Original Article

A Prospective Study of Inguinal Hernia Patients Managed by Three Stitch Hernioplasty

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Abstract

Introduction: Hernia is defined as an abnormal protrusion of a viscus or a part of the viscus through a normal or an abnormal opening in the walls of its containing cavity. The external abdominal hernia is the most common form of spontaneous hernia. The treatment options of hernia should be concerned with prevention of recurrence, prevention of infections and economic considerations. The purpose of this study is to report the observations made in the postoperative follow up of hernia repair by three stitch hernioplasty method, in the Department of general surgery, Thanjavur Medical College, over a period of 2 years.

Materials and Methods: 100 cases of inguinal hernia admitted at Thanjavur Medical College and Hospital during the study period June 2015 to June 2017 who satisfied the inclusion and exclusion criteria were included in the study. For all these patients, the usual Lichtenstein’s repair was not done but a slightly modified procedure, THREE STITCH HERNIOPLASTY was done after getting the consent.

Results: Various factors were analysed like age incidence, sex, side and Postoperative complications observed in this group of patients were in 100 patients studied 12 developed seroma, 4 developed haematoma, 2 developed wound infection, 2 developed chronic groin pain, Only one developed recurrence, none developed foreign body sinus and all the patients returned to work early i.e. before 6 weeks except 2.

Conclusion: The Three Stitch Hernioplasty is a simple method, easy for the beginners to adopt, has less foreign body reaction, less time consuming, causes less tissue trauma and lesser chance of vascular injury.

Keywords: Three stitch hernioplasty, mesh, seroma, recurrence.

Introduction

Hernia is defined as an abnormal protrusion of a viscus or a part of the viscus through a normal or an abnormal opening in the walls of its containing cavity. Hernia may be spontaneous or acquired. The external abdominal hernia is the most common form of spontaneous hernia. The treatment options for hernia repair, is still controversial because hernias are polymorphous lesions and because of the choice of operations and the features of the patients are diverse. Recurrence rate in hernia surgery needs further
evaluation. Hence the treatment option for hernia should be concerned with prevention of prevention of infections and economic considerations. The purpose of this study is to report the observations made in the postoperative follow up of hernia repair by three stitch hernioplasty method in the department of General Surgery, Thanjavur medical college, over a period of two years (2015-17).

Three stitch hernioplasty

Aim of the Study
To analyze the following complications in inguinal hernia patients operated by three stitch hernioplasty technique, Recurrence of inguinal hernia, Chronic groin Pain, Foreign body sinus, Seroma, Hematoma, Wound infection are the parameters observed.

Materials and Methods
Type of Study: Prospective study
Cases: 100 cases of inguinal hernia patients admitted at Thanjavur Medical College.
Inclusion Criteria: Indirect inguinal hernia, direct inguinal hernia, Age 21 -60 years, Good muscle tone
Exclusion Criteria: Recurrent hernia ,Sliding hernia, Hypotonia, Age more than 60 years, Bladder outlet obstruction , LRI/COPD , Ischemic heart disease
Materials Used: Polypropylene prosthetic mesh
Period of Study: July2015 to June 2017
Place: Department of General Surgery, Thanjavur Medical College & Hospital
Method of Study: All the cases included in this study were of elective admission only. Emergency cases like obstructed or strangulated inguinal hernia were not included in this study.

100 Inguinal Hernia patients admitted in Thanjavur Medical College & Hospital during the study period who satisfied the inclusion and exclusion criteria were included in the study. For all these patients, the usual Lichtenstein’s repair was not done, but a slightly modified procedure, three stitch hernioplasty was done after getting their consent.

In this procedure the following steps were carried out. The patient was made to lie in supine position after giving spinal anesthesia. Parts painted and draped. The inguinal skin incision is made in the medial two thirds and 2cms above the inguinal ligament. Incision deepened to reach the external oblique aponeurosis. Three named veins that are present in the subcutaneous plane are cut and ligated. External oblique aponeurosis cut open along the direction of its fibres and the superficial inguinal ring is cut open. A plane of cleavage is created between the external oblique aponeurosis and the conjoint tendon superiorly. The inguinal ligament is well defined by dissecting in the floor of inguinal canal. The cremastic muscle with cord structures is hooked out. Ilioinguinal nerve is preserved to avoid entrapment and chronic pain in the operative period. Direct hernia sac, if present (medial to the inferior gastric artery) must be invaginated by opposing the fibres of transversalis fascia, if the sac is small. For large direct hernias, the sac is opened and the transversalis fascia is repaired. In case of indirect inguinal hernia, the cremastic muscle fibres are cut open followed by the internal spermatic fascia. The sac is identified as a glistening white structure and is dissected up to the deep the ring, after lateralising the cord structures. Sac is cut open at the fundus and the contents, if any must be reduced. Sac is transfixed at its neck and excess sac excised. The sac is pushed inside the deep ring. When the deep ring is patulous, transversalis fascia is plicated by suture narrowing the deep ring (Lytle’s repair). Now the prolene mesh is fashioned as in Lichtenstein’s repair, placed and fixed only by three prolene
stitches. The first stitch is made in the periosteum of pubic tubercle. The second stitch is taken in the inguinal ligament (1.5 cms lateral to pubic tubercle) and the third stitch is from the medial most part of the conjoint tendon i.e. the mesh is fixed in the medial aspect alone. Haemostasis is achieved. Cord structures placed over the mesh. External oblique aponeurosis sutured with polygalactin (vicryl) in continuous stitches. Wound closed in layers. Scrotal support given. Postoperatively the patients were treated with antibiotics and analgesics, and were discharged on and postoperative day. The patients were followed up intervals of 1 week, 1 month, 3 months, 6 months and 1 year. In the follow up, the patient was assessed for development of any seroma, hematoma, wound infection, chronic groin pain, recurrence, foreign body sinus and their early return to work.

Observation and Results

1. Age incidence
All the cases included in this study were in the age group 21 – 60 years.

| Age     | Percentage |
|---------|------------|
| 21 – 30 years | 18%        |
| 31-40 years   | 10%        |
| 41-50 years   | 24%        |
| 51-60 years   | 48%        |

2. Sex incidence
All the patients in this study were males only

|       | Number | Percentage |
|-------|--------|------------|
| Males | 100    | 100%       |
| Female| 0      | 0          |

3. Side
Of the 100 cases, 50 cases had right sided hernias and 25 cases had left sided hernias and 25 cases had bilateral inguinal hernias

| Side  | Percentage |
|-------|------------|
| Right | 50%        |
| Left  | 25%        |
| Bilateral | 25%   |

4. Common presentation
• Swelling in the inguino-scrotal or inguinal region — 58%
• Pain in the inguinal region or inguino-scrotal region — 16%
• Swelling and pain in the inguino-scrotal region — 26%

5. Postoperative complications
The patients were examined at regular intervals of 1 week, 1 month, 3 months, 6 months and 1 year for evaluation of postoperative complications and the following observations were made.

Seroma
Among 100 patients followed up in this study, 12 patients developed seroma.

Haematoma
Four patients developed hematoma, out of 100 patients, operated for inguinal hernia by three stitch hernioplasty method.

Wound infections
Two patients developed wound infection, among the 100 patients operated. The patients were given one preoperative dose and three postoperative doses of parenteral antibiotics. The drug used for this was cefotaxime. The two patients were diabetic and they required additional antibiotics with glycaemic control.

Chronic groin pain
Two patients in our study developed chronic groin pain. Chronic groin pain is defined as, the postoperative pain which lasts for more than 3 months and contributes to significant morbidity. Pain assessment was carried out by VAS (VISUAL ANALOG SCALE) score with a score of less than 1 as mild, between 1 to 5 as moderate and greater than 5 as severe pain. As per Lichtenstein et al, in a study performed in 1988 the incidence of chronic groin pain is 1 to 2 per cent. In another study conducted in 104 patients treated by laparoscopic hernia repair, by Panton & Panton in 1994, the incidence of the chronic groin pain is only 1%. In this study the incidence of chronic groin pain is 2%. In a study conducted in Armed Force Medical College in 2010 by S.S. Jaiswal, R. Chaudhry, A. Agarwal concluded that meticulous identification and preservation of the nerves, using absorbable suture for fixation and minimum
number of sutures to fix a mesh contributed to low incidence of CGP.

Recurrence
Only one patient in our study developed recurrence following three stitch hernioplasty. The patients were followed up at regular intervals of 1 week, 1 month, 3 months, 6 months, 1 year and some patients’ up to 2 years. Long term follow up was not possible as this is only a prospective study conducted for a period of 2 years. Recurrence rate in any meticulously done tension free mesh repair or Shouldice method of hernia repair is less than 2 percent. The recurrence rate in this study is 1 percent, but the study was conducted only for 2 years. Only 50 percent of recurrence will occur in the first 2 years and hence a minimum of 5 years of study is necessary to know the efficacy of the type of hernioplasty done in our study. The patient who developed recurrence in our study had a large defect with thinned out fascio-aponeurotic fibres and he also had postoperative wound infection. Moreover he was also a diabetic. The patient developed recurrence after 1 year and 5 months of hernia surgery.

Foreign body sinus
None of the patients in our study developed foreign body sinus as a complication in the follow up.

6. Early return to work
Almost all the patients returned early to their work except two. This was assessed after 4 to 6 weeks of surgery i.e. three stitch hernioplasty. Those who resumed to work before this period were considered to have returned to work early. The two patients had chronic inguinal pain because of which they were disabled from resuming their work.

Discussion
We have come a long way since Bassini first described hernia repair hundred years ago. Now many newer procedures are available for the repair of hernia being practiced in various institutions with latest technologies, but the older techniques have not been totally abandoned. Even though there are various laparoscopic procedures for inguinal hernia repair, they are effective only in experienced hands. But for the beginners or learners the experience in open hernia surgery is mandatory. The aim of our study is to know the efficacy of three stitch hernia pair which when done, with care and precision in selected patients. With careful dissection and proper repair it is as effective as any other tension free/laparoscopic procedures.

Our study includes 100 cases of uncomplicated inguinal hernia, which three stitch hernioplasty was done. The incidence of immediate postoperative complications like wound seroma, hematoma and wound infections were studied along with long term complications like recurrence, chronic groin pain and fistula formation.

Due to the short period of our cohort study, long term follow up could not be undertaken. In our study, the following results were obtained.

|                  |       |
|------------------|-------|
| Seroma           | 12%   |
| Hematoma         | 04%   |
| Wound infection  | 02%   |
| Chronic pain     | 02%   |
| Recurrence       | 01%   |
| Foreign body fistula formation | 00%   |

Conclusion & Summary
The incidence of long term complications of three stitch hernioplasty are comparable to that of other standard tension free open hernia repair as well other laparoscopic procedures. But the only limitation we have in our study is the duration. We still need to follow the cases for a minimum 5 years period to get a standard and liable result. Moreover the three stitch hernioplasty method is a simple method, easy for the beginners to adopt, has less foreign body reaction, less time consuming, causes less tissue trauma, and lesser chance for vascular injury.

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