Hernia surgery

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- Inguinal hernia repair is one of the most commonly performed surgical procedures in the world.
- The Lichtenstein tension-free hernioplasty is currently one of the most popular techniques for repair of inguinal hernias.

Hernia (2) - Microsoft PowerPoint

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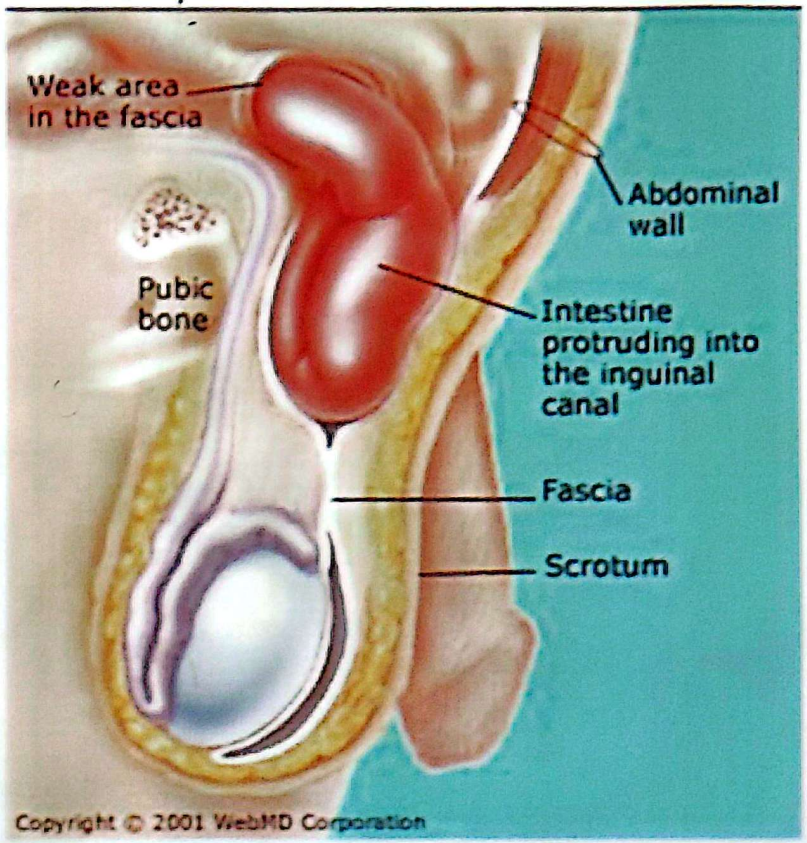
Anatomy of a Hernia



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Indications

- Symptomatic patients should undergo repair
- Even asymptomatic patients who are medically fit should be offered surgical repair

Incision

- The incision is placed about 1 cm above and parallel to the inguinal ligament, beginning from the pubic tubercle and extending 5-6 cm laterally up to the midinguinal point (see the images below).
- The subcutaneous fat is then opened along the length of the incision, and careful hemostasis is achieved by ligating superficial pudendal and superficial epigastric vessels.

Procedure

Inguinal hernia repairs are of the following three general types:

- Herniotomy (removal of the hernial sac only)
- Herniorrhaphy (herniotomy plus repair of the posterior wall of the inguinal canal)
- Hernioplasty (herniotomy plus reinforcement of the posterior wall of the inguinal canal with a synthetic mesh)

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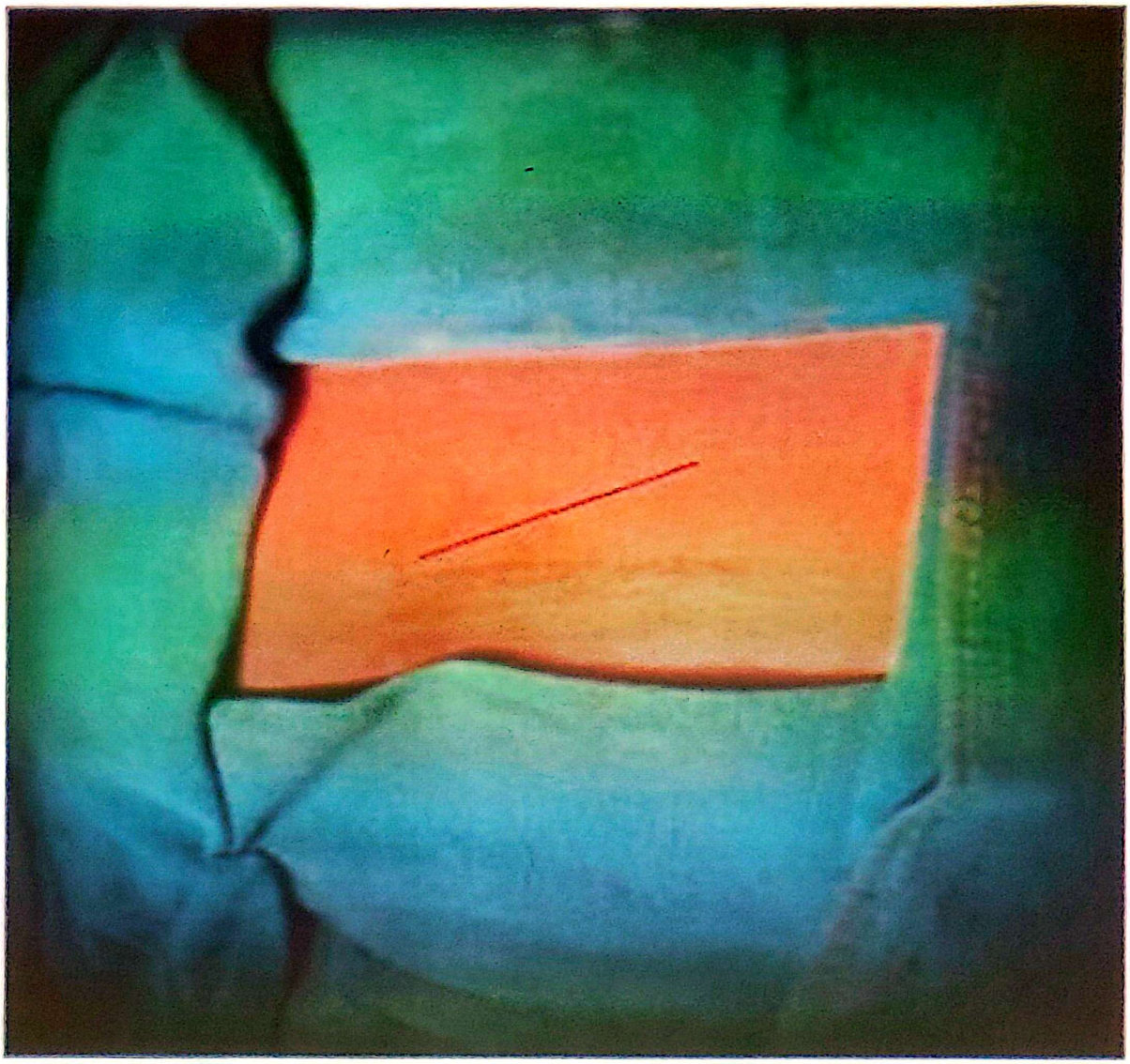
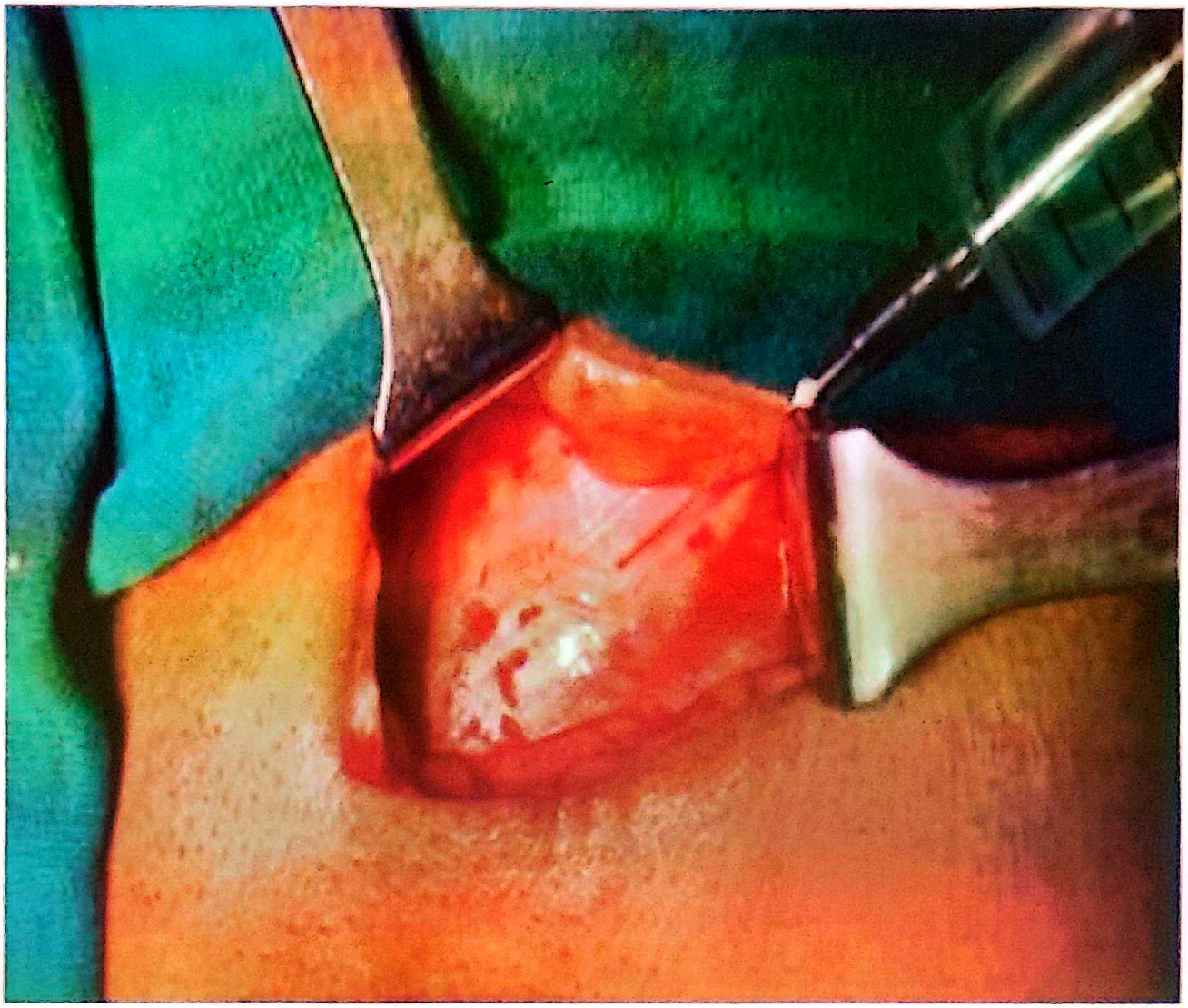


- Opening of the Scarpa fascia down to the external oblique aponeurosis and visualization of the external inguinal ring and the lower border of the inguinal ligament
- Opening of the deep fascia of the thigh and exposure of the femoral canal to check for a femoral hernia



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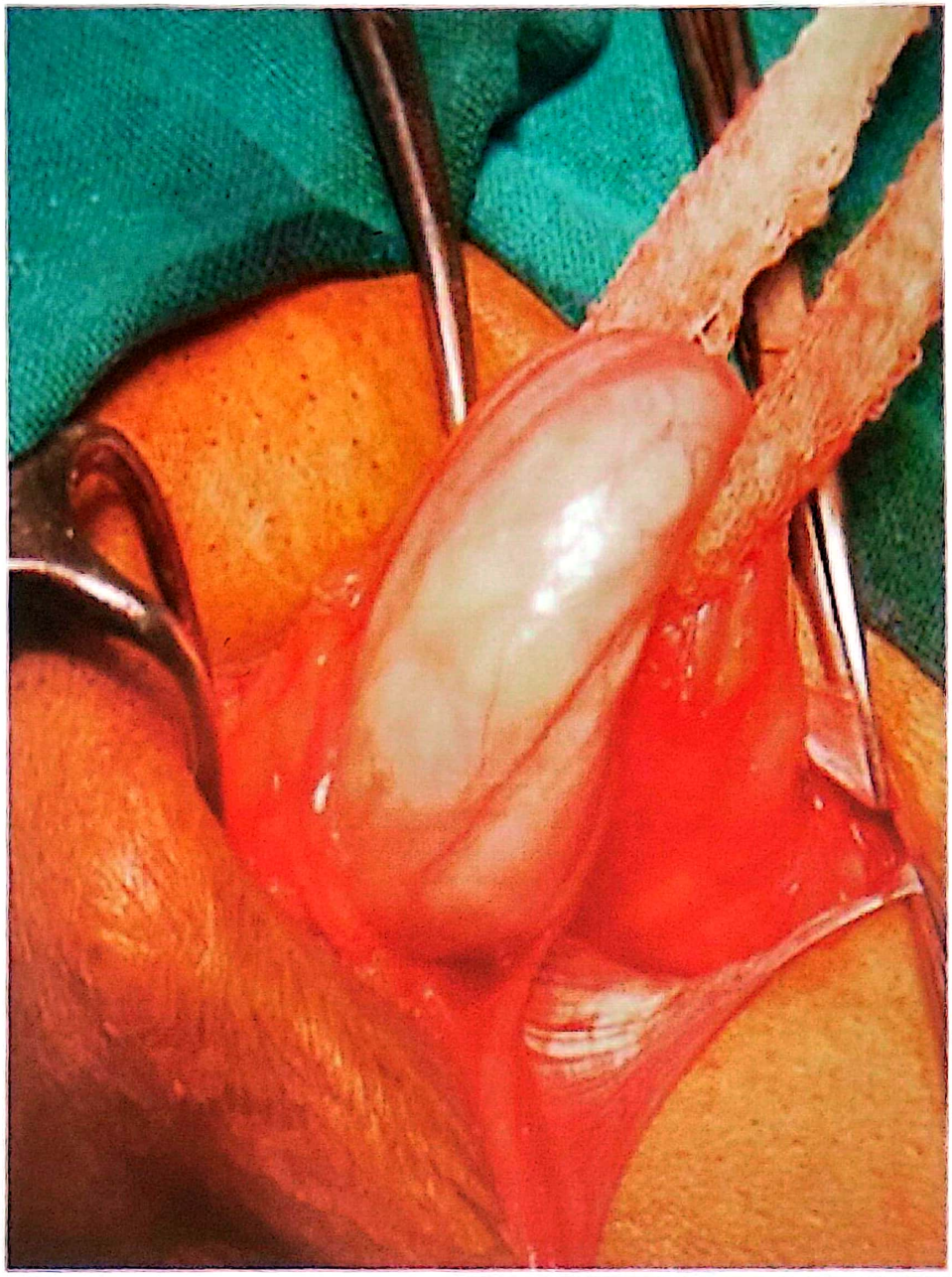
- Division of the external oblique aponeurosis from the external ring laterally for up to 5 cm, safeguarding the ilioinguinal nerve
- Mobilization of the superior (safeguarding the iliohypogastric nerve) and inferior flaps of the external oblique aponeurosis to expose the underlying structures
- Mobilization of the spermatic cord, along with the cremaster, including the ilioinguinal nerve, the genitofemoral nerve, and the spermatic vessels; all of these structures may then be encircled in a Penrose drain or tape



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- Opening of the coverings of the spermatic cord and identification and isolation of the hernia sac
- Inversion, division, resection, or ligation of the sac, as indicated