

THE ROLE AND IMPORTANCE OF VIDEOLAPAROSCOPY IN THE SURGICAL TREATMENT OF STRANGULATED INGUINAL HERNIAS

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Aim: to study the role and significance of videolaparoscopy in the surgical treatment of strangulated inguinal hernias.

Materials and methods: Currently strangulated hernia accounts for up to 7% of acute surgical diseases of the abdominal organs. At the same time, diagnostic errors in the preoperative period reach up to 10%, and in the hospital up to 8%. If you pay attention to the frequency of complications, this figure in the postoperative period is reached up to 30% and death, unfortunately, is observed up to 6% of cases. When referring to the emergency department, during examination or transportation, there is a spontaneous reduction of the strangulated inguinal hernia in up to 18% of cases, which complicates the tactics of the surgical solution of the situation.

Results: All patients underwent standard transabdominal preperitoneal hernioplasty.

After reduction of the hernial contents into the abdominal cavity, an arcuate incision was made in the parietal peritoneum in the medial and lateral directions, wide above the upper edge of the hernial orifice. The peritoneal flap, together with the hernial sac, was separated from the underlying structures by blunt and sharp ways. A polypropylene mesh was introduced and fixed in the abdominal wall with a hernia stapler. Then the integrity of the peritoneum was restored with a continuous suture. In 4 cases, revision revealed the presence of a wide internal inguinal ring on the contralateral side. One of the indicators of the quality of surgical interventions is the duration of the operation, which was up to 58.2 ± 4.5 minutes (with unilateral), 83.3 ± 4.7 minutes (with bilateral LHL). There were no intraoperative complications or recurrence of the disease.

Conclusions: Laparoscopy for strangulated hernias allows for good visualization of the inguinal regions, assessing the viability of strangulated organs after their incarceration, and, in most cases, performing laparoscopic hernioplasty. The operation

of choice for strangulated inguinal hernias is transabdominal preperitoneal plasty, which can be performed simultaneously from both sides in the presence of an inguinal hernia on the contralateral side.

Literature:

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