P080 ROUTINE ELECTIVE Iliohypogastric Neurectomy in Lichtenstein Inguinal Hernia Repair

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Aim: Chronic postherniorrhaphy pain occurs in 8-25% of patients undergoing groin hernioplasty with mesh insertion. The most common cause for inguinodynia is neuropathy resulting from nerve damage or entrapment during mesh fixation. With wide mesh insertion there is often a conflict between upper prosthesis margin and an iliohypogastric nerve. The aim of this study is to present a routine elective iliohypogastric neurectomy in Lichtenstein groin hernia repair for prevention of chronic inguinodynia.

Material and Methods: Between 2018 and 2020, 398 patients were admitted for open inguinal hernia repair. 218 patients underwent a Lichtenstein repair with transection of iliohypogastric nerve before implantation of 10x14 polypropylene mesh (IH group). In the control group of 180 patients all nerves were spared (C group). Follow-up was conducted on 1 POD, 1 month, and 1 year after surgery.

Results: 1 month after a surgery a pain was reported in 24 (11%) patients in IH group (2.9% severe; 8.1% moderate; 89% no pain), and 48 (26.7%) patients in C group (3.9% severe; 22.8% moderate; 73.3% no pain). 1 year after a surgery a persistent pain was reported in 1 (0.4%) patient in IH group, and in 5 (2.8%) patients in C group. An incidence of inguinodynia was significantly lower after iliohypogastric neurectomy (0.5% vs. 2.8%; p < 0.001).
Conclusions: Routine neurectomy of iliohypogastric nerve appears to be an effective technique in chronic inguinodynia after open mech repair for inguinal hernias. Iliohypogastric nerve resection allows to place a flat synthetic mesh with wide coverage of myopectineal orifice with no need for additional mesh trimming.