Prospective randomized study comparing quality of life after shoudice or mesh plug repair for inguinal hernia: short-term results

Submitted by Véronique Bourgeais on Tue, 06/23/2015 - 12:21

Titre: Prospective randomized study comparing quality of life after shoudice or mesh plug repair for inguinal hernia: short-term results

Type de publication: Article de revue

Auteur: Lermite, Emilie [1], Arnaud, Jean-Pierre [2]

Editeur: Universal Medical

Type: Article scientifique dans une revue à comité de lecture

Année: 2012

Langue: Anglais

Date: Dec. 2012

Pagination: 101-106

Volume: 22

Titre de la revue: Surgical technology international

ISSN: 1090-3941

Mots-clés: Adolescent [3], Adult [4], Aged [5], France [6], Hernia, Inguinal [7], Herniorrhaphy [8], Humans [9], Male [10], Middle Aged [11], Pain Measurement [12], Pain, Postoperative [13], Patient Satisfaction [14], Prevalence [15], Prospective Studies [16], Quality of life [17], Risk Factors [18], Treatment Outcome [19], Young Adult [20]

Résumé en anglais: Postoperative pain is a major obstacle in hernia repair surgery, and the choice of clinically efficacious surgical technique should also result in the least postoperative pain and patients' quality of life (QoL). The aim of this prospective randomized study was to compare two surgical techniques for open inguinal hernia repair by assessing the patients' QoL. Men (18-to-75 years old) with primary unilateral inguinal hernia underwent Mesh Plug (MP; n = 156; Bard (PerFix Plug, CR Bard Inc, Murray Hill, NJ) and Shouldice (S; n = 144) techniques. We evaluated: 1) Intensity of postoperative pain (visual analog scale [VAS]) and 2) quality of life (QoL; Medical Outcomes Study Short-Form 36 [SF-36]). Patients undergoing MP had significantly lower VAS scores on postoperative days (POD) 1 (22.1 vs 27.4, p = .003) and 2 (13.2 vs 21.4, p <.0001) compared to those in the S group. The QoL was also improved in patients undergoing MP on PODs 8 and 45. Total duration of operation, length of hospital stay, and cessation of normal activities were significantly shorter in the MP group. Compared to the S technique, the MP technique results in significantly less postoperative pain and improved QoL.

URL de la notice: http://okina.univ-angers.fr/publications/ua12811 [21]

Lien vers le document: http://europepmc.org/abstract/med/23023573 [22]

Titre abrégé: Surg Technol Int
Liens

Publié sur Okina (http://okina.univ-angers.fr)