses that were on a lower side 10 cm, recurrence was observed.

Detection of hematoma was evacuated puncture under ultrasound. In 2 cases of hematoma encountered when using conventional polypropylene mesh were due to inadequate hemostasis. Hematoma using heavy monofilament polyester mesh with that fixed itself, caused by the brutality of the prosthesis surface damage and musculoaponeurotic “platform” to which it is fixed. So, when using light grids, fixed them-selves, there was no bruising at all.

Conclusion

1. The use of lightweight mesh, fixed themselves laparoscopic treatment of strangulation hernia for TAPP technique avoids hematoma, reduces the amount of gray in the operation area, practically non- inguinal pain syndrome in the postoperative period.

2. The use of mesh implants, fixed themselves methodologies Electric soft tissue material can reduce transaction costs 2 times and fosters the popularization of laparoscopic approach.

References

1. R. N. ABU SHAMSIEH, LAPAROSCOPIC TREATMENT OF STRANGULATION OF INGUINAL HERNIA, Лікарська справа № 3-4, 2020, с.76-77.

2. Dai W., Chen Z., Zuo J. et al."https://pubmed.ncbi.nlm.nih.gov /30421299/" Risk factors of postoperative complications after emergency repair of incarcer Ated groin hernia for adult patients: a retrospective cohort study // Hernia. – 2019. – Vol. 23, N 2. – P. 267–276. doi: 10.1007/s10029-018-1854-5. Epub 2018 Nov 12.

3. Deans G. T., Brough W. A., Royston C. M., Wilson M. S.Laparoscopic ‹bikini mesh› repair of bilateral inguinal hernia // Br. J. Surg. – 1995. – Vol. 82, N 10. – P. 1383–1385.

4. Fitzgibbons R. J. Jr. Laparoscopic intraperitoneal onlay mesh technique for the repair of inguinal hernia // Ann. Surg. – 1994. – Vol. 219, N 2. – P. 144–156.

5. Hakeem A.,Shanmugam V.Current trends in the diagnosis and management of post-herniorrhaphy chronic groin pain // World J. of Gastrointestinal Surgery. – 2011. – Vol. 3, N 6. – P. 73–81.

6. Kunz R., Herrmann M., Witte B., Mayer J. M. Topographic-an- atomic aspects of laparoscopic management of inguinal hernia // Chirurg. – 1996. – Vol. 67, N 8. – P. 807–813.

7. Lichtenstein I. L., Shulman A. G., Amid P. K., Montllor M. M.
The tension – free hernioplasty // Am. J. Surg. – 1989. – Vol. 157. – P. 188–193.

8. Ridings P., Evans D. S. The transabdominal pre-peritoneal (TAPP) inguinal hernia repair: a trip along the learning curve // J. R. Coll. Surg. Edinb. – 2000. – Vol. 45, N 1. – P. 29–32.

9. Spaw A.T., Ennis B. W., Spaw L. P. Laparoscopic hernia re-pair: the anatomic basis // J. Laparoedosc. Surg. – 1991. – N. 1. – P. 269–277.