

*Satyam Prasad*

## INGUINAL HERNIAL REPAIR IN ADULT

*Tutors: senior lecturer Anisova N.S., senior lecturer Klimuk S.A.*

*Department of Operative Surgery and Topographical Anatomy  
Belarusian state medical university, Minsk*

**Objective.** Inguinal hernia repair is one of the most common operations in general surgery. Inguinal hernioplasty ranks first in the frequency of elective surgical interventions and account about 15% of all surgical interventions. Surgeons and patients face many options and decisions about inguinal hernia case: repair or no repair, mesh or no mesh, what kind of mesh, open or laparoscopic, extraperitoneal or transabdominal, and so forth. The choice of technique depends on several factors, including the type of hernia, anesthetic considerations, cost, period of postoperative disability and the surgeon's expertise. Following initial herniorrhaphy, complication and recurrence rates are generally low. Laparoscopic techniques allow patients to return to normal activities more quickly, but they are more costly than open procedures. In addition, they require general anesthesia, and the long-term hernia recurrence rate with these procedures is unknown.

**Aim:** to analyze methods of surgical treatment of inguinal hernia in adult in standard surgical department settings.

**Materials and method.** The retrospective study analyzed 165 case records of patients who underwent inguinal hernia repair for the period 2023-2024 in Minsk City Clinical Hospital #5/ The processing of data was performed in Excel 2016.

**Results and discussion.** Among adult (n=165) patients included, 13 (7,9%) were women, 152 (92,1%) were men, the average age of the patients was  $64 \pm 11,4$  years for women, and  $61 \pm 13$  years for men.

Eleven (11) hernioplastics (84,6%) were performed in women using open tension repair: method was mentioned as Bassini 8 (73%) patients, and in 3 (27%) patients it was reported as Postemsky (possibly, by mistake, because among females we had no transgender persons, while method requires shift of spermatic cord that is obviously absent in biological woman). In 2 cases plastics (12,4%) were performed endoscopically using a synthetic non-absorbable mesh.

Among men, 95 (62,5%) plastics were performed by open method using local tissues: by Bassini in 24 (25%) patients, by Postemsky in 32 (33,5%) patients; by Lichtenshtein - using polypropylene non-absorbable mesh – in 39 (41,5%). Also, 57 plastics (37,5 %) were performed endoscopically using a synthetic non-absorbable mesh.

**Conclusion.** The choice of inguinal hernia repair method depends on many factors, including age, gender, complications and cost. Endoscopic hernia repair using a polypropylene mesh were performed in 37,5% of men, and in 12,4% of women in this trial. Despite the debate between laparoscopic and open inguinal hernia repair advocates, the laparoscopic method remains the method of choice in young patients.