

Hernia Update - The role of Mesh and Day Surgery

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Abstract

M. Brygel of the Melbourne Hernia Clinic has published several articles on hernias in this journal which continue to attract readers. As a result of this continuing interest he discusses some current issues in hernia surgery and management.

Key words: hernia, the role of mesh, day surgery

Introduction

Mesh

There has been significant controversy recently regarding the use of mesh in gynaecological procedures and now with hernia surgery.

Mesh has been implicated as a significant cause of chronic postoperative pain following inguinal and other hernia repair. This has led patients, to also question its use.

It has been recently alarmingly published that 10-15% of patients are affected by this pain.

As a result of these many adverse findings we investigated our own results with a 5 year follow up. We surveyed those patients operated on over the course of one year. An extensive validated questionnaire was used.

This revealed that there had been no cases of significant chronic pain or other mesh complications such as chronic infection or "meshoma." This study was published in a peer reviewed paper. It also won the Bassini best abstract presentation prize that year at the American hernia society meeting.

Whilst we do acknowledge we do have an occasional problem we should also mention that the pain issue was also present before the use of mesh.

We believe success stems from

1- Performing hernia repair almost exclusively in our practise. -i.e specialization.

2-The repair is carried out under local anaesthetic with only light sedation. This led to a comment from a leading pain specialist that of necessity, "The surgical technique is gentler and less traumatic to nerves". We also use adrenaline. This reduces bleeding and thus the use of diathermy which we know damages nerves. We also now tend to use glue to fix the mesh into position rather than sutures which may entrap a nerve.

3- Injecting the local anaesthetic prior to and during the surgery rather than postoperatively gives preemptive analgesia –also thought to play a role in reducing early postoperative and thus late pain.

Thus we do not see the use of mesh in our practise as a problem and can confidently advocate its use because of the early return to normal activities

Day Case Surgery

Over 80% of our inguinal hernia repairs are carried out as a day case. Whereas Australia wide only 20% of hernias are treated as a day case. This disparity has attracted the attention of the Royal Australian College Of Surgeons and health funds as cost containment has become an issue in all health areas. It has been shown that there is no additional adverse outcomes with day surgery. There is indeed some benefits of early discharge and the early mobility enabled by in our case the long lasting local anaesthetic. As a result partially due to our results a brochure is being sent out to surgeons Australia wide to encourage day surgery. This brochure describes some of the steps we found useful in implementing this procedure.

A survey of those surgeons with a high percentage of day procedures found the following factors important :

- A. patient selection,
- B. surgical technique and planning
- C. patient follow up