VYSOKÁ ŠKOLA EKONÓMIE A MANAŽMENTU VEREJNEJ SPRÁVY

VŠEMVS

Natural Science Readings

abstracts book

(May 19-22, 2016, Bratislava)

High School of Economics and Management (Bratislava, Slovakia)

Kharkiv National Medical University (Kharkiv, Ukraine)

Higher State Educational Establishment of Ukraine "Bukovinian State Medical University" (Chernivtsi, Ukraine)

Natural Science Readings

abstracts book

(May 19-22, 2016, Bratislava)

UDC 5(063)

Natural Science Readings: abstracts book. May 19-22, 2016. Bratislava, 2016. – 142p.

ISBN 978-80-89654-25-3

Vlasov V.V., Babii I.V., Prosvitliuk P.V., Mykytiuk S.R., Vlasova O.V.

TEN-YEAR EXPERIENCE IN TREATING INGUINAL HERNIAS BY DESARDA TECHNIQUE

Department of surgery in FPE of Pyrohov Vinnytsia NMU; HSEE « Bukovinian State Medical University»; Khmelnytskyi regional hospital, Khmelnytskyi.

More than 10 million operations for inguinal hernias (IH) are performed over the world annually. They are predominantly allografts. However, young people often prefer autografting in the treatment of inguinal hernia.

Objective: To study the results of autografting by Desarda technique in patients with IH.

Material and methods. During the period from 2006 to 2016 we treated 586 patients with IH among them 523 (89,2%) men, and 63 (10,8%) women aged on average 51,4 ±14,6(from 16 to 91). According to the classification by European Hernia Society (EHS) pL1 inguinal hernia was diagnosed in 32 cases (5,5%), pL2 – in 150 (25,6%), pL3 – in 150 (25,6%), pM1 – in 10 (1,7%), pM2 – in 120 (20,5%), pM3 – in 104 (17,7%), rL3 – in 10 (1,7%), rM2 – in 7 (1,2%), rM3 – in 3 (0,5%) cases. While treating IH, we used M.P. Desarda technique in187 patients (31,9%), and allografting was applied in 399 patients (68,1%).

To treat 187 patients with IH (127 men, 60 women) aged on average 42,8 ± 17,8 (from 16 to 75) we used a procedure of creating a "new" back wall of the inguinal canal by M.P. Desarda technique. We

observed the right-side localization of IH in 130 patients, and the left-side one in 57 of them. There were 143 urban residents and 44 rural inhabitants. According to the classification of EHS, we observed hernia defects pL1-2 (163) and pL3 (24) ones.

Primary inguinal hernia, strong aponeurosis of the abdominal external oblique muscle or that with medium stiffness, height of the inguinal interval <2.5 cm, the patient's refusal to have allografting, young men and women regardless of their age serve as indicators for using M.P. Desarda technique. In all cases it was necessary to sew up the transverse fascia by forming a deep inguinal ring to normal anatomical size (about 1 cm). In order to fix the aponeurotic strip, we used an uninterrupted suture. To prevent focal complications in the wound we used pre- and post-operative antibiotic prophylaxis (second-generation cephalosporins, if necessary, we combined it with metronidazole, etc.), as well as thorough hemostasis during the surgery.

The average duration of staying in bed was 4,3 ± 1,2 days. The patients were observed for 1 - 3 years. In the early postoperative period in 4 (3.9%) patients operated by M.P. Desarda technique we observed infiltration of soft tissues in the postoperative wound, swelling of the scrotum - 2 (1.9%), spermatic cord hematoma - 2 (1.9%), orchitis - 1. All complications were eliminated conservatively. There were no late postoperative complications such as a foreign body sensation in the area of performed surgery, steady pain, ligature fistula or hernia recurrence.

Conclusions.

1. Operation by M.R.Desarda is technically simple to perform and