



II Congreso

Sociedad Hispanoamericana de Hernia

3, 4 y 5 de mayo de 2018

Aula Magna de la Fundación Jiménez Díaz

Madrid - España



¿Cómo evito las complicaciones en cirugía abierta?

Dra. Estefanía J. Villalobos Rubalcava

Centro Médico ABC

Ciudad de México



Review

Open Access

Dirk Weyhe, Navid Tabriz, Bianca Sahlmann and Verena-Nicole Usler*

Risk factors for perioperative complications in inguinal hernia repair – a systematic review

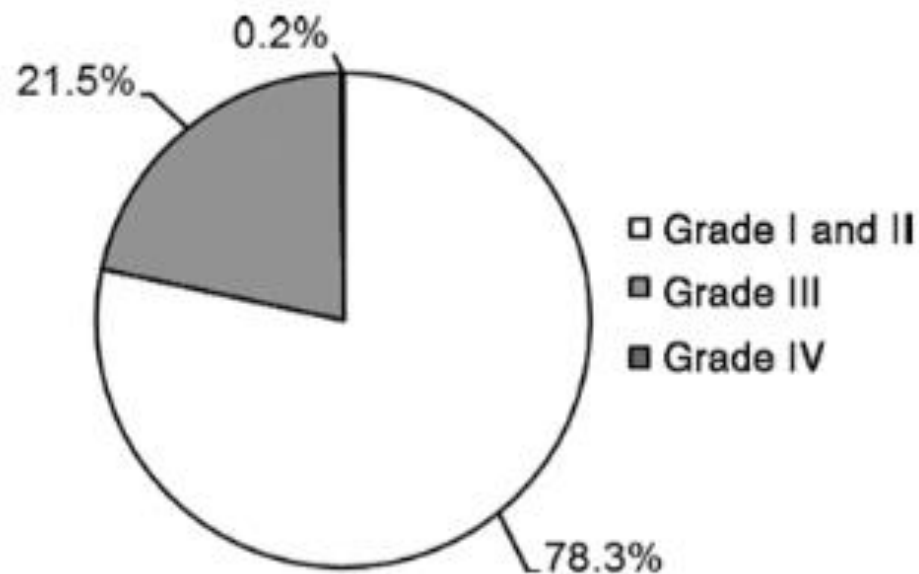


Figure 3: For 651 of 7985 reported incidences, Clavien-Dindo classification was possible.

Depicted is the distribution of complications according to Clavien-Dindo classification.

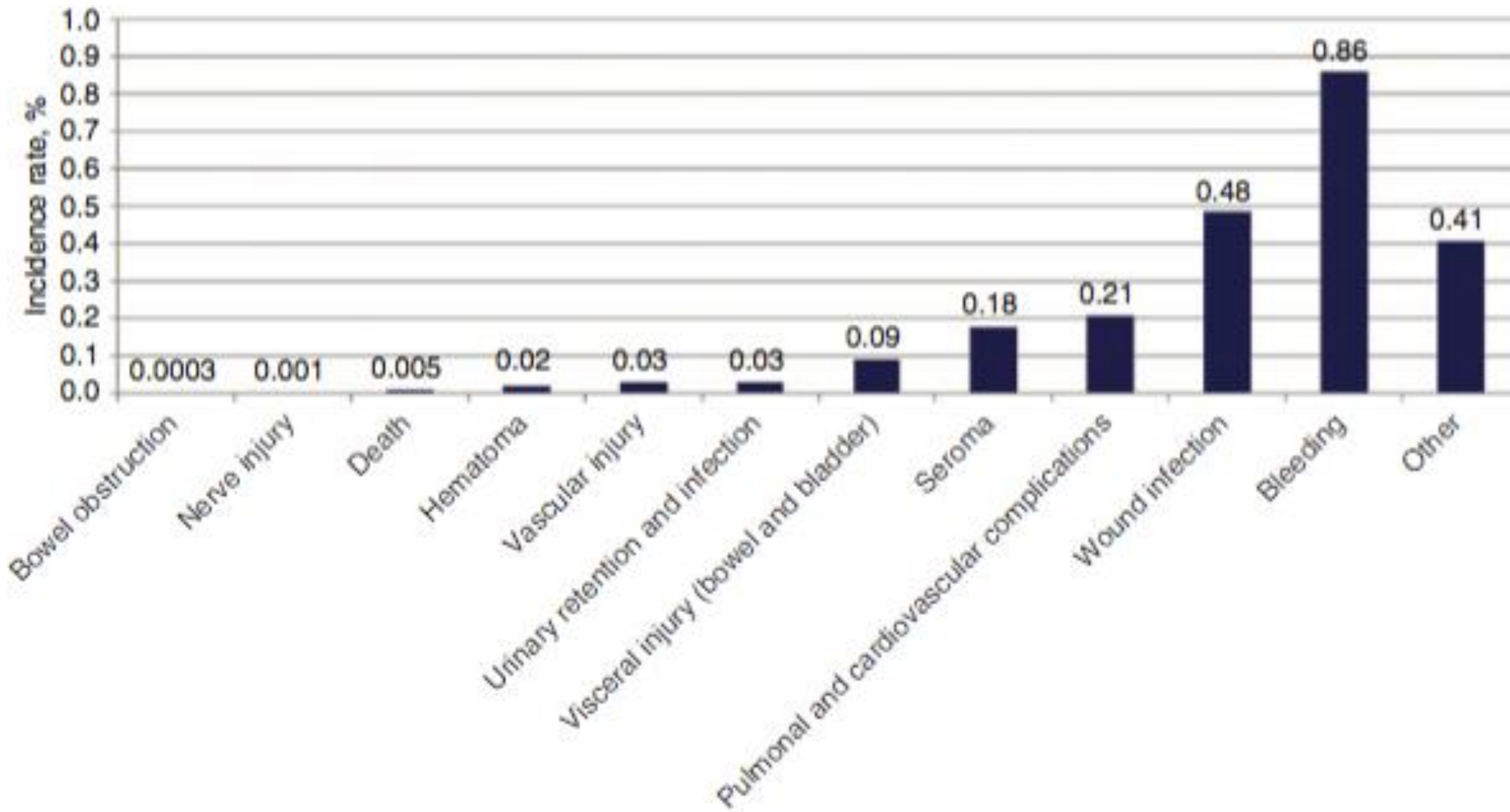


Figure 2: Distribution of 7985 reported incidences with regard to the type of complication.

La relevancia clínica:

Existen complicaciones reportadas en hernia inguinal de 2.9 al 8% aprox.

De todas las complicaciones:

- 78% fue resuelta con manejo conservador (Clavien-Dindo I, II)
- 22% requirió otra intervención (Clavien-Dindo >3).

Incidence of complications following open mesh repair for inguinal hernia

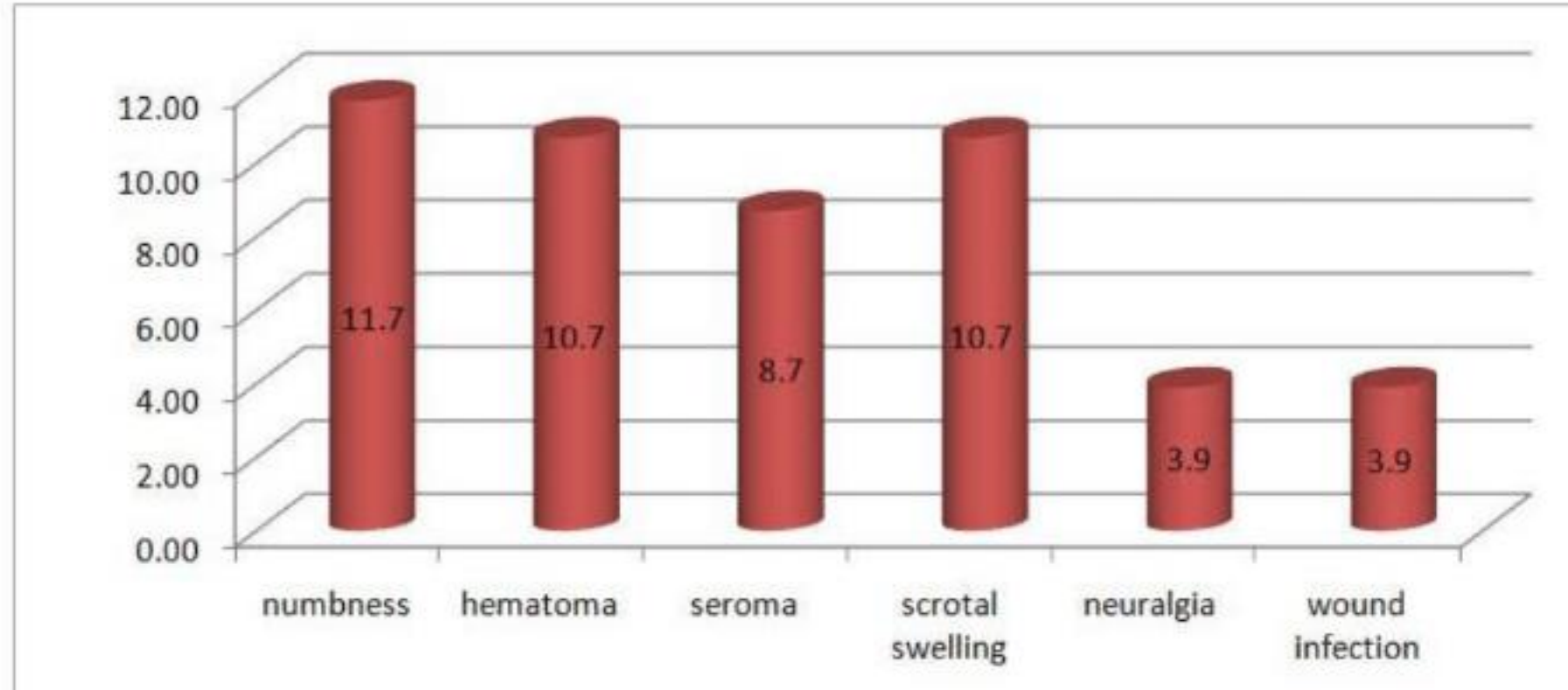


Fig. 1: Showed Incidence of Early Postoperative Complication (n=103)



Queensland
Government

Open Inguinal Hernia Repair

Facility:

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth:

Sex: ☐ M ☐ F ☐ I

A. Does the patient have capacity?

☐ Yes → **GO TO section B** ☐ No → **COMPLETE section A**

i. a) Is the patient aged under 18 years?

- ☐ Yes (document parent/guardian name below)
☐ No → **GO TO ii**

You must adhere to the Advance Health Directive (AHD) or the consent obtained from a substitute decision-maker.

ii. a) Does the patient have an AHD that is applicable to the procedure, treatment or investigation?

- ☐ Yes ☐ No → **GO TO iii**

b) If yes, has the AHD been sighted and a copy in the medical record?

- ☐ Yes ☐ No → **GO TO iii**

iii. a) Substitute decision-maker (select one only):

- ☐ Attorney(s) for health matters under an Enduring Power of Attorney or AHD
☐ Tribunal-appointed guardian
☐ Statutory Health Attorney
☐ If none of these, the Office of the Public Guardian must provide consent (ph: 1300 653 187)

Name of substitute decision maker(s) or next guardian:

D. Risks and complications of an Open Inguinal Hernia Repair

There are risks and complications with this procedure. They include but are not limited to the following.

Common risks and complications include:

- trouble passing urine after the operation due to spasm of the bladder sphincter;
- swelling of the testicle and scrotum in male patients but most cases will resolve. Also the penis may show bruising;
- **infections** can occur, requiring antibiotics and further treatment. Infections necessitating removal of mesh/stitches may require antibiotics or further treatment/surgery;
- **bleeding** could occur and may require a return to the operating room;
- one of the small nerves in the groin can be cut or caught in a stitch or scar causing long term/chronic groin discomfort/pain/numbness;
- chronic pain caused by postoperative scarring;
- the testicle may sit a little higher in the scrotum after surgery;
- the scar can thicken, turn red and may be painful. This is permanent and can be disfiguring;
- the hernia may come back. Further surgery may be needed to repair the hernia;

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- the hernia may come back. Further surgery may be needed to repair the hernia;
- operating on a recurrent hernia with or without previously inserted mesh or stitches may increase the risk of infection and bleeding and pain and recurrence;
- bleeding is more common if you have been taking **blood thinning drugs** such as warfarin, aspirin, clopidogrel (Plavix, Iscover, Coplavix), prasugrel (Effient), dipyridamole (Persantin or Asasantin), ticagrelor (Brilinta), ticlopidine (Tilodene), apixaban (Eliquis), dabigatran (Pradaxa), rivaroxaban (Xarelto) or complementary/alternative medicines such as fish oil;
- small areas of the **lung can collapse**, increasing the risk of **chest infection**. This may need antibiotics and physiotherapy;
- increased risk of wound infection, chest infection, heart and lung complications, and blood clot in the leg or lungs for **people who are obese, smoking, or have a history of diabetes**. Emergency surgery increases the risk with these conditions.

Uncommon risks and complications include:

- the tube carrying sperm from the testicle to the prostate may be injured. This results in partial vasectomy and may reduce fertility;
- **heart attack or stroke** could occur due to the strain on the heart;
- **blood clot** in the leg causing pain and swelling. In rare cases, part of the clot may break off and go to the lungs.

Rare risks and complications include:

- adhesions (bands of scar tissue) may form and cause bowel obstruction;
- damage and swelling with testicle loss;
- **death** as a result of this procedure is rare.



Give this patient information sheet to the patient or substitute decision-maker(s) to read carefully and allow time to ask any questions about the procedure.

1. What is this procedure and how will it help me?

A hernia, sometimes referred to as a rupture, occurs when a part of an internal organ, sometimes the bowel, pushes through a weak point in the abdominal wall.

Inguinal hernia is the most common type of hernia, and twenty times more common in men than in women. It is likely that about 1 in 20 men will develop an inguinal hernia. The inguinal canal is in the groin. The first signs of a hernia are discomfort and/or a lump. It is common for men to develop a hernia.

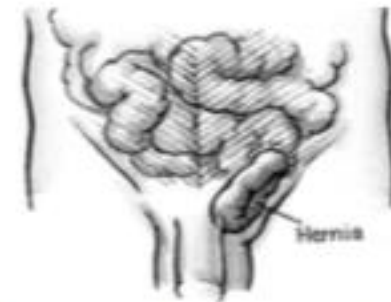


Diagram1: An inguinal hernia

What do I need to know about this procedure?

Open surgery is performed under a general, spinal or local anaesthetic to repair the weakness in the abdominal wall. A cut is made at the site of the hernia. The weak area is repaired. Sometimes the weak area is reinforced with mesh.

What are the benefits of having this procedure?

The lump will be relieved by the surgery which may also relieve discomfort in the area. Planned surgical treatment of a hernia is much safer than leaving the hernia until an emergency happens.

3. What are the specific risks of this procedure?

There are risks and complications with this procedure. They include but are not limited to the following.

The risk	What happens	What can be done about it
Ongoing pain or discomfort in groin	One of the small nerves in the groin can be cut or caught in a stitch or scar causing long term burning and aching in the groin and numbness. Chronic pain caused by contraction of mesh and idiopathic pain.	This may happen straight after surgery or months or years later.
Wound infection	The wound may become infected.	Wound infections are usually treated with dressings and/or antibiotics or drainage.
Bleeding into the wound	Possible bleeding into the wound after the surgery.	Swelling, bruising, blood stained discharge, which may cause pain, or become infected. Treatment is usually antibiotics and/or drainage by further surgery.
Hernia comes back	The hernia may come back.	Further surgery to repair the hernia.
Increased risk in people who smoke	Smoking slows wound healing and affects the heart, lungs and circulation.	Giving up smoking before the operation will help reduce the risk.
Increased risk in people who are obese or diabetic	Obesity and diabetes slows wound healing and affects the heart, lungs and circulation.	Well controlled diabetes and modest weight loss will help reduce the risk.
Death	Death is extremely rare due to hernia repair	

¿Cuáles son las complicaciones más frecuentes de hernioplastia inguinal abierta?

DOLOR

RECURRENCIA



¿Cómo prevenir dolor y recurrencia?

**Enseñando con la
importancia que tiene.
Dominando la anatomía y
estandarizando técnicas.**



La brújula del cirujano es LA ANATOMIA





Step 5

Dissection and preservation of the nerve(s)



Preserved ilio-hypogastric and ilio-inguinal nerves lying on the mesh

Estandarizar la técnica

- Permite acortar tiempos quirúrgicos
- Disminuir complicaciones.
- Acorta curva de aprendizaje.
- Las variables son del paciente, no del cirujano.
- SIEMPRE mismos pasos...

Conclusiones

- La única manera de **evitar** es con un adecuado conocimiento anatómico de la región inguinal.
- Las variables son del paciente, no del cirujano.
- Siempre realiza el mismo procedimiento, para perfeccionar, lograr mejores resultados y disminuyendo complicaciones.



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Gracias

draestefaniavillalobos@gmail.com

