



A STUDY OF MINIMAL INVASIVE OPEN HERNIA REPAIR VS LAP HERNIA REPAIR

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ABSTRACT

Most of the publications in the last few years have been dominated by laparoscopic hernia repair. This study and presentation of over 5 years is to analyse and prove that invasive hernia repair is equally effective in all prospects compared to its counterpart.

**KEYWORDS :** Invasive Hernia Repair, Laparoscopic Hernia Repair.

INTRODUCTION:

Hernia repair is one of the most commonly performed operations by competent general surgeons. Last two decades have witnessed huge growth in minimally invasive laparoscopic hernia repair. Most of the publications in the last two decades have been dominated by lap hernia repair. This study and presentation of over 15 years is to analyse and prove that minimal invasive is equally effective in all prospects compared to lap<sup>1,2</sup>.

With laparoscopic hernia repair, you may return to work sooner, have less pain after surgery, and have a shorter hospital stay and a shorter recovery time. Surgery to remove the gallbladder with a laparoscope does not require that the muscles of your abdomen be cut, as they are in open surgery<sup>3,4</sup>. The incision is much smaller, which makes recovery go quicker. With laparoscopic hernia repair, you probably will only have to stay in the hospital for a few hours or overnight. With open hernia repair, you would have to stay in the hospital for about five days. Because the incisions are smaller with laparoscopic hernia repair, there isn't as much pain after this operation as after open hernia repair. Minimal invasive open hernia repair is a very safe procedure which can be conducted in small cities and towns where the Patients are poor and no laproscopic instruments in Govt hospitals and majority of private hospitals as we have seen in this large series which is conducted across many small cities and towns procedure is very safe with no mortality and with a very few complications. The procedure does not require any special instruments, patients will have very less post-operative pain, very less hospital stay and go back to work early<sup>5</sup>.

AIMS AND OBJECTIVES:

To study the minimal invasive open hernia vs lap hernia repair.

MATERIALS AND METHODS

This study was done in the Department of Surgery, Kanachur Institute of Medical Sciences, Mangalore.

Sixty cases that was admitted to the Department were studied in detail and an attempt has been made to report promptly.

Exclusion Criteria:

1. Differently abled who met with accidents.

Inclusion Criteria:

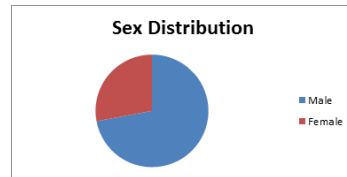
1. All the patients were 20-60 years. This was done to understand the patterns especially in the working group.

RESULTS:

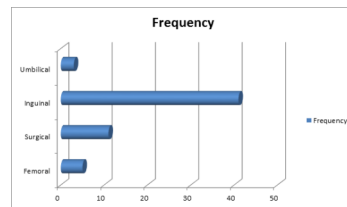
Results:

Table 1: Age Distribution

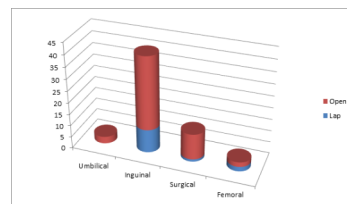
Number	Mean age	Std Deviation
60	48.71 years	13.38 years



Graph 1: Sex Distribution



Graph 2: Types of Hernias



Graph 3: Parts Injured

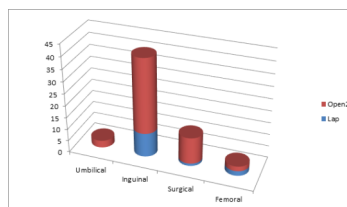


Table 2: Success Rate

DISCUSSION:

This surgery is very simple to perform but has to be performed with at most care, with a very good Anaesthesia followed up with good post-operative care. The total numbers of patients with complications are low. Total complication proportions in the Lap vs. Invasive comparison are 24.3% and 21.2% respectively including intra-operative static calculations, which are generally not considered a complication<sup>6,7</sup>. Excluding perforations decreases total complication proportions to 15.6% and 16.4% respectively. These percentages are still higher than figures (up to 5%) known from other reviews including non-randomized series. Such

studies represent lower levels of evidence<sup>8</sup>. One has to assume that especially interested and skilled surgeons conducted the trials and carried out the interventions. Everyday clinical practice and complication rates ought to be followed through clinical databases and compared with benchmark values. The situation in the real world may therefore even be worse. The complication proportions in the other two comparisons are substantially lower compared with the proportions in the Lap vs. SI comparison. Probably, differences in methodological quality of the trials play a role. As results from low-bias risk trials are considered more reliable, we believe that the proportions in the Lap vs. SI comparison are closer to the truth.

## CONCLUSION

This is an excellent alternative to laparoscopic hernia repair .

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