

The effect of drainage on postoperative bleeding, hematoma and seroma in laparoscopic inguinal hernia repair.

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Aim

Hematoma and seroma that can be seen after laparoscopic totally extraperitoneal (TEP) inguinal hernia repair is a major problem in patients who are concerned about recurrence. Multiple vessels can be injured during inguinal hernia repair, including the inferior epigastric vessels and corona mortis.

This study, we aim to investigate the effectiveness of preperitoneal closed-suction drainage on reducing postoperative complications in TEP inguinal hernia repair.

Material & Methods

One hundred twenty-five patients aged 18-80 years who presented to our hospital between May 2021 and February 2023 with primary unilateral inguinal hernia were into the pre-peritoneal drain (Group 1) and no-drain groups (Group 2).Hematoma and seroma size on the 6th postoperative day and 3rd month, early postoperative bleeding, postoperative hospital stay, pain score and recurrence were recorded.

Results

There were 45 patients in Group I and 80 patients in Group II. 114 of the patients were male and 11 were female. Hematoma and seroma were detected in 5 patients in Group I and 15 patients in Group II on the 6th postoperative day ($p<0.024$). Two patients in Group I were re-explored on the 1st postoperative day due to the amount of drain and hemodynamic instability (Figure 1).

Conclusions

Especially for young surgeons who are new to the surgical procedure, placing a negative pressure drain behind the mesh that can be removed after 24 hours will both reduce the development of hematoma and seroma in the future and contribute to early diagnosis and timely intervention considering that serious bleeding, which can sometimes result in death, may occur.



Figure 1.Preperitoneal hematoma and bleeding