

Disclaimer:

The following should only be used as guide and ASPC or the officers of ASPC are not responsible for any misinterpretation by the user.

Introduction:

Anterior abdominal wall hernia repairs are one of the commonest procedures performed in the world. More than 100,000 are performed in the UK annually.

Groin hernia surgery has been revolutionised by low tension mesh repairs and the following step by step article should help those keen on offering the service under LA in the primary care setting.

It is important to appreciate that the following is a guide and individual variations do occur.

Case Selection:

Age: Adults above the age of 18 years of age should be offered the service. Those under the age of 18 years should be referred to the secondary care.

Contra indications to performing under LA in primary care:
Patients on warfarin which cannot be stopped for a week or two , mentally unstable, extreme anxiety, allergy to lignocaine or marcaine,

First consultation:

Confirm the diagnosis, establish suitability for repair , confirm availability of an adult carer for post operative period, offer patient the choice of repair under LA or GA , open vs Laparoscopic repair etc.. Check clinical parameters and obtain consent after detailed discussion.

Pre op protocols:

No restriction on diet –except that it should be light, continue all medications except anticoagulants and anti platelet –as discussed at first consultation.
Reduce Aspirin to 75 mg if acceptable.
Diclofenac suppository 100 mg –unless contraindicated
Antibiotic prophylaxis –if needed
Shave the operation site and mark

Per op procedure:

Infiltrate LA along the line of incision
Dissect till the glistening fibres of external oblique seen
Infiltrate more LA under the ext oblique
Open the external oblique and clear the margins for adequate placement of mesh
Lift the spermatic cord off the posterior wall –commencing from the pubic tubercle
Infiltrate more LA into the cord and isolate the indirect sac
Dissect the sac till pre peritoneal pad of fat seen and reduce.
For direct sac –dissect and reduce the sac by applying a purse string suture
Lateral annulorrhaphy –if required
Place the mesh – with no tension
Ensure good repair by cough test
Close the wound in layers

Post op protocols:

Ensure detailed instructions re post op care are given verbally and written
Follow up telephone calls are appreciated by the patient

Follow up:

Review the patient in 6 weeks.

Umbilical and epigastric hernias :

All pre op and post op details details as per groin hernia preparation.

Per op :
Infiltrate in the skin and around the sac
Dissect the sac
Define the margins of hernia orifice clearly
Dissect approximately 1-2 cms below the margins
Use Teflon buttressed non absorbable sutures for simple closure or mesh plug to occlude the orifice
Close wound in layers