

COMPARISON OF OUTCOMES (EARLY AND LATE) FOLLOWING OPEN AND LAPAROSCOPIC REPAIR OF INGUINAL HERNIAS: AN EXPERIENCE OF A SINGLE SURGICAL UNIT

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ABSTRACT

Background: Traditionally, repair of an inguinal hernia has been by an open method, but laparoscopic techniques have recently been introduced and are increasing in popularity. This study aimed to compare early and late outcomes following laparoscopic and open repair of inguinal hernia.

Methods: After institutional review board approval, a retrospective review was performed with the charts of 97 patients who had undergone surgical repair of inguinal hernias from January 2007 through August 2010, and the data for 73 patients who met the inclusion criteria were analyzed. Surgical variables and clinical outcomes were compared using Student's t test, the Mann-Whitney U test, chi-square, and Fisher's exact test as appropriate. Early-outcome criteria studied include in-hospital mortality, length of hospital stay, complications (infection, bleeding, injury to an organ, and urinary retention), and readmission. Late outcome was assessed by the need for a further inguinal hernia repair.

Results: Out of 73 patients 45 patients had undergone open mesh repair and 28 patients had undergone laparoscopic mesh repair for inguinal hernias. Postoperative complications were experienced by 20 patients in the open group and 6 patients in laparoscopic group. In the laparoscopic group, 18 patients underwent total extra peritoneal (TEP) repair, and 10 patients had trans abdominal pre peritoneal (TAPP) repair. Postoperative complications were experienced by 4 patients in the TEP group and 2 patients in the TAPP group ($p = 0.44$). Reoperation rates were higher following laparoscopic repair for primary inguinal hernias as compared to recurrent inguinal hernias.

Conclusions: This retrospective review showed that following laparoscopic inguinal hernia repair, reoperation rates are higher than with open surgery following repair of primary unilateral or bilateral hernia but not recurrent inguinal hernia. Both procedures were comparable in terms of intra- and postoperative complications.

KEYWORDS: NICE Guidelines for Treatment of Hernias, Surgical Repair of Inguinal Hernias