

Experience of a Level I hospital in hernioscopy as a tool in the treatment of incarcerated inguino-crural hernia

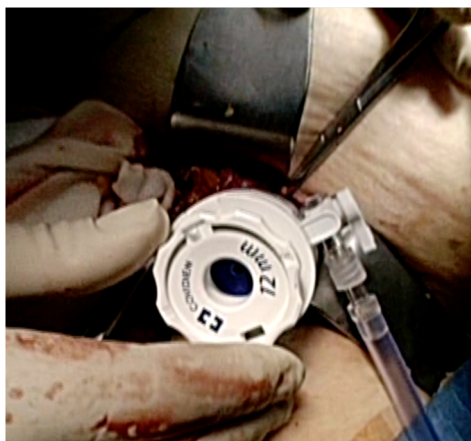
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AIM:

Incarcerated inguinal hernia is a frequent situation. If the intestinal loop cannot be visualized during surgery, the patient's management is more conservative and hospital stays may be prolonged and hospital expenses increased. Performing a hernioscopy through the hernial sac can reduce both.

MATERIAL AND METHODS:

Demographic, intervention and admission data were collected from 23 patients who underwent emergency surgery under spinal anesthesia for incarcerated hernia. The group was divided between those who underwent a "hernioscopy" through the hernial orifice and those who did not. A statistical analysis was performed between both groups. Hernioscopy was performed with an optical trocar through the hernial orifice and low pressure CO₂ (4-8 mmHg).



RESULTS

	TOTAL = 23 (100%)	NO HERNIOSCOPY = 11 (47,8%)	HERNIOSCOPY= 12 (52,2%)	P-Valor
Sex (female)	12 (52.2%)	3 (13.0%)	9 (39.1)	0.022
Age	79 [71.0 - 85.0]	75 [52.0 - 88.0]	80 [55.0 - 85.0]	NS
HTA (16 (69.6%)	7 (63.6%)	9 (7.0%)	NS
DM (Diabetes Mellitus)	5 (21.7)	3 (27.3)	2 (16.7)	NS
DL (Dyslipidemia)	13 (56.5)	6 (54.5)	7 (58.3)	NS
Heart Disease	11 (47.8)	6 (54.5)	5 (41.7)	NS
Pulmonary Disease	6 (26.1)	4 (36.4)	2 (16.7)	NS
Sintrom	3 (13.0)	0 (0.0)	3 (25.0)	0.075
Anticoagulant	9 (39.1)	6 (54.5)	3 (25.0)	NS
Oclusion	11 (47.8)	5 (45.5)	6 (50.0)	NS
Evolution (Days)	4 [2.0 - 12.0]	3 [1.0 - 6.0]	5 [3.0 - 12.0]	NS
Inguinal	10 (43.5)	7 (63.6%)	3 (25.0)	0.062
Crural	12 (52.2%)	4 (36.4)	8 (66.7)	NS
Right side	13 (56.5)	7 (63.6%)	6 (50.0)	NS
Left side	9 (39.1)	4 (36.4)	5 (41.7)	NS
Direct	7 (30.4%)	5 (45.5)	2 (16.7)	NS
Indirect	4 (17.4%)	3 (13.0%)	1 (8.3%)	NS
Umbilical	1 (4.3%)	0 (0.0)	1 (8.3%)	NS
Recovery seen	14 (60.9%)	2 (18.2%)	12 (100.0)	<0.001
Recovery not seen	9 (39.1)	9 (81.8%)	0 (0.0)	<0.001
ICG (Indocyan Green)	2 (8.7%)	0 (0.0)	2 (16.7)	NS
Food Tolerance (hours)	10 [8.0 - 16.0]	10 [5.0 - 24.0]	11 [8.0 - 16.0]	NS
> 3 days after admission	6 (26.1)	5 (45.5)	1 (8.3%)	0.043
Complications	5 (21.7)	3 (27.3)	2 (16.7)	NS

CONCLUSIONS:

- ❖ Hernioscopy is a resource currently available in any surgical service.
- ❖ Can allow checking intestinal viability in a safe and non-aggressive way for patients.
- ❖ This check allows safe initiation of tolerance and early and safe discharge of patients with multiple pathologies.