



Possibilities of Lichtenstein Plasty in the Treatment of Inguinal Hernias

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ABSTRACT

The results of treatment of 250 patients with inguinal hernias, operated according to the Lichtenstein method, were analyzed. The main method of anesthesia was local infiltrative anesthesia (69.6%). The overall incidence of postoperative complications was 15.6%. Strict observance of operating techniques, high-quality hemostasis, full-fledged conservative therapy allows avoiding the development of serious complications at various stages of treatment.

Keywords:

prosthetic repair, herniotomy, wound complications, allohernioplasty

Introduction: historically, more than 100 types of plastic surgery for inguinal hernias have been proposed. However, the ideal intervention has not yet been developed. Hernia recurrence, postoperative complications, and the persistence of lethal cases, despite the “seeming” simplicity of intervention, make this problem relevant and in need of further development and study. According to the literature data, the incidence of postoperative complications when using hernia repair according to the Lichtenstein method averages 1.8-9.7% [3, 58; 1, 110]. The level of postoperative mortality in planned inguinal hernia repair is in the range of 0.2-0.3% [2,17].

Purpose of the study: to study the immediate results of the treatment of patients with inguinal hernias using the Lichtenstein method.

Material and methods: the results of treatment of 250 patients with inguinal hernias were analyzed. All those operated on are men. The age of patients is from 25 to 86 years. According to the classification of Leoyd M.

Nyhus (1995): direct hernias (type IIIa) were present in 111 (44.4%) patients; large oblique hernias (type IIIb) - in 74 (29.6%); recurrent hernias (type IV) were diagnosed in 65 (26%) patients. During the examination, 163 (%) patients had various comorbidities: hypertension 72 (44.2%), coronary heart disease 33 (20.2%), diabetes mellitus 21 (12.9%), bronchial asthma, pulmonary emphysema, pneumosclerosis 18 (11%), varicose veins of the lower extremities 12 (7.4%), history of stroke 7 (4.3%).

Out of 74 patients with recurrent hernias, in 23 cases there was a second, in 9 - a third recurrence, in 7 cases there was a recurrence of a hernia after hernia repair using a polypropylene mesh in other medical institutions.

Results and discussion: when performing an operation for the purpose of pain relief, local infiltrative anesthesia was used in 174 (69.6%) patients, epidural anesthesia was used in 60 (24%) cases, general anesthesia took place in 16 (6.4%) patients. During the operation, we attach particular importance to minimal tissue trauma and hemostasis. The overall rate of

postoperative complications was 15.6% (39). In 26 (10.4%) cases, a slight swelling of the scrotum was observed, which completely disappeared within 10-14 days after the operation. The occurrence of this complication is associated with compression of the spermatic cord into the hole created in the mesh implant; 13 (5.2%) patients operated on for recurrent hernias had areas of sensory impairment in the postoperative period and during the period of control examinations in the surgical area, which is associated with trauma to the nerve trunks during dissection of scar tissue. We did not observe such complications as suppuration of wounds, seroma, hematoma. Conservative treatment after surgery included: antibiotic therapy, pain relief, prevention of thromboembolic complications. There were no lethal outcomes. Long-term results by telephone survey were studied in the period up to 5 years after surgery in 102 (40.8%) patients - no recurrences of hernias were noted. In 18 (17.6%) patients, there was a slight chronic pain syndrome at the surgical site, which was stopped by the periodic use of non-steroidal anti-inflammatory drugs. In other cases, the patients are in good health.

Conclusions: thus, Lichtenstein hernia repair using a polypropylene mesh is the operation of choice in patients with direct (type IIIa), large oblique (type IIIb), recurrent hernias (type IV). Strict observance of operating techniques, high-quality hemostasis, full-fledged conservative therapy allows avoiding the development of serious complications at various stages of treatment.

Bibliography

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