Open preperitoneal mesh repair of recurrent inguinal hernia

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Received: 17 October 2009 / Accepted: 29 October 2009 / Published online: 19 November 2009
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Dear Sir,

Since the beginning of laparoscopic hernia repair in the early 1990s, to fix or not to fix the mesh has been a dilemma. Not fixing the mesh can lead to recurrence of the hernia secondary to displacement of the mesh, contraction of the mesh or bunching-up of the mesh (a phenomenon that has been referred to as meshoma) with uncovering of a hernia defect [1, 2]. If the mesh is not to be fixed, Wantz [3] recommends Mersilene, because it is soft, conforms to the complex curves of the pelvis, and stays in place. Opponents of mesh fixation cite the risk of nerve injury and argue that mesh fixation is unnecessary to achieve prolonged mesh placement and successful repair [4–6]. To resolve this dilemma, some authors have suggested fixation of the mesh by fibrin glue [7]. On the basis of current evidence, I might agree on not fixing the mesh in primary hernia repair, but in recurrent hernia (after anterior repair) I would not accept any risk of recurrence, as any possible subsequent surgery of either anterior and posterior repair would be difficult because of scarring. Using tacks for fixation can reduce the time, but is certainly more costly and might be associated with an increased incidence of postoperative pain.

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