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INGUINAL HERNIA REPAIR WITH MESH – ROLE OF STEROID IN REDUCING COMPLICATIONS

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ABSTRACT:

OBJECTIVE: *To Study the outcome of inguinal hernia mesh repair with or without steroid.*
STUDY DESIGN: *A prospective comparative study*
PLACE AND DURATION OF STUDY: *Shaukat Omar Mmemorial (SOM) Fouji Foundation Hospital Karachi from January 2003 to December 2009.*
METHODS: *One hundred and seventy six consecutive patient of inguinal Hernia who were operated at SOMH FF hospital Karachi during January 2003 to December 2009 were included in this study. Herniorrhaphy with Poly Propylene Mesh (PPM) was performed in all patients. Group A (n=96) consisted of patients with corticosteroid and group B (n=80) consisted of patients without corticosteroid cover. Children under 13 years of age, medically debilitating diseases, strangulated hernias and immunocompromised patients were excluded from the study. All patients were male, ranging from 15 to 70 years of age operated under spinal, local or epidural anaesthesia.*
RESULTS: *All patients (100%) were male. Mean age was 37 + 4.6 years. Mean operative time was 45 + 4.8 min (38 – 54min). Fifty five percent were right, 30 % left and 15% were bilateral inguinal hernias. Sixty five percent were indirect and 35 % were direct inguinal hernias. Among the direct 12% were pantaloon hernias. Seroma occurred in 1% in group A while 12% in group B, hematoma 3% in group A and 5% in group B, chronic neural pain 4% in group A and 8% in group B, recurrence 1% in each group, spermatic cord thickness 2% in group A and 4% in group B, orchitis 1% in group A only, post op hydrocele 1% in group B only, mesh poking 3% in group A and 5.6% in group B, mesh migration 1% in group B only.*
CONCLUSION: *Patients with steroid cover had a better recovery and mobilization. Complications like pain, seroma formation were noted less than those without steroid.*

KEY WORDS: Hernia, Steroids, seroma, pain

INTRODUCTION:

By definition hernia is a protrusion of a viscus or part of viscus through an abnormal opening in the wall of its containing cavity[1]. Most common are external abdominal hernias (75%) consisting of inguinal, femoral and umbilical hernias. The rarer forms constitute 1.5% (spigelean, obturator etc) excluding incisional hernias. Male to female ratio is 9:1 for inguinal hernias. In USA exchequer costs approx 3.5 billion US$ per year for the treatment of inguinal hernias[2]. Life time risk of occurrence of inguinal hernia is 10%[3]. Hernias result from conditions that increase intra abdominal pressure or congenital weaknesses of abdominal wall musculature. Treatment of inguinal hernias is surgical repair. Surgical procedures for repair of inguinal hernia (Herniorrhaphy) have been grouped in 4 categories i.e Open Anterior repair, Open Posterior repair, Tension Free Repair with Mesh and Laparoscopic Repair[2]. We have performed tension free repair with mesh (Lichtenstein repair) on all cases. Poly propylene (PP) mesh has revolutionized hernia repair in terms of recurrence of hernia. But long term consequences of prosthetic material are a matter of concern[4].The body generates an intense inflammatory response to the prosthetic material that results in scar plate formation and increased stiffness of the abdominal wall resulting in the development of seromas and post op mesh infection which increases the stay in hospital. Sometimes mesh removal becomes necessary. Rejection of the prosthetic material has been frequently reported in literature. We have observed that corticosteroid used per operative and post operatively have reduced the incidence of complications in hernia repair with mesh.