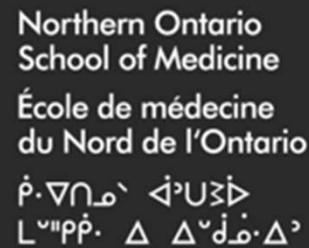
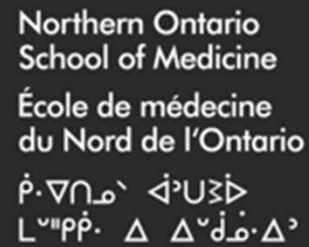


Inguinal Hernia Investigation and Treatment

ESSCME
Banff 2020
Roy Kirkpatrick



- Outline history and evolution of hernia care
- Discuss appropriate investigation of hernias
- Discuss the global burden of disease and innovative approaches to meeting the burden
- Evaluate the controversy around the use of mesh in hernia repair
- Review Risk Management Strategies for Inguinal Hernia



I have no commercial affiliations nor sponsorship

History

Amyand's Hernia

1735

First Documented Successful
Appendectomy
150 Years Before McBurney and
Groves





Medicine, Science and Technology

A treatise on ruptures.
By Percival Pott, ... The
fourth edition: altered,
corrected, and improved.

Percivall Pott



- Pott's Disease
- Pott's Fracture
- Chimney Sweeps' Disease
- Treatise on Ruptures 1756 (Written While Convalescing From a Compound Tibial Fracture) - Debunked Charlatans
- "All that can be done by surgery...is to replace the prolapsed body...in the belly...and to prevent them from flipping out again."
- 4 kinds of hernia: Children, Chronic, Incarcerated, Strangulated

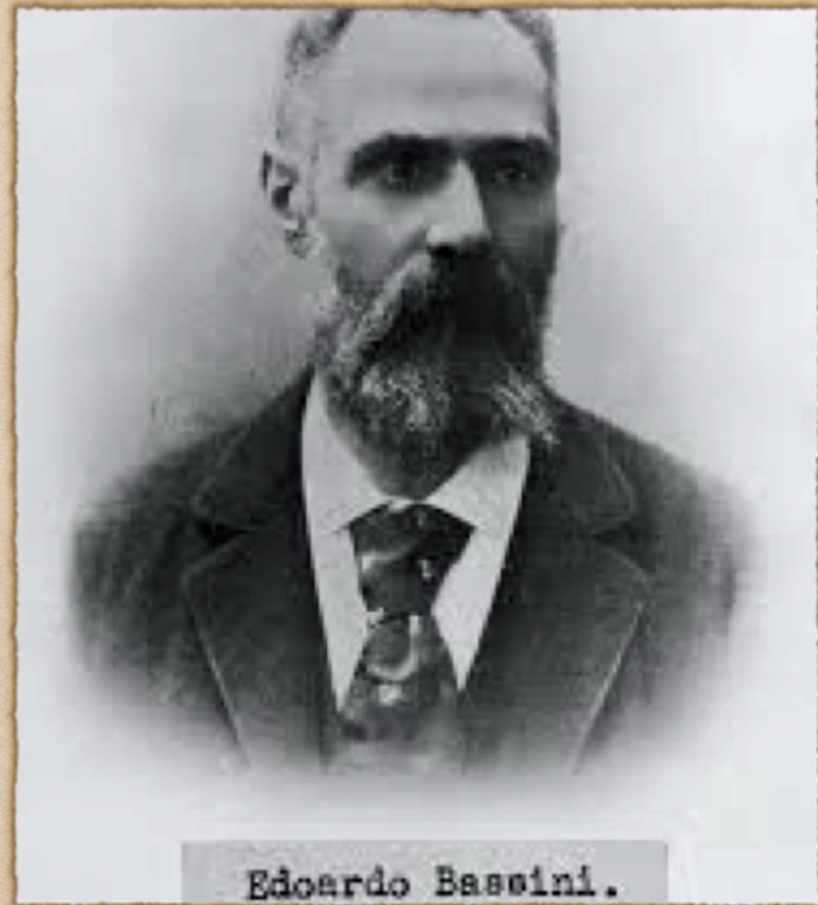
August Richter 1778

- Truss -> tight so as to cause inflammation and contraction of the neck of the sac
- Strangulated Hernia - "an ounce of epsom salts... infusion of camomile flowers... linseed oil... lemon juice... syrup of red poppies... purified opium... spoonful every quarter-hour until it operates"



Edoardo Bassini 1884

- Lowered Recurrence Rate
From 100% to 10%
- High Ligation
- Posterior Wall Repair
- Reconstitute Internal Ring
Lateral to External Ring to
Maintain Obliquity of the
Canal



Edoardo Bassini.

William Gallie 1921

- Barrie, Ontario
- University of Toronto
- American College of Surgeons
- Tension Free Repair With "Living Sutures"



Earle Shouldice

- Early Ambulation
- Local Anaesthesia
- Specialized Hospital
- Multilayer Repair

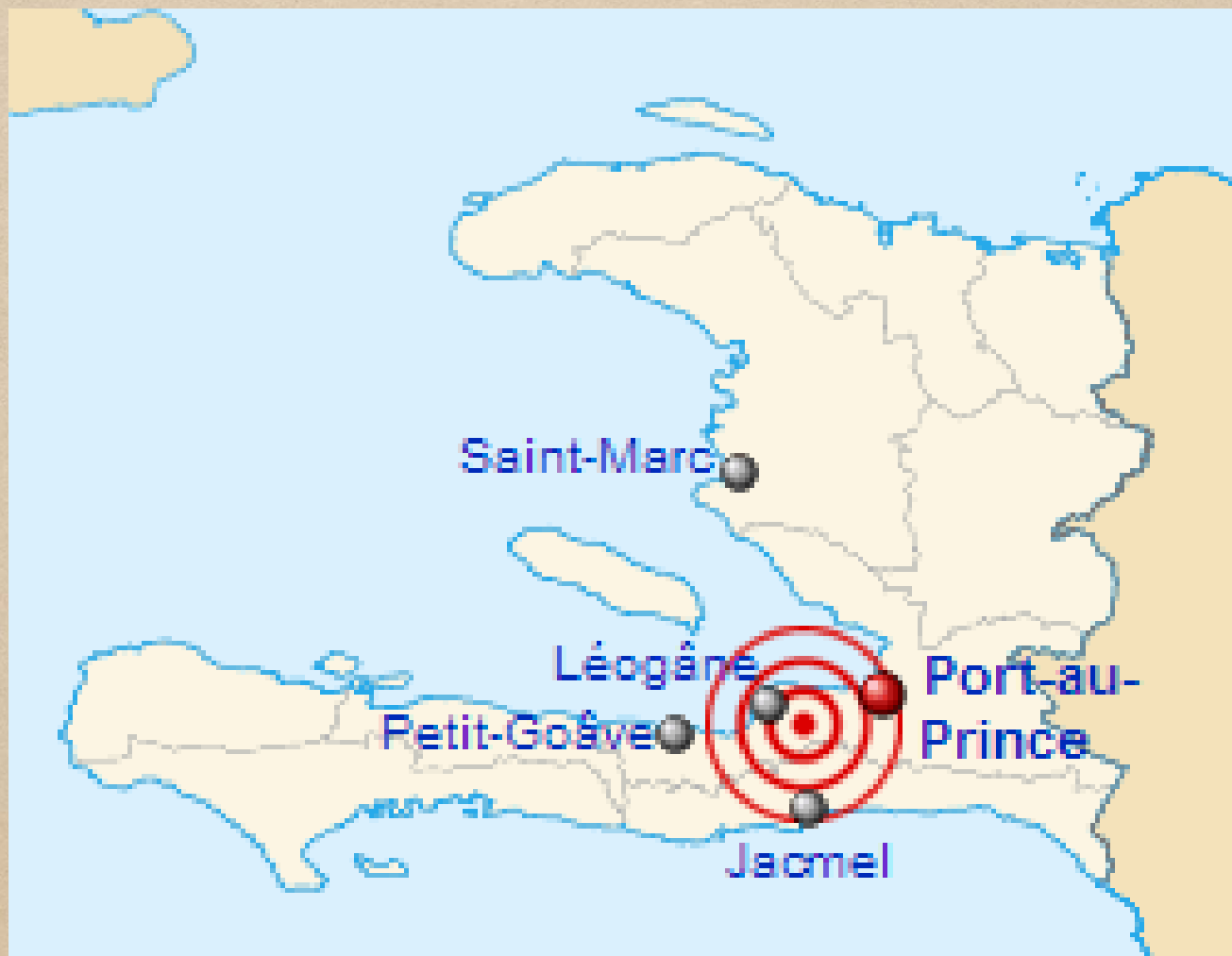


Chester
McVay

Cooper's Ligament Repair



Global Burden of Disease



- 20 Million Repairs Annually
- 27-43% of Adult Males
- 3-6% of Females
- 9.3 Disability Associated Life Years Averted Per Repair -
\$63 per DALY averted
- Club Foot \$350 (Africa)
- Childhood Immunization \$438 (Caribbean)
- Oral Rehydration
- At Home Anti-retroviral Therapy for HIV/AIDS

Unique Solutions

- Hernía Camps
- Mosquito Mesh
- CNIS Structured Hernía Course

Cost-Effectiveness Analysis of Inguinal
Hernia Repair Performed With Mesh by
Medical Officers and Surgeons in
Ghana

Volta Regional Hospital

242 Operations

Lichtenstein Repair

\$104 (GMO) vs \$105 (Surgeon)

\$40 - \$49/DALY Averted

Risk Factors

- . NOT Constipation, Prostatism, Occasional Lifting
- . Smoking
- . Positive Family History
- . Collagen Disease
- . AAA
- . Previous Appendectomy or Prostatectomy
- . Ascites
- . COPD
- . Long Term Heavy Work

“They Say That Hard
Work Never Killed
Anyone, But I Thought
Why Take The
Chance?”

“Smoking Cessation is the
Only Sensible Advice
With respect to Risk
Reduction”



Diagnosís

Groin Swelling and Pain

• SWELLING Femoral Hernia

- Lymph Node
- Aneurysm
- Saphenous Varix
- Abscess
- Soft Tissue Tumour (Endometrioma)
- Scrotal Pathology

• PAIN Osteitis Pubis

- Low Back Pain - Radiation
- Adductor Tendonitis
- Hip Pain
- Ileopectineal Bursitis
- Endometriosis

• PSEUDO-RECURRENCE

- Seroma
- Lipoma of the Cord
- Plug

Physical Examination

- 92-93% Sensitivity and Specificity
- Usually Sufficient
- No Value Distinguishing Direct vs Indirect
- Femoral Hernia
- "If You Can't, or Don't Want, to do a Physical Examination - Ask Someone Who Can"



“Sometimes the Best Test is a Consultation”
Malcolm Wilson

Plain Films

Hip Disease
Osteitis Pubis



European Hernia Society Algorithm for Obscure Pain or Swelling

- Ultrasound (If Expertise Available)
- If Ultrasound Negative -> MRI With Valsalva
- If MRI Negative -> Consider Herniography

Rt inguinal region – Parallel & cranial to inguinal ligament

Pre-Valsalva maneuver



Post-Valsalva maneuver



Ultrasound

100% Sensitive in Patients Known to Have Hernias

Choosing Wisely Canada



“Don’t Order a Routine Ultrasound for Umbilical and/or
Inguinal Hernia”

- “Ultrasonography is a useful non-invasive adjunct to physical examination. In clinical occult groin hernia, ultrasound specificity in relation to surgical exploration is 81-100%, its sensitivity is 33% and up to 100% in clinical diagnosis of a groin hernia.”
- “In everyday practice, the sensitivity and specificity of ultrasonography for diagnosing inguinal hernia is low.”
- European Hernia Society 2009



CT

Specificity 83%, Sensitivity 67-83%

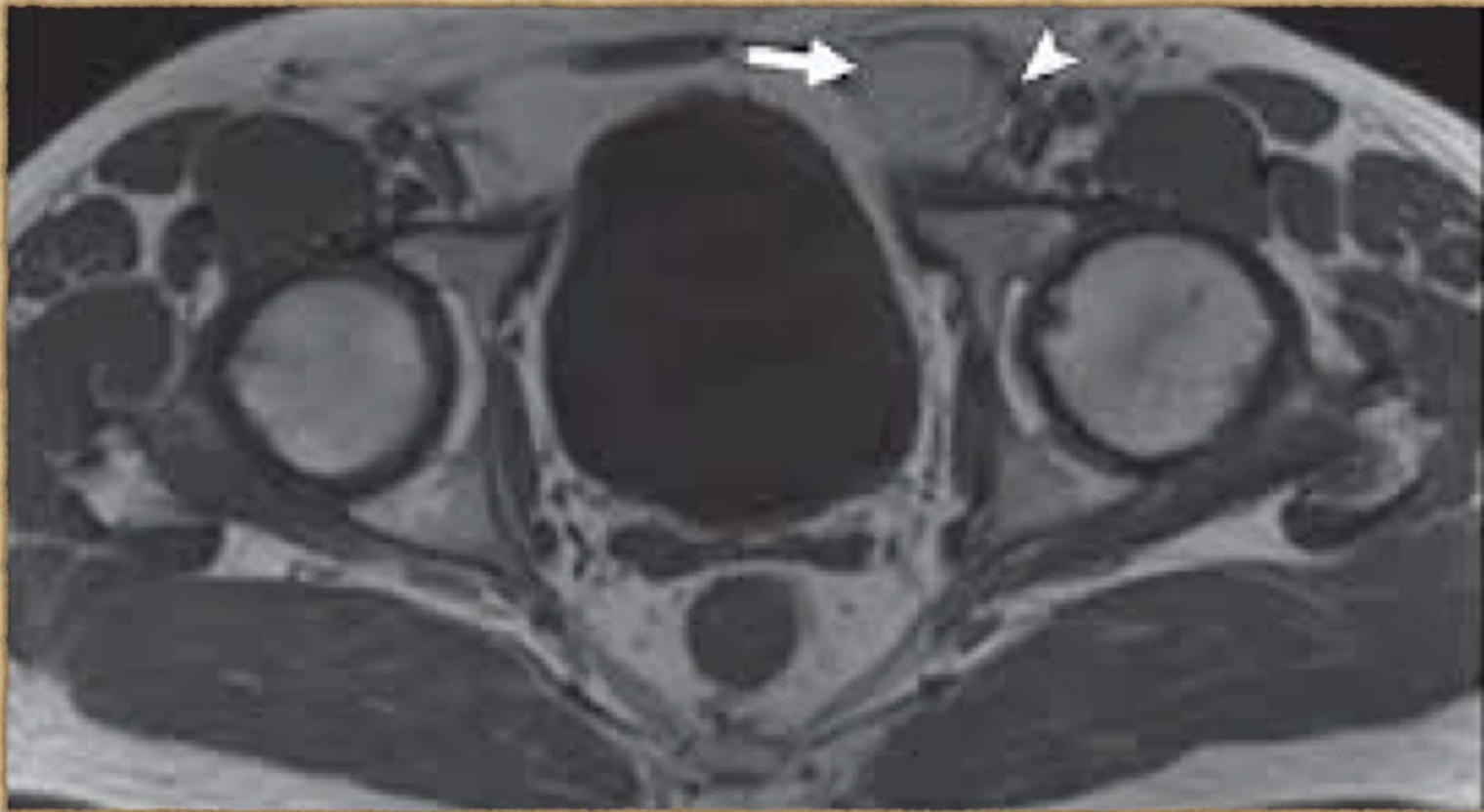
"CT does not have a significant role in the diagnosis of inguinal hernia"

Radiologic Reporting and
Interpretation of Occult Inguinal
Hernia (JACS November
2019)

"Dynamic Scanning" (CT or MRI) With Valsalva
Radiologist "Over-reading" Improves Accuracy From

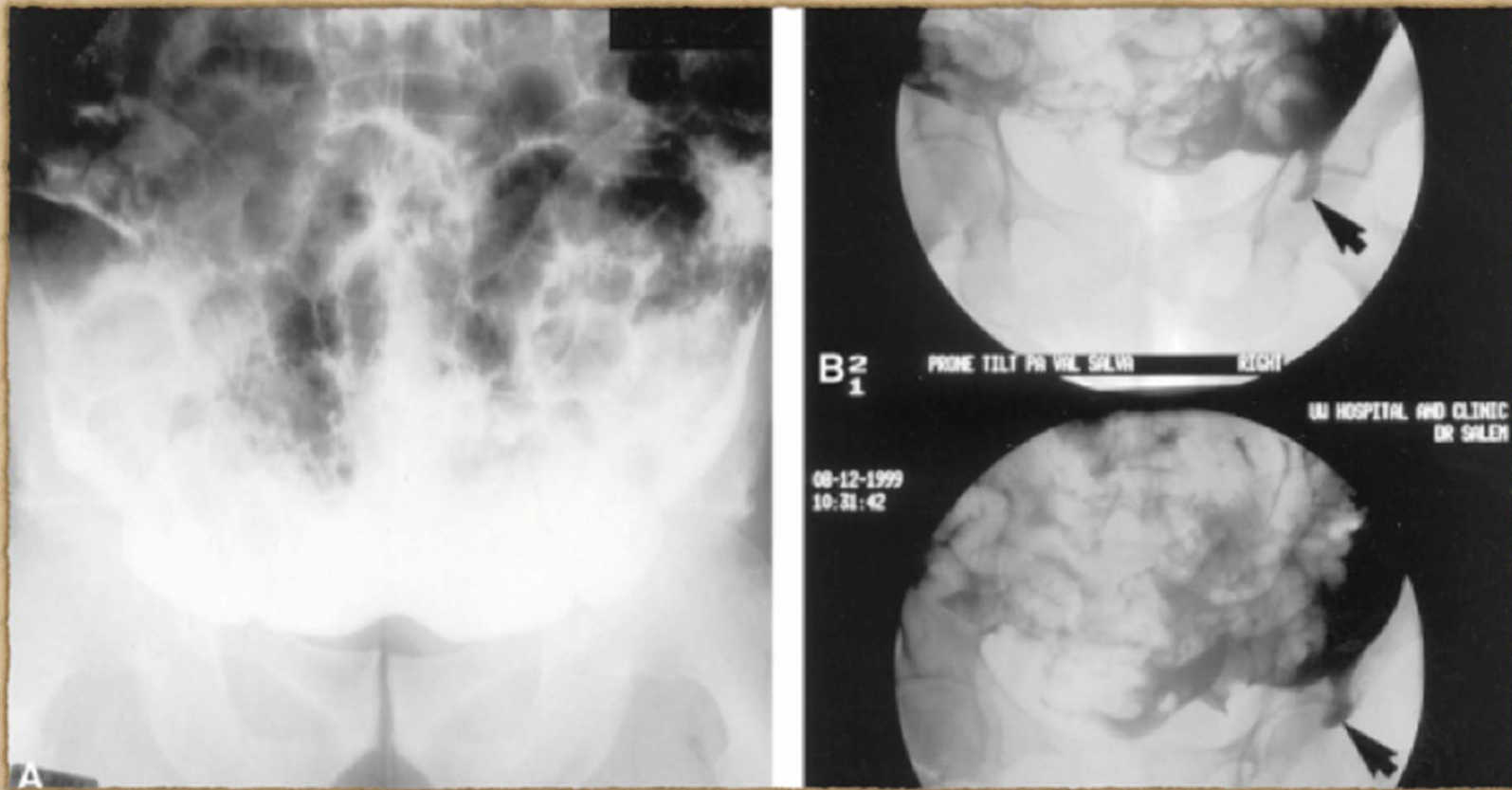
35% to 79%

Look at it Yourself

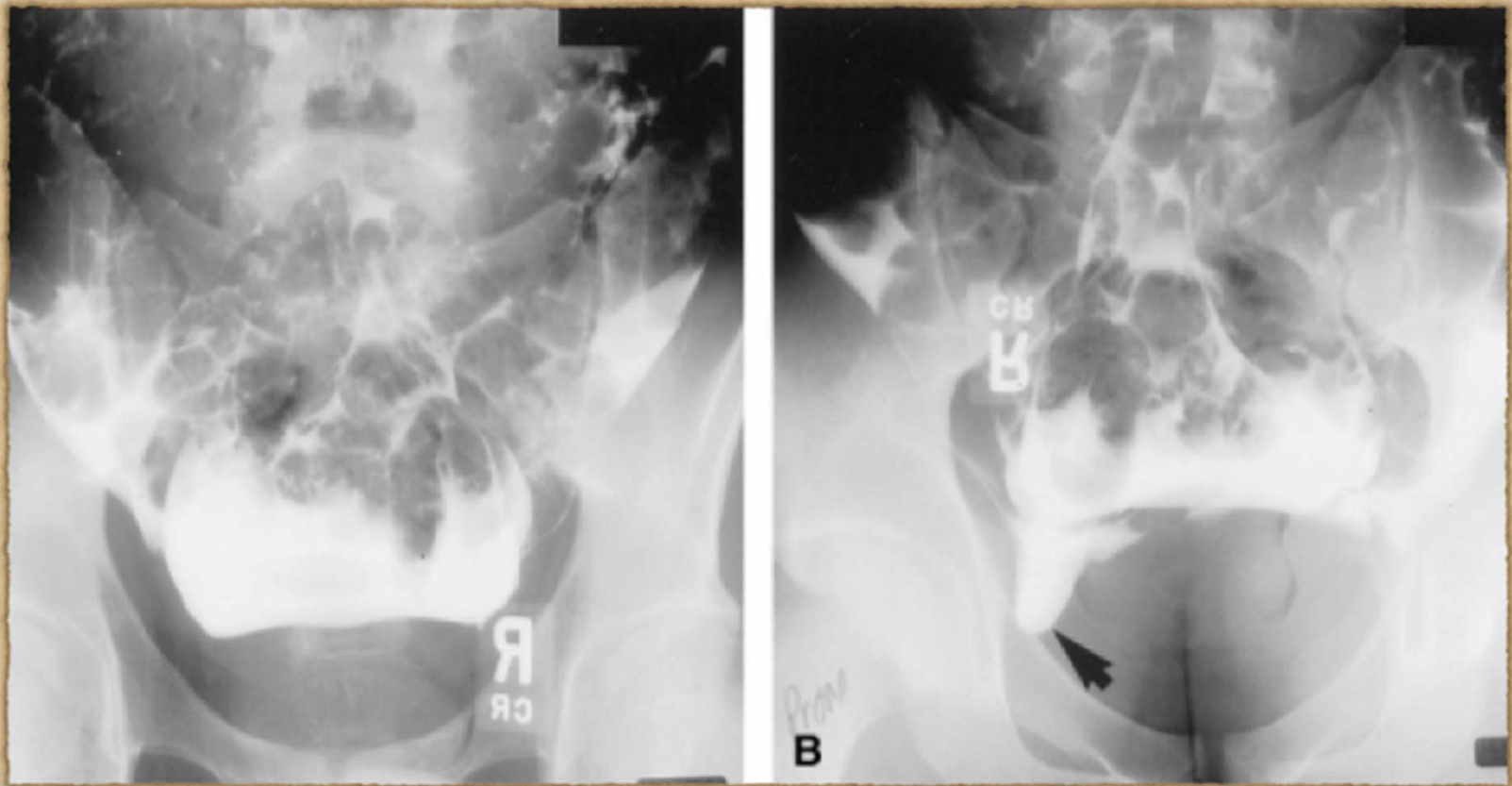


MRI

Sensitivity and Specificity 94%
Other Pathologies
Sports Related Injuries



Herniography



Herniography

- Originally described at HSC for occult hernias and contralateral hernias
- Sensitivity 100%, Specificity 98-100% for Occult Hernias
- Identifies a hernia in 12-54% of cases where no other modality has been successful
- Identifies hernia in 25% of athletes with long standing groin pain
- Complications in 0-4.3% (Contrast Allergy, Intestinal Injury, Abdominal Wall Hematoma)

Laparoscopic Assessment
of Contralateral Side

Treatment

Strangulated

- REDUCE IT
- Analgesia
- Trendelenberg Position
- Ice
- Direct the Hernia Content Back Into the Inguinal Canal(don't splay it over the external ring
- ? Role of Laparoscopy

Incarcerated or Symptomatic

- FIX IT
- Elderly (>65!) and/or Infirm -> Marked Increase in Morbidity and Mortality (up to 21%) If Operated as an Emergency

Asymptomatic

- Elective Surgery < .5% Operative Mortality
- Emergency Surgery > 5% Operative Mortality
- "Most Strangulations Occur in People Who Didn't Know They Had a Hernia"
- Rural/Remote Military Exotic Tourism
- Two Major Trials of Watchful Waiting -> Crossover in 25%, Small Numbers of Adverse Events

Choosing Wisely Canada



*“Avoid Repair of Minimally Symptomatic Inguinal Hernias, Where Appropriate,
By Offering an Option of Watchful Waiting for Up to Two Years”*

Choice of Operations

- Open Non-Mesh
- Open Mesh
- Laparoscopic
- Robotic

Open Non-Mesh

- Bassini
- McVay
- Shouldice



150 Repairs per Week
Lowest Rates of Recurrence and Post-op Pain When Performed at Shouldice Hospital
Takes Longer
Increased Length of Stay
"Cherry Picking"

Shouldice Continued

- Cochrane Review Showed Overall Higher Recurrence Rate for Shouldice Compared With Open Mesh Repair
- No Difference Re: Chronic Pain, Complications, Post-op Stay
- Best Non-Mesh Repair for Patients Who Refuse Mesh or in Low Resource Settings (Hernia Surge International Guidelines)

Open Mesh Repairs

- Lichtenstein
- Plug Alone or Plug and Patch
- Trans Inguinal Pre-Peritoneal (TIPP) No Better Than Lichtenstein
- Decreased Recurrence and Chronic Pain Compared to Non-Mesh (Including Shouldice)
- Earlier Return to Work
- Decreased OR Time and Hospital Stay
- Chronic Pain Commoner in Cases Done By Residents

Plug or No Plug?

- More Foreign Material
- Pseudo-recurrence and Migration
- Plug Only Technique : Faster, Cheaper,
- Lower Overall Complication Rate (?)

Laparoscopic

- Decreased Wound Infection, Hematoma, Length of Stay
- Increased Serious Complications (Major Vascular and Visceral Injuries)
- Longer OR Time
- Increased Hospital Cost ? Decreased Societal Cost
- Decreased Recurrence Rate Compared With Open Non-Mesh, No Better (Perhaps Slightly Worse) Than Open Mesh Repairs
- Decreased Pain Initially, Evens Out Over Time
- Increasingly Utilized in Paediatric Surgery

Robotic Hernia Repair

Average Cost \$5517 VS
\$3269 For Laparoscopic
COI Not Declared in Most
Studies Showing Benefit
Increased OR Time. No
Benefit For Patients
Ergonomic Benefit for
Surgeons



Complications

- Recurrence
- Wound Infection
- Chronic Pain (Neurogenic, Mesh Related) - Higher Rate When Residents Operate
- Bowel Obstruction
- Fistula
- Urinary Retention
- Visceral Injury
- Mesh Complications
- Vascular Injury





Vascular Injuries

Deep Inferior Epigastric - Ligate

External Iliac - Near Internal Ring

Femoral Vein and Artery (McVay)

Spermatic Cord Vessels - Ischemic Orchitis

"Corona Mortis"



Pressure While Preparing
Avoid Blind Suturing
Proximal and Distal Control
Assess Distal Pulses Post-op

Risk Factors for Recurrence

- Laparoscopic and Non-Mesh Greater Than Open Mesh
- Mesh Weight - No Effect
- Fixation - Short term Absorbable Greater Than Glue, Self-Gripping, Long term Absorbable and Non-Absorbable
- Indirect Sac Excision vs Invagination
- Direct Hernia (Likely Due to Insufficient Medial Mesh Fixation)
- Sliding Inguinal Hernia
- Lipomas of the Cord (Should be Reduced and Excised)
- Hernias Repaired Under Local More Likely to Recur
- Complications (Hematoma, Infection) -> Recurrence
- M & M -> 50% Reduction in Re-operation for Recurrence
- < 50 Procedures per Year in an Institution (Significant)
- < 25 Procedures per Year For Individual Surgeon (Association)
- < 5 Procedures per Year For Individual Surgeon (Significant),

Mesh Complications

- Numerous Recalls
- Intra-abdominal Positioning
- Degradation
- Migration
- "Meshoma"
- Folds
- Dysejaculation

Treatment

- Medical Therapy
- Nerve Blocks
- Re-exploration Neurectomy, Mesh Explantation
- Alternative Modalities
- Litigation

Managing Risks of Hernia Repair CMPA 2007-2011

CMPA

- 121 Closed Cases (80 Legal, 41 College) - Mostly Favourable Outcomes
- Complications: Testicular Atrophy, Nerve Injury, Infection, Chronic Pain
- Allegations: Lack of Informed Consent, Surgical Injury, Inadequate Assessment of Post-op Complications

Risk Management Pre-op

- Document Consent Discussion of Surgical Risks (ie Scarring, Chronic Pain, Recurrence)
- Does Patient Understand the Explanation?
- Unauthorized Procedures
- Delay in Diagnosis (Undifferentiated Abdominal Pain)

Risk Management Intra-op

- Wrong Side Surgery "Operate Through Your Initials"
- Surgical Check List
- Injuries to Bowel, Bladder, Blood Vessels, and Nerves
- Technique, Inexperience, Misidentification of Anatomy

Risk Management Post-op

- Delay in Diagnosis of Complications
- Unclear Discharge Instructions