Groin and Inguinal hernia

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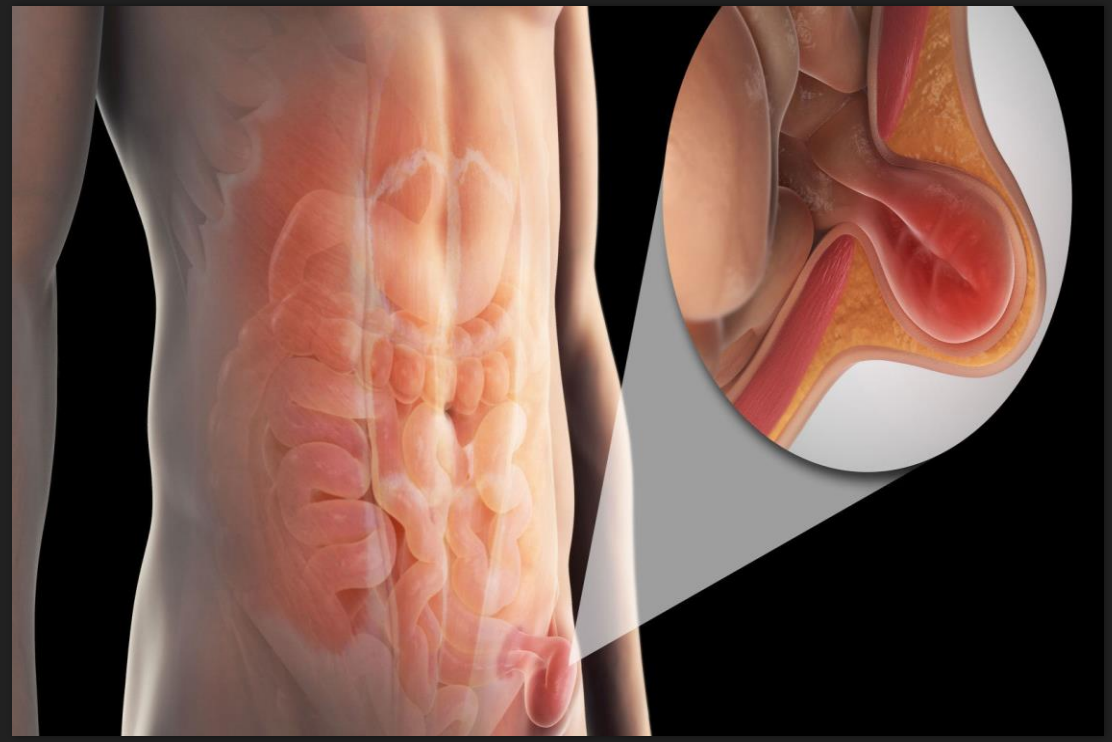
The Hernia Problem

- Named by site
  - Eg – Inguinal, femoral, incisional etc
- Common
  - Inguinal hernia about 25-30% of men
- Incidence increases with age
- Different risks dependent on site



Inguinal hernia

- Most common hernia
  - 25-30% of men in their lifetime
  - 5% of women
- More common on the right side than the left
- Incidence increases with age
  - 0.25% age 18
  - 4.2% age 75
- Still a cause of major morbidity
  - Cumulative risk of strangulation ≈ 0.47 - 2% per year for inguinal & 40% per year for femoral
- Risk of death
  - x7 higher if hernia repaired as an emergency
  - x20 higher if associated bowel resection

What would you refer?

- Asymptomatic?
  - Bulge only
- Symptomatic?
  - Discomfort only
  - Episodes of severe pain
  - Inguinoscrotal
  - Irreducible
- Groin pain, no palpable hernia, USS suggests hernia?

Asymptomatic Groin Hernia

- Women – always refer
- Suspected femoral hernia – always refer

- Asymptomatic or minimally symptomatic inguinal hernia in men?
  - Are they safe to leave?
  - Are they best to be repaired now or later?
  - Do the complications or outcomes change if surgery deferred?

The evidence – Asymptomatic inguinal hernia in men

- 2 Randomised Controlled trials (1 from UK, 1 from USA)
  - Randomised to surgery or watchful waiting
    - Both trials very similar outcomes
    - Minimal difference in pain & QoL at 1 year
    - In both trials approx. 25% of men underwent surgery within 12 months due to pain
    - That raised to approx. >70% by 7.5 years
    - No difference in post operative complications

- Conclusion Watchful waiting is safe but only delays inevitable surgery
- Risk of hernia related complications in that time

Open vs laparoscopic inguinal hernia repair

- Benefits of laparoscopic hernia repair
  - Reduced short term pain
  - Reduced long term pain
  - Reduced mesh infection
- Benefits of open hernia repair
  - Can be performed under LA in selected patients
- NICE guidance TA83;
  - Recommended laparoscopic groin hernia repair for bilateral & recurrent
  - Offer (informed consent) for primary unilateral hernia

The evidence for laparoscopic inguinal hernia surgery continues to build

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Lichtenstein Versus Total Extraperitoneal Patch Plasty Versus Transabdominal Patch Plasty Technique for Primary Unilateral Inguinal Hernia Repair: A Registry-based, Propensity Score-matched Comparison of 57,906 Patients.

Köckerling, Ferdinand MD; Bittner, Reinhard MD; Kofler, Michael; Mayer, Franz MD; Adolf, Daniela PhD; Kuthe, Andreas MD; Weyhe, Dirk MD

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Results

- 57906 patients
  - Lichtenstein vs TEPP, Lichtenstein vs TAPP
- Post operative complications
  - 3.4 vs 1.7% p=0.001
- Complication related re-operation
  - 1.1 vs 0.8% p=0.008
- Pain at rest
  - 5.2 vs 4.3% p=0.003
- Pain on exertion
  - 10.6 vs 7.7% p=<0.001
- TEP & TAPP have benefits over open repair, BUT TEP has higher intraoperative complication rate.

However……

However

- Recent commissioning document for coming year
  - This is being challenged by us
  - Therefore may not yet be final.
  - BUT…..

Informed Consent – The Law

- 'The doctor is under a duty to **take reasonable care** to ensure that the patient is aware of any **material risks** involved in any recommended treatment, and of **any reasonable alternative** or variant treatments.

- Based on available evidence it is very difficult to recommend open inguinal hernia repair if the patient has a hernia suitable for laparoscopic repair and is fit for general anaesthesia. All options MUST be discussed with the patient.

- Asymptomatic hernia – options of watch & wait vs repair MUST be discussed with the patient.

Discussion / questions?