Groin and Inguinal hernia

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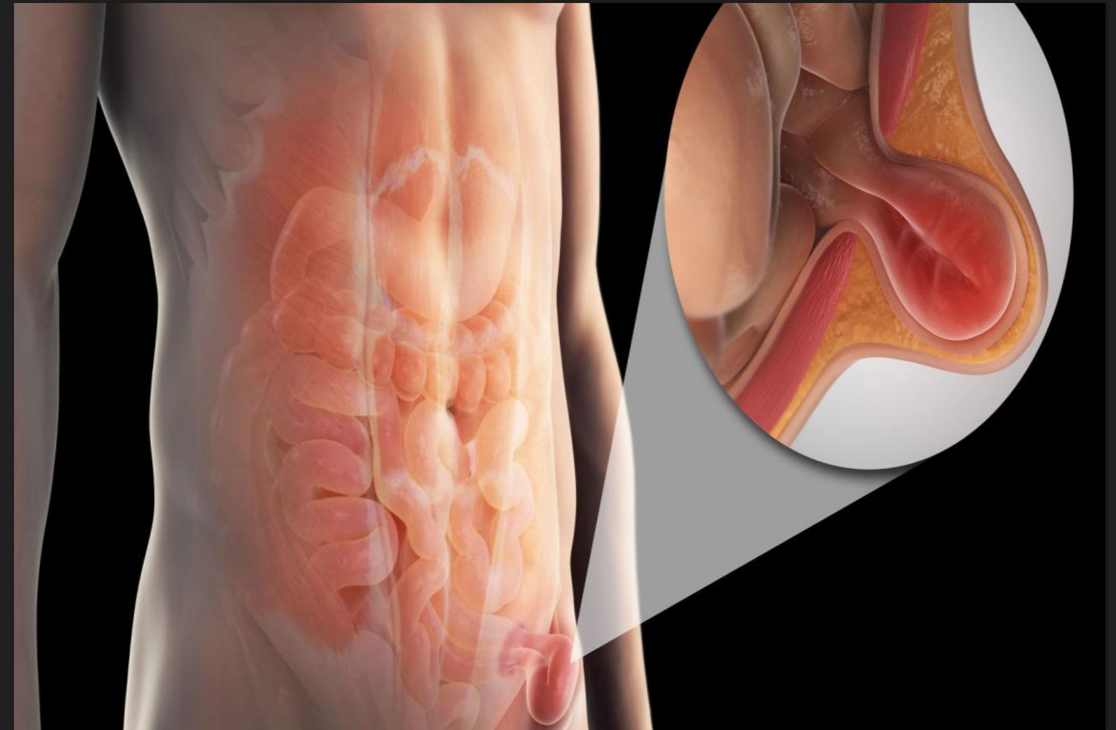
The Hernia Problem

- 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

Annals of Surgery: Post Author Corrections: September 26, 2017
doi: 10.1097/SLA.0000000000002541
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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…..

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Impalpable hernia and groin pain
Not Routinely Commissioned:

- Hernia surgery is not commissioned in patients with groin pain, but no visible external swelling. Patients presenting with groin pain who are found to have an impalpable hernia on ultrasound should not be referred for hernia repair.
- Management of persistent groin pain that has not resolved after a period of watchful waiting should be based on individual clinical assessment. Where groin pain is severe and persistent with diagnostic uncertainty, options include referral for musculoskeletal assessment or imaging. Ultrasound should not be routinely requested in the early management of groin pain.

Laparoscopic hernia repair

- Laparoscopic hernia repair **is not commissioned** for primary unilateral

Kernow
Clinical Commissioning Group

Hernia management and repair in adults

hernia repair;

- Laparoscopic hernia repair **is commissioned only for bilateral hernia repair**:
    - Where the patient has bilateral hernias with external swelling on clinical examination);
      or
    - For recurrent hernia.

Note: Hernia surgery is not commissioned for impalpable hernias found incidentally during laparoscopic repair of a hernia on the other side.

***Note: Significant Functional Impairment is defined as:**

- Symptoms that result in an inability to sustain employment despite reasonable occupational adjustment, or act as a barrier to employment or undertake education;
- Symptoms preventing the patient carrying out self-care, maintaining independent living or carrying out carer activities.

Evidence of functional impairment must be supplied with the referral documentation.

Codes	OPCS Code: T19.1 - 21.3, 21.8, 21.9. Also subsidiary codes Y75.1 - 75.9 in association with ICD 10 code K40 The ICD10 Code for inguinal hernia is K40. Codes for symptomatic inguinal

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?