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during postoperative period. Reasons of death in 9 of them were peritonitis, in 5 - cardiac insufficiency, in 2 - pneumonia.

Long-term results were studied from 2 to 5 years in 423 (71, 4%) patients. Recurrence at inguinal hernias occurred in - 6 (1, 4%) patients, from them during primary hernias - 1 (0, 2%), in multiple recurrences 5 (1, 1%). After operation by Gvenetadze there were not observed recurrences. Also, there were not observed recurrences of femoral hernias. Recurrence of umbilical and postoperative hernias were observed in 7 (1, 2%) patients.

Conclusion: In case of multiple recurrent hernias reasonable to perform hernioplasty in according to Gvenetadze's, Archvadze's or Trabuco's method. In case of small and medium sized mesogastric hernias "Sublay" mesh placement is indicated. "Onlay" method is attributed in case of hypogastric location. method of choice is "Sandwich" technique or Ramirez repair in the treatment of large defects of anterior abdominal wall.

Effects Of Long Lasting Local Anesthetic Application At Varied Nerve Fibers Areas And The Comparison Of Short Term Outcomes In Patients Who Have Underwent Inguinal Hernia Surgery

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Background & Aims: Inguinal hernia (IH) is the union problem of young male adults in the world. Although many procedures have been used to treating inguinal hernia (IH) in adults. Inguinal hernia repair (IHR) by mesh is the most common process performed in clinics. The aim of our work was to determine and compare the peroperative outcomes between local long-acting anesthetic (prilocain) applying to incisional area (IA) and Spina iliaca anterior superior (SIAS) area peroperatively at inguinal hernia surgery.

Methods: The records of all patients operated for inguinal hernia between December 2011 and December 2014 were detected, retrospectively. All of the patients were divided into two groups independent from demographic data. Hernias were separated to two treatment groups. The first group received a local infiltration of 15mL prilocaine 2% in IA (G1) and the second group in SIAS (G2) during the operation. At the time of anesthetic implementation, vital symptom were recorded during surgery. The pain survey were performed 30 minutes after the end of the anesthetic impact and during the first 8-hour period, using Wisconsin Brief Pain Inventory (WBPI) pain scores. The time of first dose of analgesia and need for additional analgesia were inscribed.

Results: There were 248 males (77%) and 105 females (23%) with a mean age of 25.1 years (range 17 to 84). BMI of patients were in average 31kg/m². (Range 25 to 38). No major differences were found between groups in terms of time of anesthetic implementation, vital symptom, race, gender, age, width of defect site and BMI. However, in group SIAS, the postoperative analgesic demand was lower than in group IA. Also WBPI pain scores were low in SIAS according to IA group. These two findings were found significant statistically (p, 05).

Conclusions: Local anesthetic applying during the surgical process is hoped that would affect the patient's felicity, comfort, early return to work and cost effectiveness in the future.

Surgery results evaluation at patients with strangulated inguinal hernia

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Objective: to develop methodology and to study immediate and long-term results, including quality of life and functional status of the abdominal wall after laparoscopic hernioplasty

Materials and Methods: 80 observations (first group - 40 laparoscopic hernioplastics at strangulated hernia, where the modified TAPP method was used the second group - 40 plastics with Lichtenstein operation), the analysis of the nearest and far postoperative period flow, the term of surveillance was between 1 and 5 years on average 1, 7 ± 0, 9 years. For objectification of the data were used traditional method of assessment of the patient (e.g., Visik, SF-36 scales) and ultrasonic method (indicators of tissue perfusion, study of sonographic patterns), electromyography as a method to assess the functional state of the muscles of the abdominal wall.

Results: During the postoperative examination of patients, overall percentage of immediate postoperative complications in the first group was 7.5% in the second - 17.5%. In remote postoperative period, the occurrence of chronic inguinal pain was observed in 7.5% of patients in the first group and 12.5% in the second. On a scale SF-36, results after laparoscopic plastics were the best by all indicators. In sonographic examination are the following group results: the size of the fibrous layer 1, 7 ± 0, 2 cm in the first group and 2, 4 ± 0, 4 cm in the second, vascularization index is 3, 6 ± 0, 1 and 3, 96 ± 0, 2, the index of blood flow is 26, 3 ± 0, 5 and 21, 7 ± 0, 6, vascularization flow index is 7, 3 ± 0, 5 and 5, 47 ± 0, 4, coefficient of variation is 14% and 20% correspondingly, which indicates more homogeneous structure of tissues and higher level of tissue perfusion at patients operated by the TAPP method. By electromyographic examination in 3 months after surgery in the first group the average amplitude of contractions was 410 ± 26 mV, in the second - 356 ± 20 mV. The average correlation of the amplitude to the effective width of the spectrum was 1, 1 ± 0, 2 and 0, 9 ± 0, 2, the coefficient of variation - 20% and 32%, respectively, indicating a higher rehabilitation potential and better functional status of muscles in patients after surgery by the TAPP method.

Conclusions: Laparoscopic hernioplasty technique by strangulated inguinal hernia has advantages over Lichtenstein surgery: the possibility of comorbidity diagnostics in the abdominal cavity, the possibility of extended and at the same time more gentle viscerolysis in hernial sac, less postoperative pain intensity, including late period, an earlier activation of patients, shorter period of treatment and rehabilitation, a low incidence of complications requiring additional treatment, cosmetic effect, positive economic effect

INCISIONAL HERNIA REPAIR SURGERY: OUR EXPERIENCE IN 15 YEARS

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Introduction: Incisional hernia is a common problem following abdominal operations (2-50).