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A study of post-surgical complications of inguinal hernia

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Abstract

Background: Inguinal hernia cases are vastly reported by the practicing surgeons. They are the most common types of hernias that are dealt every day in the operation theatres. Surgery is the only real treatment modalities for this pathology.

There are many studies that are conducted in this field especially the different techniques that are used to treat such conditions. Very few studies actually reflected the post-operative complications.

Methods: 90 patients who underwent the surgery were followed and all the complications post-operative was reported till 6 months.

Result: Infections were minimal, Acute pain and fever were reported in of the cases.

Conclusion: Even though rare, complications can burden the patients financially and also in terms of livelihood. When present it has to be immediately dealt with promptly.

Keywords: post, surgical, complications, inguinal hernia

Introduction

Inguinal hernias are commonest type of hernia that is dealt in surgery OPDs. It is described as 'give away feeling' by the patients [1]. Direct, indirect, sliding to name a few are the different types that are described anatomically. The treatment is only surgical. Open surgical method has been practiced for a long time and is even time tested. The use of synthetic mesh has been used since the 5th decade of the 20th century to reinforce hernia repair, and since the 80s Lichtenstein has been describing a tension-free, simple, flat, polypropylene mesh repair for inguinal hernia. [2]. Lichtenstein hernioplasty, first described in 1989 [3] is a widely accepted. This method is safe and also cost effective [4].

Pain has been reported to be the most common symptom after the procedure. This may be due to the entrapment of the nerve in the mesh during surgery. [5, 6, 7] This may even happen due to secondary fibrosis that occurs after the surgery and then the nerve gets entrapped in the fibrous tissue.

Newer generation lightweight mesh has been shown to reduce the incidence of chronic pain without increasing hernia recurrence rates. [8, 9] There are many studies that are conducted in this field especially the different techniques that are used to treat such conditions. Very few studies actually reflected the post-operative complications.

Aims and Objectives

To study the post – operative complications of inguinal hernia.

Materials and Methods

This is a cross-sectional study which is randomized.

This study was done in the Department of Surgery, Srinivas Institute of Medical Sciences, Mangalore. Ninety patients who underwent the open surgery were involved in the study.

Inclusion Criteria

Only patients who underwent the open technique were involved.

Exclusion criteria

Laparoscopic procedure.

Patients who were on immuno compromise drugs.

Result

Table 1: Age Distribution

30-40 years	09
41- 50 years	17
51-60 years	21
>60 years	43

Table 2: Co-morbidities

Diabetes	7
Hypertension	12
Diabetes with Hypertension	9
Cardio-vascular	07

Table 3: Commonest post-operative complications

Symptoms	With Co-morbidity	Without Co-morbidity
Fever	35	03
Acute pain	19	08
Bleeding	04	--
Infection	01	--
Wound dehiscence	01	--
Chronic pain	07	--

Table 4: Perception of co-morbidities

	With co-morbidities	Without co-morbidities	Z	p value
	Mean	Mean		
Perception	35	11	-8.6	<0.001

Discussion

The study included 9 patients who were aged between 30 – 40 years who underwent the surgery for inguinal hernia. 17 patients belonged to the age group of 41 – 50 years. 21 patients belonged to the age group of 51 to 60 years and 43 patients belonged to the age group of >60 years. Seven patients were known to be diabetics, twelve were known to be hypertensive, nine were known to be diabetics and seven had vcardio-vascular disease. Thirty five patients developed fever, nineteen of them developed acute pain post-operatively, four of them had bleeding, one suffered with infection and wound dehiscence and seven of them developed turned back to the OPD after 3 months with chronic pain in the inguinal region. All the patients with complications had co-morbidities.

There is a significant relation between the co-morbidities and the post-operative complications. The co-morbidities include the diabetes and hypertension states are known to have a negative impact on the healing conditions.

Conclusion

The mean hospital stay after surgery increases and thus causes an impact on the finance and also livelihood of the patients. Much care should be taken to lessen the burden.

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