Conclusions: Acute postoperative pain was a strong predictor for persistent pain following both open anterior and endo-laparoscopic hernia repair. Surgical site infections and hematomas were predictors for persistent pain following open anterior hernia repair, although the rate of reported postoperative complications was low.

P098 DO POSTOPERATIVE COMPLICATIONS CORRELATE TO CHRONIC PAIN FOLLOWING INGUINAL HERNIA REPAIR? A PROSPECTIVE STUDY FROM THE SWEDISH HERNIAR REGISTER

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Aim: To analyse if postoperative complications constitute a predictor for the risk of developing long-term groin pain.

Material and Methods: Population-based prospective cohort study of 30,659 patients operated for inguinal hernia 2015-2017 included in the Swedish Hernia Register. Registered post-operative complications were categorised into hematomas, surgical site infections, seromas, urinary tract complications, and acute post-operative pain. A questionnaire enquiring about groin pain was distributed to all patients one year after surgery. Reported level of pain one year after surgery was analysed against postoperative complications using multivariable logistic regression analyses.

Results: The response rate was 64.5%. In total 19,773 eligible participants responded to the questionnaire whereof 73.4% had undergone open anterior mesh repair and 26.6% had undergone endo-laparoscopic mesh repair.

Registered postoperative complications were: 750 hematomas (2.3%), 516 surgical site infections (1.6%), 395 seromas (1.2%), 1,216 urinary tract complications (3.7%), and 520 hernia repairs with acute post-operative pain (1.6%).

Among patients who had undergone open anterior mesh repair, analyses showed an association between persistent pain and hematomas (OR 2.03, CI 1.30-3.18), surgical site infections (OR 2.18, CI 1.27-3.73) and acute post-operative pain (OR 7.46, CI 4.02-13.87). Analysis of patients with endo-laparoscopic repair showed an association between persistent pain and acute post-operative pain (OR 9.35, CI 3.18-27.48).