

Abstract**Ilioinguinal nerve identification during hernioplasty**Aluvihare S^{1*}, Panagoda S¹, Panditharathne K¹¹Ministry of Health Sri Lanka**Abstract****Background**

Inguinodynia is a complication following open inguinal hernia repair, which is associated with neuropathic cause for pain syndrome due to inadvertent damage of the ilioinguinal nerve intraoperatively. This study describes the detection rate of the nerve during surgery.

Method

Fifty male patients (age 54±26.6yr) with unilateral inguinal hernia were included in the study. Duration of the study was 6 months. Surgeries were performed by two members of the staff. Lichtenstein tension free mesh repair was performed for all patients and time duration for each surgery was noted (skin closure using continuous subcuticular suture). Obstructed, strangulated and bilateral hernias were excluded from the study.

Results

Nerve was identified in 2 patients out of 7 in the recurrences group during hernioplasty. One out of that had earlier undergone non mesh repair. Nerve identification was failed in 2 patients with re-recurrence of hernia. Mean operative time for hernioplasty was 53±12.1min in the recurrence group. Out of 43 (non- recurrence group), ilioinguinal nerve was identified in 26 cases (60.46%) without significant anatomical variation. Mean time duration for surgery was 21±8.77min. Nerve identification was significantly high in the non- recurrence group with a short mean time duration for surgery. Though percentage of nerve identification was low in the recurrence group, non mesh initial surgery may have caused smaller risk of nerve damage.

Conclusions

Longer time and technically more difficult operation due to altered tissue planes or previous injury to ilioinguinal nerve may be the reasons for poor identification of the nerve during surgery.

Key words: Inguinodynia; Lichtenstein Tension Free Repair, Hernioplasty

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