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.

P081 CHRONIC GROIN PAIN IN SPORTSMEN. EVIDENCE-BASED IN EXPERIENCE
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Aim: The main objective of this study is to describe and analyze the assessment and treatment of chronic groin pain (CGP) based on the experience collected in 20 years.

Material and Methods: Descriptive, observational, and retrospective study. It is a multidisciplinary team formed by surgeons, physiotherapists, orthopedists, and imaging specialists. That had developed an assessment, diagnosis, and treatment algorithm for (CGP), which have been implemented for more than 20 years. Follow-up included a record of clinical examination findings, clinical entities diagnosed, ultrasound findings, physiotherapy treatment, operation notes, and postoperative recovery, time to return to sporting activity, and complications.

Results: In the period between August 2000 and August 2020, we assessed 9996 patients with CGP. (91%) men and (9%) women with a mean age of 30 (SD: 11.21). The most frequently practiced sports were: football (43%), rugby (25%), tennis (12%).

The most frequent clinical entities registered were tendinopathies (69%): iliopsoas-pectineus-related (36%) and adductor-related (33%).

Tendinopathy sports rehabilitation treatment: (95.7%) presented total recovery in 45 days; 260 patients (4.3%) intra-tissue percutaneous electrolysis was used with favorable recovery. Only 16 patients required tenotomies.

The ultrasound has been used to detect signs of adductor tendinopathy (92%) and sportsman hernia, but has low sensitivity in iliopsoas-pectineus tendinopathy (21%).

Conclusions: The algorithm used has proven to be safe and successful. Tendinopathies and Sportsman’s hernia are the most common causes of chronic groin pain in sportsmen, presenting together in 82% of the cases. TAPP hernioplasty repair, followed by physical rehabilitation offered excellent results to treat sportsman hernia.

P083 PARASTOMAL HERNIA REPAIR - EXPERIENCES WITH THE MODIFIED RETROMUSCULAR SUGARBaker TECHNIQUE
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Aim: Parastomal hernias are complex findings with a high recurrence rate. Various methods were described for surgical repair. A new method for the treatment of parastomal hernias with extraperitoneal mesh placement was published in 2016 (Pauli et al.). Recently, open retromuscular repair has been shown to be safe, effective and durable (Beffa et al. 2017). Still, there are concerns regarding mesh related complications (Tastaldi et al. 2017).

Material and Methods: All patients who underwent an open or laparoscopic modified retromuscular Sugarbaker parastomal hernia repair at our institution were identified. We describe the patient characteristics, operative details, perioperative results and the follow-up.

Results: Between January 2018 to May 2021 14 patients received surgical repair for parastomal hernia at our institution. Eight of these patients received retromuscular extraperitoneal mesh placement (4 open, 4 laparoscopic) in the aforementioned technique. The median age was 72 years (65 – 85) and the median BMI was 31 kg/m² (26 – 34). Six patients had a urostomy and two had a colostomy. One patient had a recurrent parastomal hernia after previous intraabdominal mesh repair. The median operating time was 223 minutes (144 – 425). Median Mesh size was 300 cm² (225 – 750). Two minor complications (Clavien-Dindo Classification Grade II) demanding pharmacological treatment. The median hospital stay was 8 days (4 – 17). Median follow up was 17 month (range 1 – 26). Recurrence rate was 25%.

Conclusions: The modified retromuscular sugarbaker technique seems to be safe and feasible as shown by our data. Due to the extraperitoneal mesh position, we see fundamental methodological advantages. Further studies are necessary for long-term results.

P084 MESH USE IN THE UNITED STATES: MESH TYPES AND THEIR INDICATIONS
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