

ABSTRACT

Background and objectives:

Surgical repair of inguinal hernias are among the most common general surgical procedures performed today. Chronic inguinal neuralgia is one of the most significant complications following inguinal hernia repair, with a reported incidence ranging from 29% to 76%. Ilioinguinal nerve entrapment seems to be an important cause of inguinodynia. We conducted this study to investigate the short to mid-term neurosensory effect of preservation of ilioinguinal nerve versus ilioinguinal neurectomy in Lichtenstein's repair of inguinal hernias.

Methods:

60 patients between the age of 18 and 80 years with inguinal hernias undergoing Lichtenstein's hernia repair from July 2017 to June 2018, were randomized to receive either ilioinguinal nerve preservation or ilioinguinal neurectomy during the aforementioned surgery. All the surgeries were performed by surgeons specialized in hernia repair under spinal anesthesia. The primary outcome was the incidence of chronic groin pain at the end of 1 month, 3 months and 6 months.

following the procedure. Secondary outcomes included incidence of postoperative sensory loss or sensory change at the groin region and quality of life measurement assessed by modified SF-36 questionnaire at the end of 8months.

Results: The incidence of chronic groin pain at 6 months was significantly lower in the neurectomy group than in the nerve preservation group (33.3% vs. 12.0%; P-0.001). No significant intergroup differences were found regarding the incidence of groin numbness, postoperative sensory change at the groin region, and health related quality of life, all of which was measured at 6 months following the procedure.

Conclusion:ilioinguinalneurectomy significantly decreases the incidence of chronic groin pain after Lichtenstein's hernia repair without significant added morbidity. It can therefore be considered for patients undergoing Lichtenstein mesh repair.

Keywords: Hernia; Ilioinguinal Neuralgia; Pain; Paresthesia; Quality of life

LIST OF ABBREVIATION

1. TAPP: Trans Abdominal PrePeritoneal
2. T12: Thoracic12
3. L1: Lumbar1
4. Syn:Synonym
5. H2: Histamine2
6. VAS: Visual AnalogScale
7. NSAIDs: Non Steroidal Anti InflammatoryDrugs
8. ASIS: Anterior Superior IliacSpine
9. TENS: Transcutaneous Electrical NerveStimulation
10. Hb%:Haemoglobin
11. RBS: Random BloodSugar
12. HIV: Human ImmunodeficiencyVirus
13. HBsAg: Hepatitis B surfaceAntigen
14. ECG: ElectroCardiogram

15. SOS: Si OpusSit
16. SPSS: Statistical Package for the SocialScience
17. CC: ContingencyCoefficient
18. Std:Standard
19. No:Number
20. VAS: Visual AnalogScale
21. 21.VRS: Visual RatingScale
22. SF36:Questionnaire
23. N: Samplesize