Inguinal Hernia Repair

(0:04 - 0:25)

An inguinal hernia, it's a very common disease. It's any protrusion of the intra-abdominal organs through a natural hole that goes out of the abdominal cavity. The most common sign of the inguinal hernia, the patient realises that he has a bulk in the inguinal hernia left or right.

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And this bulk could be combined with some kind of pain or burning sensation. Surgery is the only treatment we have so far to treat an inguinal hernia. My name is Dr. Carlos Arril, and I am a staff physician at the Digestive Disease Institute at Cleveland Clinic Abu Dhabi.

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There are two options to treat an inguinal hernia, and those are the traditional one, open surgery, and the second one is the laparoscopic surgery. Laparoscopic surgery is a minimal invasive surgery. We need to diminish not only the size of the scar, but we try to diminish the aggression to the tissue.

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It's very important to have an agreement with the patient in the clinic. When we have a patient with a unilateral inguinal hernia, we offer an open approach. And when we have a bilateral inguinal hernia, we offer a laparoscopic approach.

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Meshes played a very good and important role in the hernia surgery. It was a revolution. A mesh is a net.

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It's like in the construction, it's like the steel. All the builders, the constructors, use the steel and they put the concrete. What we do is to put that steel, that's the mesh, the analogy of the mesh.

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We put that mesh there to reinforce that area, to create a stronger tissue, but the concrete is made by the patient. And that concrete grows through these small holes that the mesh has in it. The open procedure can be performed under local anaesthesia and sedation.

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Laparoscopic one has to be under general anaesthesia. That's the main difference between

open and laparoscopic one. We perform a skin incision.

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We dissect the tissue until we reach the fascia of the major oblique. We open that fascia. We identify the nerves.

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We identify the spermatic cord. Then we dissect the sac, the hernia. We have two chances, one to remove the sac and the other one to reintroduce it in the abdominal cavity.

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And then we close the hole with a kind of mesh. We fix the mesh with a suture. We close the fascia with an absorbable suture over the mesh.

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We close the subcutaneous tissue and then we close the skin. It's a very common procedure, so safe and with low risk of complications that normally the patient can go home the same day. We usually see the patients between 7-10 days after the surgery.

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Regarding the symptoms of the patient, we can see them after one month. Anytime we put a mesh, we close a hole with a suture. The problem is that if we don't have a good post-op period, trying to avoid any lifting heavy things, try to run immediately, making efforts, all these things can increase the rate of recurrence.

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The real risk of the renal hernia is very low. It's not life-threatening problems. It's very common, very straightforward surgery.

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All the options we offer to our patients are made in a safe environment. No matter if it's an open approach or a laparoscopic one, both procedures are really safe procedures and we do it in a safe way.