



General Surgery

A COMPARATIVE STUDY OF TENSION FREE INGUINAL HERNIA REPAIR (LICHTENSTEIN REPAIR VS TAPP - TRANS ABDOMINAL PRE PERITONEAL REPAIR)

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ABSTRACT To compare the results of ONLAY (Lichtenstein) and laproscopic TAPP repair in the treatment of inguinal hernia in patients who presented to the department of general surgery IRT- Perundurai medical college in the past 18 months .

KEYWORDS :

INTRODUCTION :

Inguinal hernia repair is one of the commonest surgical procedure and is an important training operation for young surgeons. It combines low mortality risk with an appropriate technical challenge.

According to Sir Astley Cooper , No disease of human body , belonging to the province of the surgeon, requires in it's treatment , a better combination of accurate anatomical knowledge with surgical skill that Hernia in all its varieties.

Tension free repair has become dominant method of inguinal hernia repair. The era of tissue based repair was supplanted by tension free repairs with wide spread acceptance of prosthetic material for inguinal floor reconstruction. Refinement in approach and technique have led to the development of intraperitoneal onlay mesh , the transabdominal preperitoneal (TAPP) and the totally extraperitoneal (TEP) repair.

Thus the need of study is to compare the open tension free inguinal hernia repair (Lichtenstein) with laproscopic trans abdominal preperitoneal (TAPP) hernia repair in terms of early ambulation, early return to work , intensity of post operative pain, recovery time and complications in the selected group.

MATERIALS AND METHODS :

Between October 2016 to march 2018 , over the period of 18 months , 100 patients presenting with inguinal hernia were studied. 60 patients were undergoing onlay mesh repair and 40 patients undergoing laproscopic repair in IRT, Perundurai medical college, Perundurai.

To emphasize the best form of repair among the Lichtensteins tension free repair and TAPP in the age group of 18-70 years who are fit to undergo both the surgical procedures in terms of early ambulation, early return to work , intensity of post operative pain, recovery time and complications in the selected group.

INCLUSION CRITERIA :

patient in the age group of 18-70 years who are healthy are included

EXCLUSION CRITERIA :

Following patients were excluded – complicated hernia, patient with chronic cough , chronic renal failure, BPH, stricture urethra

RESULTS :

	Lichtenstein (open)	TAPP (laproscopic)
Comfortable ambulation(1st POD)	40/60	36/40
Hospitalization stay	4 days	2 days
Early return to work (2 weeks)	22/60	32/40

COMPLICATIONS :

COMPLICATIONS	OPEN	LAP
Seroma	4	2

Infection	5	0
Scrotal edema	2	0
Chronic groin pain	5	0
Recurrence	0	0

EARLY RETURN TO WORK

DAY OF RETURN TO WORK	Day 10	Day 15	Day 20	Day 25 and after
OPEN	10	14	16	20
LAP	24	10	4	2

DURATION OF HOSPITAL DAYS :

DAYS OF DISCHARGE	D 2	D 4	D 6	Beyond D 8
OPEN	0	20	32	8
LAP	22	16	2	0

RESULTS :

In our study , 60 patients underwent open hernia repair and 40 patients underwent laproscopic hernia repair

36 out of 40 who underwent laproscopic hernia repair were able to ambulate freely in first POD Whereas only 30 out of 60 patients were able to do so in open group .

Similarly average hospital stay in laproscopic group is significantly lower when compared to the open group .

Most striking advantage with the laproscopic group is in regard to the EARLY RETURN TO WORK . About 80 % of the patients in the laproscopic group were able to return to their work force by the end of 2 weeks, whereas 36 % were able to return to their work in the same period.

In view of complications , seroma was observed in 4 patients in open hernia repair whereas only 2 patients in laproscopic group.

Most striking advantage with the laproscopic repair is in regards with the CHRONIC GROIN PAIN . As none of the patient in the laproscopic suffered .

In terms of hospital stay , 58 % were discharged on DAY 2 Whereas none of the patients were discharged in open hernia repair.

CONCLUSION :

Thus we emphasize that laproscopic technique is safe operative procedure and it provides obvious advantages over open hernioplasty in terms of early ambulation, early return to work , less intensity of post operative pain, rapid recovery time and low complications. even though operative time is longer , laproscopic hernioplasty should be consider as the initial choice of repair in all uncomplicated inguinal hernia cases.