



Chronic pain after inguinal hernia repair is a real risk and a major issue

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Inguinal hernia repair, especially uncomplicated primary repair, is the most frequently performed surgical procedure worldwide.

The fact that inguinal hernia is such a widespread condition explains the huge scientific, economic and professional interest in this particular field of general surgery.

Considering that inguinal hernia repair is within the capabilities of any surgeon, and considering, also, the remarkable and increasingly refined technological advances seen in this field, it is easy to understand the scope it offers surgeons to modify techniques and make different surgical choices for individual cases. This is notwithstanding the many efforts made by scientific societies and experts to combat this trend, through their increasingly widespread dissemination of guidelines, expert opinions and technical demonstrations.

Each year, millions of patients undergo this surgery and therefore constitute a population potentially exposed to the risk of complications that, while not high in percentage terms, can nevertheless together form a critical mass.

In the past, the most negative long-term effect was recurrence, the incidence rate of which seems to have fallen significantly since prostheses came on the scene. This latter observation, however, remains to be assessed in light of the doubts we have often expressed about the effectiveness and reliability of reported follow ups.

However, while recurrences no longer seem to be the concern that it once was, a different but equally undesirable outcome has now emerged prominently in specialist scientific debate: chronic postoperative pain.

This problem, whose frequency is not completely clear, can turn the life of a patient surgically treated for hernia into a nightmarish ordeal, as numerous different attempts are made to diagnose and treat their condition.

A preliminary yet exhaustive evaluation is crucial in the approach to patients with a suspected primary inguinal hernia, and it should be conducted rigorously and with integrity. Indeed, due to the continued lack of clear differentiation between unspecified groin pain, “weakness” (bulging of the posterior wall), so-called sport hernia, pubic inguinal pain syndrome (PIPS), and various other forms of pubic/groin pain, there is still frequent overestimation of the need for surgery.

This lack of clarity when it comes to distinguishing between different situations can certainly be, especially for the less experienced, one of the main causes of erroneous surgical indications and, for the patient, subsequent possible chronic pain.

For all these reasons, several essential points need to be defined as we seek to broach the topic of chronic postoperative pain. What is needed, once again, is a precise definition of the condition, an exhaustive diagnostic process that aims at excluding the presence of other comorbidities, clarification on the choice of possible non-surgical therapies and their correct timing (start and end), as well as eventual surgical interventions, choice and timing.

In the course of 2022, we are planning to organize a Forum and subsequent Special Issue and Topical Collection devoted to this hot topic, and will be inviting internationally renowned experts to contribute.

In wishing all our readers a fantastic and scientifically rewarding 2022, we take this opportunity to invite you take part, too, sharing your experiences through the usual editorial channels, always maintaining the high standards of quality set by our journal.

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