



Delivering what inguinal hernia patients really really want

E. Sams¹ · Brian M. Stephenson¹

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Dear Editors,

All inguinal hernia patients wish for a straightforward rehabilitation in both the short and long term and Patient Reported Outcome Measures (PROMS) allows comparison of our perceived thoughts, as surgeons, to those of the patients' with respect to their postoperative quality of life (QoL). This has now been well 'dissected' by our North American colleagues at the Abdominal Core Health Quality Collaborative (ACHQC) in their 10 year matched analysis comparing various open pre-peritoneal repairs with a traditional anterior (Lichtenstein) inguinal repair [1]. In the short term there was a significant improvement in QoL at 30 days, 6 months and 1 year after a pre-peritoneal approach. In the longer term, there was no difference in later recurrence.

As general surgeons we strive to obtain results comparable to those of hernia zealots where the reproducibility of the surgical technique, including the type of anaesthesia used, is paramount. A tension-free repair under local anaesthesia (LA) with a short learning curve is clearly a sensible option especially in our increasingly elderly (and frail) population and certainly leads to less opioid use [1–3]. Irrespective of the use of LA or not, there is more than one way of buttressing the pre-peritoneal plane [4, 5]. Indeed a trans-inguinal approach is easier to teach and perform by residents who need to appreciate the intricacies of the inguinal canal as demonstrated in a randomised fashion by our Dutch colleagues [4].

Whilst PROMS are indeed very useful, the really important question is often inadvertently overlooked. Would the patient have a similar procedure in the future on the contralateral side? This is eminently meaningful and easily

quantified irrespective of the initial surgical approach [5]. A straightforward question with an easy answer to what our patients really really want.

Declarations

Conflict of interest The authors declare no competing interests or financial disclosures.

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✉ Brian M. Stephenson
bsfrcsis@gmail.com

E. Sams
emily.sams@doctors.org.uk

¹ Department of Surgery, St Joseph's Private Hospital, Newport, South Wales, UK