O41 PREDICTORS OF LOW QUALITY AFTER OPEN INGUINAL HERNIA REPAIR USING THE EURAHS-QOL SCORE: PROSPECTIVE MULTICENTRIC COHORT STUDY

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Aim: Evidence about factors influencing quality of life after inguinal hernia surgery is scarce. This study aimed to identify predictors of low Quality of Life (QoL) after open inguinal hernia repair, to guide practice and inform patients at high risk.

Material and Methods: Prospective multicentric cohort study including consecutive patients undergoing elective open inguinal hernia repair in Portuguese hospitals (October-December 2019). The primary outcome was Quality of Life at 3 months after surgery, using the EuraHS-Qol score (higher score correlates with lower QoL). Low QoL was defined as the higher EuraHS-Qol score tertile and multivariate logistic regression was used to identify predictors.

Results: 893 patients were included from 33 hospitals. The majority were men (89.9% [800/891]), had unilateral hernias 88.7% (774/872) and the most common surgical technique was Lichtenstein’s repair (52.9% [472/893]). The median QoL score was 24 (IQR 10-40) before surgery and 2 (IQR 0-10) at 3 months after surgery, showing significant improvement (p < 0.001). After adjustment, low QoL at 3 months was associated with low preoperative QoL (OR 1.76, 95% CI 1.21-2.57, p = 0.003), non-absorbable mesh fixation (OR 1.64, 95% CI 1.12-2.41, p = 0.011), severe immediate postoperative pain (OR 2.90, 95% CI 1.66-5.11, p < 0.001) and minor postoperative complications (OR 2.23, 95% CI 1.30-3.84, p = 0.004).

Conclusions: This study supports the use of the EuraHS-Qol score preoperatively to inform consent. Although significant improvement in QoL is expected after surgery, high scores before surgery are associated with low postoperative QoL. Caution should be taken with non-absorbable mesh fixation and immediate postoperative pain control should be optimised.