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# ORIGINAL ARTICLE

## COMPARATIVE STUDY OF MANAGEMENT OF FEMORAL HERNIA – (HERNIORRHAPHY VS. HERNIOPLASTY) IN RIMS, KADAPA, ANDHRA PRADESH

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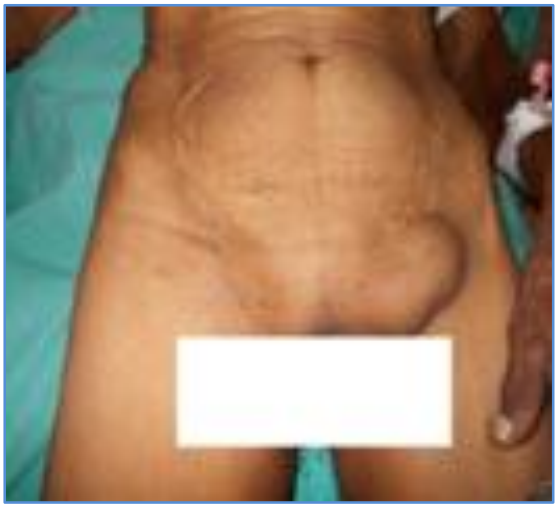
**ABSTRACT:** Femoal hernia has always been one of the most challenging disease a surgeon will face in his career. Open method of repair has been the traditionally followed method for many years. This study compares the results of herniorrhaphy with hernioplasty in RIMS, Kadapa. **MATERIALS AND METHODS:** This is a retrospective study of all the patients who have undergone femoral hernia surgery in RIMS, Kadapa from 2012. **RESULTS:** 18 cases of unilateral femoral hernia were operated by herniorrhaphy/hernioplasty. Post-operative analysis and follow up reveals no significant difference in the morbidity, mortality and recurrence, either operated by herniorrhaphy or hernioplasty. **CONCLUSION:** Femoral hernia cases both reducible and non-reducible were operated by open technique. All the safety precautions and utmost care is taken for successful outcome. All patients recovered and all are doing well. There is no recurrence either operated by herniorrhaphy or hernioplasty.

**KEYWORDS:** Femoral Hernia - Herniorrhapy – Hernioplasty.

**INTRODUCTION:** Femoral hernia is third most common type of hernia. It occurs in 10% of all groin hernias. In elderly prognosis is worst because more likely to present with strangulation.[1] It is more common in females.[2] Sometimes the first presentation of the disease is strangulation.[3] Femoral canal is most medial compartment of femoral sheath and extends from femoral ring above to saphenous opening below. It is 1.25 cms long and 1.25 cms wide at its base and it contains lymph vessels, lymph nodes of cloquet, closed above by septum crurale and below by cribriform fasia.

**FEMORAL HERNIA (FEMALE):**



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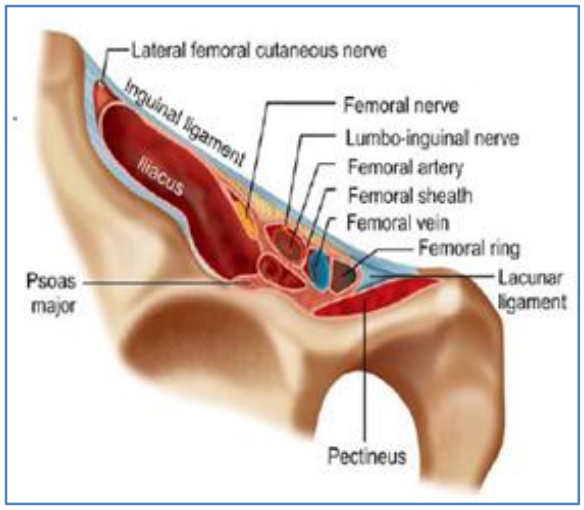
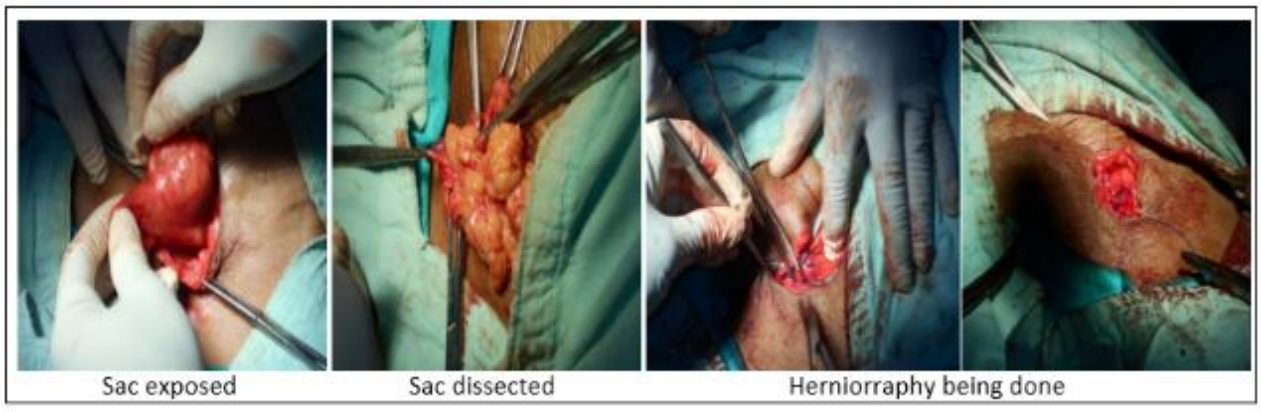



**Boundaries of femoral ring :**
**Anterior:** Inguinal ligament.
**Posterior:** Pectineal ligament.
**Medial:** Lacunar ligament.
**Lateral:** Femoral vein

**MATERIALS AND METHODS:** Retrospective study was performed on all the patients who have undergone femoral hernia surgery in RIMS Kadapa from year 2012. Patients records were examined for demographic data, sex of the patient, age, occupation, side, way of presentation, repair technique, post-operative complications, recurrence and return to normal activity. Reduible cases were operated by hernioplasty with polypropylene mesh. Polypropylene mesh plug (rolled up plug) has been inserted in to the femoral canal and fixed by using 2-0 prolene(Lichenstein and Shore procedure).[4-7] In the obstructed and strangulated cases lacunar ligament was the reason for obstruction in 04 cases and in other 04 cases neck of the sac is the cause of obstruction.Low operation (Lock woods procedure) is adopted in 06 cases and other 12 cases inguinal approach (Lotheissens procedure) was performed.




In 02 cases with strangulation, gangrene of the ileum was noted. In these cases resection and end to end anastomosis was done along with herniorrhaphy, keeping a suction drain. All the operations were performed under spinal anaesthesia. Ceftriaxone plus Amikacin plus Metrogyl antibiotic prophylaxis was given post opeatively alongwith Analgesics.

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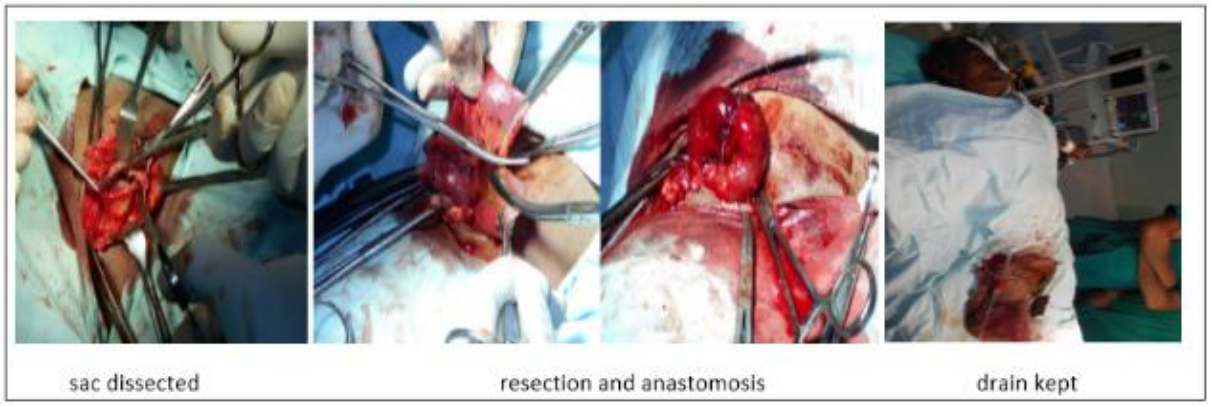
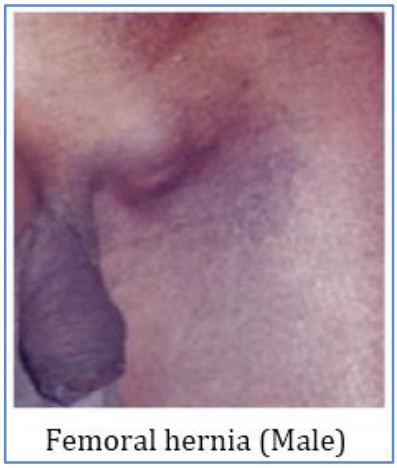
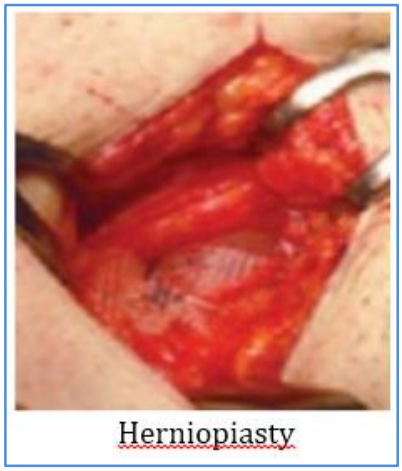




Femoral hernia (Male)


Herniopiasty

| | Hernioplasty | Herniorrhaphy | Total |
|---|---|---|---|
| N | 10 | 8 | 18 |
| Male: female | 1: 9 | O: 8 | 1: 17 |
| Median age | 63 (54-68) | 68 (56-72) | 65 |
| Right: left side | 5:5 | 3:5 | 8:10 |

Table 1: Demographics of patients with femoral hernia

| Content | Hernoplasty | Herniorrhaphy | Total |
|---|---|---|---|
| Empty | 6 | 2 | 8 |
| Omentum | 4 | 2 | 6 |
| Small bowel | 0 | 2 | 2 |
| Gangrene with resection | 0 | 2 | 2 |

Table 2: Hernia Contents

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| Characteristics | Hernoplasty | Herniorrhaphy | Total |
|---|---|---|---|
| Hemotama | 0 | 0 | 0 |
| Woundinfection | 0 | 1 | 1 |
| Deep vein thrombosis | 0 | 0 | 0 |
| Pain –pod 1<br>Pod 7<br>Pod 30 | 10<br>3<br>0 | 8<br>2<br>0 | 18<br>5<br>0 |
| Recurrence | 0 | 0 | 0 |
| Mortality | 0 | 0 | 0 |

Table 3: Patients Postoperative Course

**RESULTS:** A total of 18 cases underwent femoral hernia surgery during the three year study period. The contents of the hernial sac presented in table 2. Gangrene of the small bowel were present in 02 cases where resection was done. In 10 patients mesh plug repair was done (reducible cases). There is no significant difference in the post-operative complications table 3. No post-operative mortality in the series. No recurrence noted in the follow up.

**DISCUSSION:** Femoral hernia is more common in women especially elderly. Symptoms include pain and discomfort in the groin. Among the 18 cases we have treated. Two cases presented with strangulation and another two cases presented with obstruction. In the above 04 cases plain X-ray abdomen showed small bowel obstruction with step ladder pattern. On ultrasound examination of the abdomen, dilated bowel loops were noted. All the four cases recovered well after surgery. In the reducible and irreducible cases no difficulty was encountered in the surgery. Hernioplasty (mesh plug technique) found to be effective and tension free; herniorrhaphy was done in the obstructive and strangulated cases.

**CONCLUSION:** In our study all the 18 cases of Femoral Hernia recovered well with negligible post-operative complications, probably due to safety precautions, preoperative and postoperative care. No recurrence is noted either operated by hernioplasty or by herniorrhaphy in our follow-up.

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