

A novel but old tool to improve the treatment of incarcerated inguino-crural hernia

GÓMEZ-LÓPEZ J.R., TRUJILLO-DIAZ J.; CONCEJO-CUTOLI P.; MONTENEGRO-MARTÍN M.A.; SCHENONE F.; BENNAZAR NIN R.; BENÍTEZ RIESCO A.; MARTÍN DEL OLMO J.C.
General and Digestive Surgery Department. Medina del Campo Hospital

AIM:

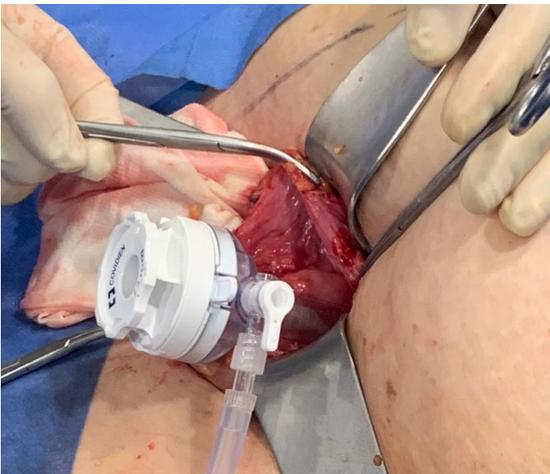
Incarcerated inguinal hernia is a common situation in the emergency room. It is proposed to perform a low-pressure laparoscopy through the hernial orifice to visualize the reduced loop.

MATERIAL AND METHODS:

Most patients with incarcerated hernia in our setting are multi-pathological, so the urgent intervention is performed with spinal or local anesthesia. If during the intervention the intestinal loop is reduced without checking its recovery or if there are doubts about this, a laparoscopy is performed through the hernial orifice. A 10 mm optical trocar is introduced with the videoendoscope and CO₂ is insufflated at low pressure (4-8 mmHg). The recovery of the loop is checked. The hernial sac is closed and the hernia is repaired.

RESULTS:

Complete recovery of the intestinal loop is confirmed



CONCLUSIONS:

- Hernioscopy is a resource available in any surgical department.
- It allows the viability of the intestinal loop to be assessed, avoiding prolonged hospital stays and unnecessary tests such as blood tests or CT scans.
- It is a simple, safe and reproducible technique.