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POSTOPERATIVE RESULTS OF LAPAROSCOPIC HERNIOPLASTY AT INCISIONAL HERNIA

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Introduction & Aims

There were a number of patients operated with incisional hernia during the last 5 years using our laparoscopic method. The aim of this study was to discover differences in the early and late post-operative period after laparoscopic hernioplasty and open hernioplasty by a "sublay" method using traditional evaluation methods and ultrasonic-based methods.

Methods

40 patients participated in the study. The first group, 20 patients were operated using the authors' laparoscopic method. In the second group, 20 patients were operated using the traditional sublay method of hernioplasty. The period of observation was 1-3 years in both groups, and a medium 1,7 \pm 0,9 years. The traditional criteria of life quality estimation of performed treatment were used, by the form of incidence of chronic inguinal pain syndrome, paraesthesia, neuritis, using subjective Visik scale, the level of recurrence, also ultrasonic power Doppler and tissue densitometry using the authors' methodology were used.

Results

No relapses were discovered in either group. Total percentage of early complications like seroma, haematoma, neuralgia, in laparoscopic group was 5%. In the control group the total percentage of complications was 8%. According to subjective methods in first group, quantity of good and excellent results was 16, in second -13, with no unsatisfactory results in either group. After evaluation of tissue structure and blood flow level by doppler ultrasound, the parameters were revealed to be closer to normal in the patients with good and excellent results. Also the level of vascularization was higher in patients operated by the sublay methodology. The thickness of transplant-associated fibrosis layer was evaluated with ultrasound and was 1,3±0,2 more than the patients who were operated by the open methodology.

Conclusions

The treatment results of laparascopic hernioplasty is acceptable and better in comparison with traditional methods of hernioplasty in incisional hernias.