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Original Article

Efficacy of Conservative Versus Surgical Management of Irreducible Inguinal Hernia in Patients Presenting at Mayo Hospital Lahore

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Abstract

Objective: comparison of the efficacy of conservative versus surgical management of irreducible inguinal hernia in our practice

Methods: We studied all the patients of irreducible inguinal hernia who presented with swelling and were managed conservatively as well as those who were operated on emergency basis during one year period(01/01/2018to 31/12/2018). A total of 54 patients were included in the study

Results: frequency of irreducible inguinal hernia was found to be 18%(54 cases out of total300 presenting with swelling in inguinal region). 27 cases were operated in emergency and intraopertively 11.11 % (3 out of 27) had momentum in contents only, gut with momentum in 37%(10 out of 27) however gut was viable in 88.8%(24 out of 27) patients and only 3.7%had gangrenous gut. Out of 27 managed conservatively only 11.11 did not resolved leading to need for surgery while 88.8% (24 out of 27)managed successfully.hospital stay postoperatively was 79% for 1-3 days and rest of them stayed for more than 3 days.patients managed on conservative lines were discharged on second day while 11.11% converted to operated and stayed for more than 3 days

Conclusion: majority of patients can be managed conservatively only small number of operated cases had gangrenous gut who needed resection and anastomosis and stoma formation

Keywords: inguinal hernia, irreducible hernia, anastomosis.

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Introduction

An irreducible inguinal hernia is a type of hernia in which contents are not reduced spontaneously neither manually while if patient develops vomiting and constipation is said to have obstructed hernia. If blood supply is compromised than hernia is called strangulated.

Abdominal wall hernias share a major percentage of the patients presenting to surgical floor in our setup while obstructed and strangulated hernia make the most of surgical emergencies. Inguinal hernias are the most common type of hernias of abdominal wall and the most common to get obstructed due to the narrow neck of hernia.

Patient usually presents with a swelling in the inguinal region which become painful when reduction not possible leading to complications like obstruction and strangulation. Diagnosis is made on clinical examination. Conservative as well as surgical repair by open and laparoscopic method is advocated.

For our study we have collected data of patients presenting with irreducible inguinal hernia in surgical outpatient/ emergency department of Mayo hospital Lahore over a period of one year and analysed the way of usual presentation, intra op findinds and efficacy of expectant treatment and complications compared to surgical approach.

The objective of the study was to compare the efficacy of conservative and surgical management in patients of irreducible inguinal hernia presenting to surgical department Mayo hospital Lahore over a period of one year.

Methods

This retrospective observational audit study was conducted in Department of surgery mayo hospital Lahore over a period of one year 01/01/2018 to 31/12/2018.

Data was collected from the patient files by a pre devised perfoma. Patients presenting in outpatient and emergency department with irreducible swelling in inguinal region were included in study. Patients with comorbidities were excluded

Results

Overall frequency of irreducible inginal hernia was 18%(54 out of 300)during 1 year in outpatient and emergency department mayo hospital. The mean age was 47.76%±17.87year with age range of 74years (17 minimum and 85 as maximum)

A total of 50% (27 cases out of 54) were managed conservatively out of which 11.11% needed surgical management later on and 50% were treated surgically as primary treatment. According to intra op findings omentum was content in 11.1%cases while gut with omentum was found in 10 cases (37%) gut was viable in 24 (88.8%) operated cases while gangrenous in 1 case (3.7%). Reduction and repair was performed in 24(88.8%) while resection and exteriorisation was done in 1 case(3.7%). 11% out of conservative group needed resection and end to end anastomosis. After surgery 21 cases stayed in hospital for 1 to 3 days while 6 cases more than 3days however in conservative group 3 cases stayed for more than 3 days rest of them for 1to 3 days. The mean hospital stay was1.8±0.98days.

Table 1: *frequency of distribution of procedure, findings and hospital outcome*

Procedure	Frequency	% Age
Conservatively treated	27	50
Non conservatively treated	27	50
Contents		
Omentum only	3	11.1
Gut loop and omentum	10	37
Gut condition		
viable	24	88.8
gangrenous	1	3.7
Operative procedure		
Reduction and repair	24	88.8
Resection and end to end anastomosis	3	11.1
Laparotomy and exteriorization of gut	1	3.7
Hospital stay		
1-3days	45	83.3
3 or more days	9	17

Discussion

Previous studies show that inguinal hernia is a commonest type of abdominal wall hernias predominantly occurring in male population with peak age distribution 19-79 years with mean of 49.7 years presenting symptoms are groin pain and swelling. presentation can also be with intestinal obstruction in few cases in a study done at Wesely Guid Hospital, Nigeria

1. 26.4% of abdominal hernias presented with obstruction where momentum was stuck in 47%
2. Gangrenous gut was found in 13.6%
3. Scrotal edema was commonest complication

In our study

- Overall frequency of irreducible hernia was 18%
- Omentum was stuck in 11%while gut loop with omentum in 37%
- Gut was viable in 88.8%cases and gangrenous in 3.7%
- 61%out of total needed surgical repair while 39% managed successfully on conservative lines
- The mean hospital stay was 1.8±0.98days

Conclusion

Obstructed and irreducible inguinal hernias make a major proportion of abdominal wall hernia and common in male population in our set up. most of the cases of irreducible inguinal hernias can be managed conservatively if no sign of strangulation is present, only few of them needed surgical repair while among surgically managed cases majority were found to have only momentum in the contents. Major fraction of cases only needed reduction and repair however a small number of cases had gangrenous gut who needed resection anastomosis or stoma formation.

Conflict of Interest: *None*

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