Modification of allogeneic augmentation based on liechtenstein tension-free technique that prevents degenerative changes of spermatic cord

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Введение

Inguinal hernia is one of the most common diseases in surgery.More than 20 million surgeries are performed in the world over inguinal hernias annually, representing 10 to 15% of all surgery on the abdominal organs.

Цель исследования

Rational choice of the method of allogeneic augmentation of inguinal hernia, isolating the spermatic cord from the endoprosthesis.

Материалы и методы

The proposed modification of hernioplasty of Liechtenstein technique implies: stitching the tendon of the internal oblique muscle with the tendon of the transverse abdominal muscle, installing of a reticular implant with semicircular aperture for the spermatic cord that prevents its compression, then the inner oblique muscle is pinned to it and is sutured to the inguinal ligament, which eliminates the direct contact of the cord with the net.

Результаты

This method of treatment of inguinal hernia was used on the basis of 1134 MCMC Grodno. 68 patients were operated on (9 of them with relapses), men aged 39 to 78 years. 53 patients underwent plastic surgery for Liechtenstein, 15 patients - according to their own modifications. In the long-term results up to 4 years, no relapse in groups 1 and 2 was observed. In the postoperative period in the first group there was observed: infiltration of the spermatic cord - 1, swelling of the scrotum-3. At that time, as in the second group: swelling of the scrotum - 1.

Выводы

The obtained data demonstrate that the modification of hernioplasty developed and applied by us has no traumatic effect on the spermatic cord, the vessels do not undergo pathological transformation. The results of the spermogram confirm that our modification does not affect the fertile function in men. At present, polytroxyalkanoate coated mesh endoprostheses have been developed that do not cause obliteration of the spermatic cord, but because of their high cost, they are not available to a wide range of patients who need them, while our technique is simple and performed with a conventional polypropylene mesh endoprosthesis .