

STUDY OF HERNIA SURGERY CLINICAL PRESENTATIONS, OUTCOMES AT TERTIARY CARE HOSPITAL & COMPLICATIONS: AN OBSERVATIONAL STUDY

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Abstract

Introduction: There are significant differences in the treatment of elective abdominal hernias and conservative treatment is used in elderly patients and those with associated illnesses. However, the majority of hernias require urgent surgery, which is associated with a higher number of postoperative complications than elective surgery and adverse outcomes.

Material and methods: The present study was done in the Maharashtra Institute of Medical Education and Research (MIMER MEDICAL COLLEGE), Talegaon, Dabhade, Pune, from January 2017 to January 2018. This was retrospective study collected information from 100 patients either from interview as well as previous records. All the patients undergone hernia surgery in last one year were included in study except the patients that were not take regular follow up – were excluded from present study.

Results: In our present study, 96% were male patients. In our present Mean age was 51.23 years with age range 19 years to 65 years. In our present study postoperative complications were seen in 20% cases with recurrence was observed in 15% cases.

Conclusion: Our results suggest that a general hospital with high patient volume, and good training and audit practices, is able to produce excellent results following inguinal hernia repair. We also found the level of patient satisfaction among those who underwent inguinal hernia repair to be high.

Introduction

There are significant differences in the treatment of elective abdominal hernias and conservative treatment is used in elderly patients and those with associated illnesses. However, the majority of hernias require urgent surgery, which is associated with a higher number of postoperative complications than elective surgery and adverse outcomes.[1,2] Since elective hernia surgery can be performed under regional and local anesthesia, fitness questions.

The purpose of this study was to evaluate emergency presentation of abdominal hernia in order to detect patient treatment delays.

Complications after correction of the inguinal or femoral hernia are very common. The incidence of complications is greater after emergency repairs and repeated hernia repairs compared to elective repairs. With the transition to non-depressive therapy, recurrence of hernia is rare, while other complications, such as post-herniorrhaphy neuralgia, have become more common.

Complications during surgery include seroma / hematoma of the wound, urinary retention, bladder injury, and surgical site infection (SSI), while complications that occur later after a hernia repair include chronic groin pain post-herniorrhaphy, complications of testicles, mesh infection, recurrent hernia and mesh migration and erosion. Complications after correction of the inguinal or femoral hernia are relatively common, and the incidence depends on the clinical setting under which the correction was performed and the nature and type of hernia [1].

Emergency procedures are associated with higher rates of complications compared with selected corrections [2,3]. In one review of 1034 groin hernia correction, the total incidence rates were 27 percent for acute hernia correction and 15.1 percent for special correction [3]. The benefits of the new technology come with its advantages and disadvantages [4] With this view present study was planned to study hernia surgery outcome & complications in our hospital.

Material and methods:

The present study was done in the Maharashtra Institute of Medical Education and Research (MIMER MEDICAL COLLEGE), Talegaon, dabhade, Pune, from January 2017 to January 2018. This was a retrospective study collected information from 100 patients either from interview as well as previous records. All the patients

undergone hernia surgery in the last one year were included in the study except the patients that were not take regular follow up – were excluded from the present study.

The samples were collected randomly.

We included patients from 20 years up to 65 years in the present study. All data was tabulated in Excel sheet and analyzed.

Results:**Table 1: Gender wise patient's distribution**

Gender	Number of patients	Percentage
Male	96	96
Female	4	4
Total	100	100

In our present study, 96% were male patients.

Table 2: Age wise patient's distribution

Age (Years)	Number of patients	Percentage
< 20	2	2
20 - 40	7	7
40 - 60	54	54
> 60	37	37

In our present Mean age was 51.23 years with age range 19 years to 65 years.

Table 3: Outcomes of patients who underwent inguinal hernia repair

Outcome of surgery	Number of patients	Percentage
Recurrence	15	15
Reoperation for recurrence	3	3
Postoperative complications	20	20

Table 4: Postoperative complications of patients who underwent inguinal hernia repair

Postoperative complications	Number of patients	Percentage
Hypoesthesia / hematoma	6	6
Urinary retention	3	3
Chronic pain	3	3
Wound infection	3	3
Wound dehiscence	2	2
Intraoperative visceral injury	1	1
Others	2	2

In our present study postoperative complications were seen in 20% cases with recurrence was observed in 15% cases.

Discussion:

Patients with symptomatic hernia should be given corrective, surgical correction. Ineffective management is not appropriate in most cases, especially where many adjustments can be made with the introduction of anesthesia. Physicians should be aware of the high incidence of complications associated with acute correction of abdominal hernia in the elderly. In our current study, 96% were male patients. In our present age Mean years was 51.23 years and ranged from 19 to 65 years. In our current study postoperative complications were detected in 20% of cases and recurrent cases in 15%. Our results suggest that a general hospital with a large patient volume, as well as good training

and research procedures, is able to produce excellent results after correction of inguinal hernia. We also found a patient satisfaction rate among those receiving inguinal hernia repair is high.

For postoperative complications following hernia repair, chronic pain levels and numbness are included, although these two changes are rarely reported in Asian centers, where cultural influences may cause less pain and numbness. (5)

In our study, hypoesthesia or numbness were the most common postoperative complications following hernia repair. Despite this, most of our patients are satisfied with the surgery and can recommend the procedure to their family

and friends, indicating that hypoaesthesia has not been considered a major problem.

An important limitation of our research was the retrospective observation of the study. Although we can establish relationships between certain things, we have not been able to comment on the causal relationship between them. The very low response rates found in telephone interviews in our study may also lead to underestimation of problems, such as chronic pain and hypoaesthesia, in our group.

In Cuihong Jin's work, seven factors were associated with complications, namely age > 65 years, incarceration duration ≥ 8 h, ASA grade $\geq III$, heart disease, asthma, irregular inguinal hernia, and strokes. A factor that has been reported as a major risk factor for illness. It is easy to explain their role in common problems, because all of these factors reflect the overall patient's condition. Normally, a closed hernia requires multiple bowel movements, but in our practice, there have been only two cases of bowel movements, and none of them had any postoperative complications. [8]

A closed inguinal hernia appears to be an uncontrollable inguinal hernia, requiring surgery in time because it may result in a ruptured bowel and rupture; represents between 5 and 15% of groin hernial correction [7] Special hernia correction should be performed whenever possible. In most cases, this can be done under local anesthesia. Physicians should be aware of the high incidence associated with emergency repair of abdominal hernia in the elderly and, if necessary, refer such patients to a surgeon who is interested in hernia surgery.

Conclusion:

Our results suggest that a general hospital with high patient volume, and good training and audit practices, is able to

produce excellent results following inguinal hernia repair. We also found the level of patient satisfaction among those who underwent inguinal hernia repair to be high.

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