

FEMORAL HERNIA : A COMPARATIVE STUDY OF HERNIORRHAPHY VS HERNIOPLASTY

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Abstract: Femoral hernia has always been one of the most challenging disease a surgeon will face in his career. Open method of repair has been the traditionally followed method for many years. This study compares the results of herniorrhaphy with hernioplasty in SVMC, Tirupati

Materials and methods: This is a retrospective study of all the patients who have undergone femoral hernia surgery in SVMC, Tirupati from 2020.

Results: 18 cases of unilateral femoral hernia were operated by herniorrhaphy/hernioplasty. Post operative analysis and follow up reveals no significant difference in the morbidity, mortality and recurrence, either operated by herniorrhaphy or hernioplasty.

Conclusion: Femoral hernia cases both reducible and non reducible were operated by open technique. All the safety precautions and utmost care is taken for successful outcome. All patients recovered and all are doing well. There is no recurrence either operated by herniorrhaphy or hernioplasty.

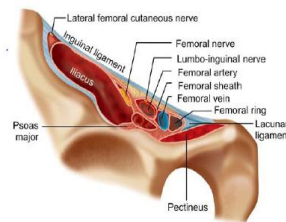
Key Words : FEMORAL HERNIA - HERNIORRHAPHY - HERNIOPLASTY

Introduction

Femoral hernia is third most common type of hernia. It occurs in 10% of all groin hernia. In elderly prognosis is worst because more likely to present with strangulation[1]. It is more common in female[2]. Some times the first presentation of the disease is strangulation[3]. Femoral canal is most medial compartment of femoral sheath and extends from femoral ring above to saphenous opening below. It is 1.25 cms long and 1.25 cms wide at its base and it contains lymph vessels, lymph nodes of Cloquet, closed above by septum crurale and below by cribriform fascia.

Boundaries of femoral ring :

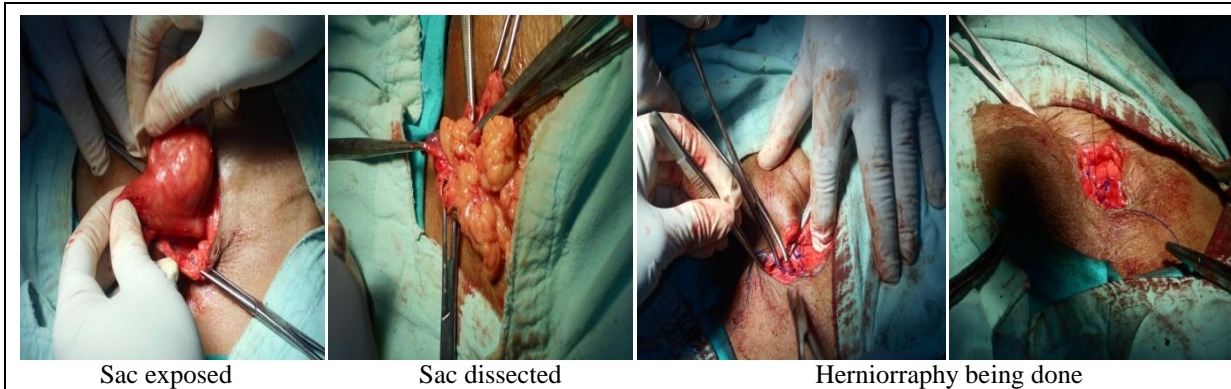
- anterior :- inguinal ligament
- Posterior :- pectineal ligament
- Medial :- lacunar ligament
- Lateral :- femoral vein



Materials and method

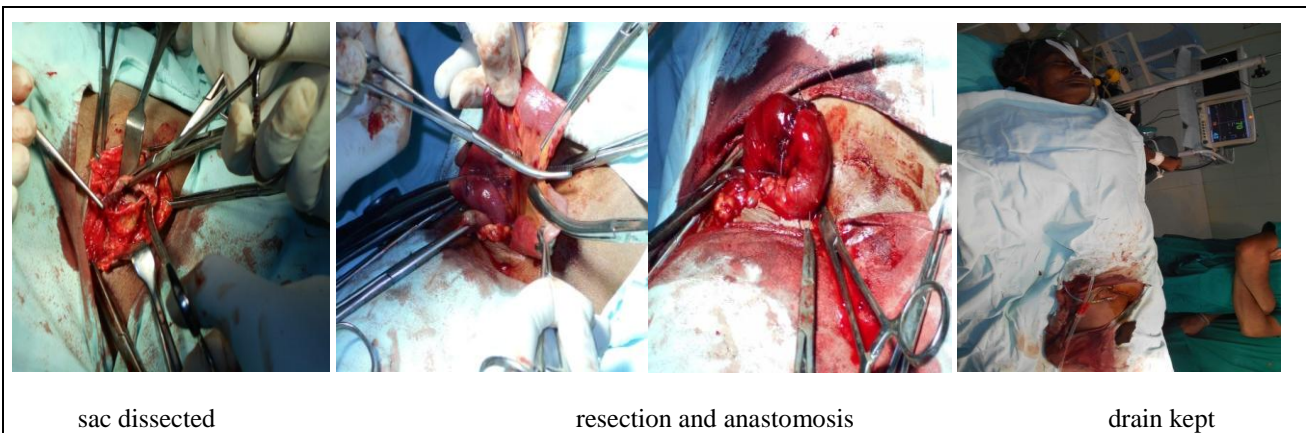
Retrospective study was performed on all the patients who has undergone femoral hernia surgery in SVMC, Tirupati from year 2020. Patients records were examined for demographic data, sex of the patient, age, occupation, side, way of presentation, repair technique, post operative complications, recurrence and return to normal activity. Reducible cases were operated by hernioplasty with polypropylene mesh. Polypropylene mesh plug (rolled up plug) has been inserted in to the femoral canal and fixed by using 2-0 prolene (Lichtenstein and Shore procedure) [4-7]. In the obstructed and strangulated cases lacunar ligament was the reason for obstruction in 04 cases and in other 04 cases neck of the sac is the cause of obstruction. Low operation (Lock woods procedure) is adopted in 06 cases and other 12 cases inguinal approach (Lotheissens procedure) was performed.

In 04
with

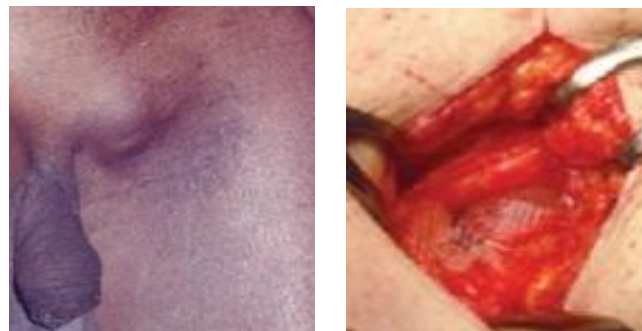


cases

strangulation gangrene of the ileum was noted. In these cases resection and end to end anastomosis was done along with herniorrhaphy, keeping a suction drain. All the operations were performed under spinal anaesthesia and ceftriaxone as antibiotic prophylaxis was given. Postoperatively all the patients received ceftriaxone, amikacin, metrogyl with analgesic.



Hernioplasty for femoral hernia



Demographics of patients with femoral hernia (table 1)

	hernioplasty	herniorrhaphy	total
N	10	8	18
Male:female	1 : 9	0 : 8	1 : 17
Median age	63 (54-68)	68 (56-72)	65
right:left side	5 : 5	3 : 5	8 : 10

Patients Postoperative Course (table 2)

characteristic	hernoplasty	herniorrhaphy	total
Hemotama	0	0	0
Woundinfection	0	1	1
Deep vein thrombosis	0	0	0
Pain –pod 1	10	8	18
Pod 7	3	2	5
Pod 30	0	0	0
Recurrence	0	0	0
mortality	0	0	0

Hernia contents (table 3)

content	hernoplasty	herniorrhaphy	total
Empty	6	2	8
Omentum	4	2	6
Small bowel	0	2	2
Gangrene with resection	0	2	2

Results

A total of 18 cases underwent femoral hernia surgery during the two year study period. The content of the hernia sac presentsd in table 2. Gangrene of the small bowel was present in 02cases where resection was done. In 10 patients mesh plug repair was done (reducible cases). There is no significant difference in the post operative complication table 3. No post operative mortality in the series. No recurrence noted in the follow up.

Conclusion

Femoral hernia is more common in women especially elderly. Symptoms include pain and discomfort in the groin. Two cases presented with strangulation and 2 cases with obstruction. In the above 04 cases plain x ray abdomen showed small bowel obstruction with step ladder pattern. In ultrasound abdomen dilated bowel loops were noted. All the four cases recovered well. In the reducible and irreducible cases no difficulty was encountered in the surgery. Hernioplasty (mesh plug technique) found to be effective and tension free. In our study all the cases recovered well with negligible post operative complications. No recurrence is noted either operated by hernioplasty or by herniorrhaphy.

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