REPARACIÓN HERNIARIA SIN PRÓTESIS

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EVOLUCIÓN HISTÓRICA

Etapa anatómica | *Etapa protésica*

1950

"If we could artificially produce tissues of the density and toughness of fascia, the secret of the radical cure of hernia would be discovered".

Billroth 1878

Bassini(1844-1924)

Lichtenstein(1920)

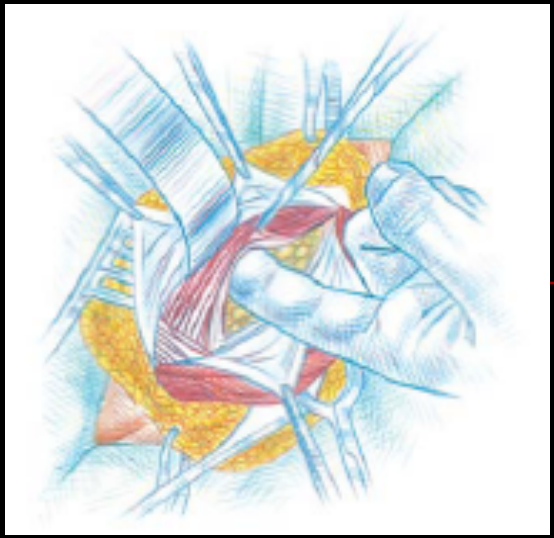
TÉCNICA DE BASSINI

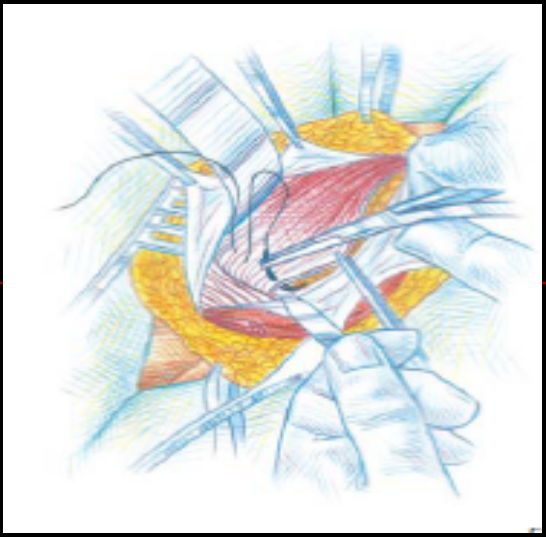
- Sociedad Italiana de Cirugía en 1887
- Pádua 1889 publica su técnica:
  - Recidivas 2,8% (4 años).
- Atilino Catterina publica:

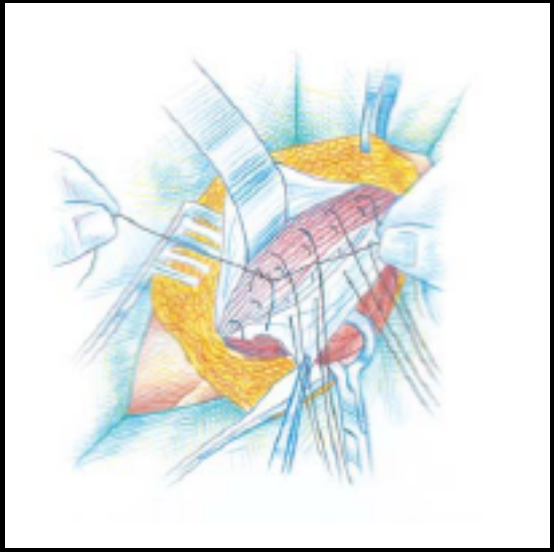
"La operación de Bassini" 1932

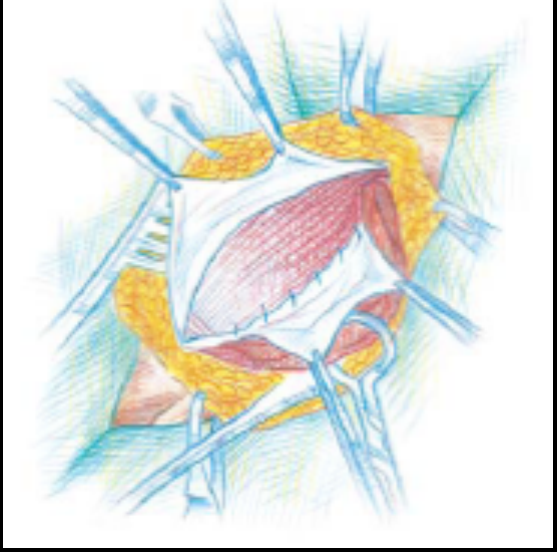
Reparación anatómica

TÉCNICA QUIRÚRGICA









TÉCNICA DE MCVAY (REPARACIÓN MEDIANTE EL LIGAMENTO DE COOPER)

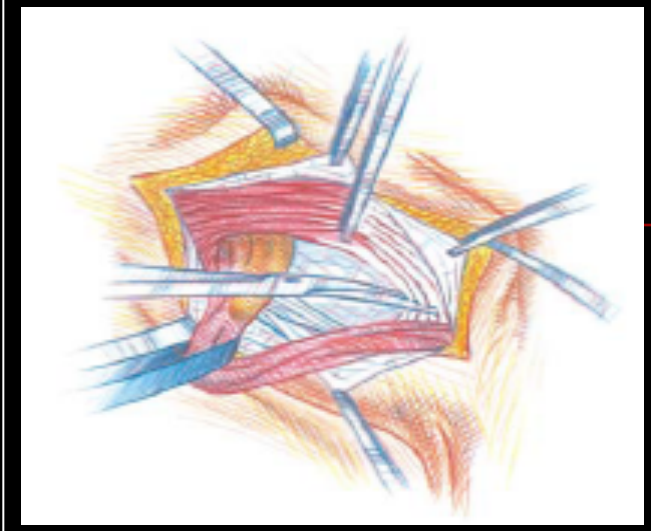
- Cubrir las carencias de la técnica de Bassini.
- Giuseppi Ruggie 1892, Lotheissen 1897
- Indirectas grandes, directas y crurales.
- Recurrencias 3,5-11%

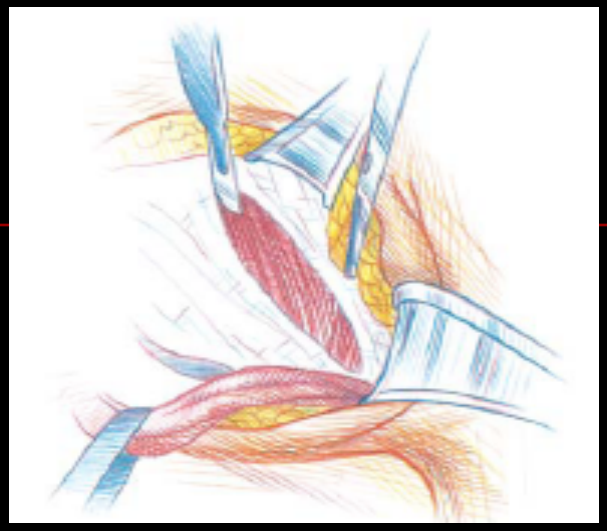
(Rutledge RH*: 2%)

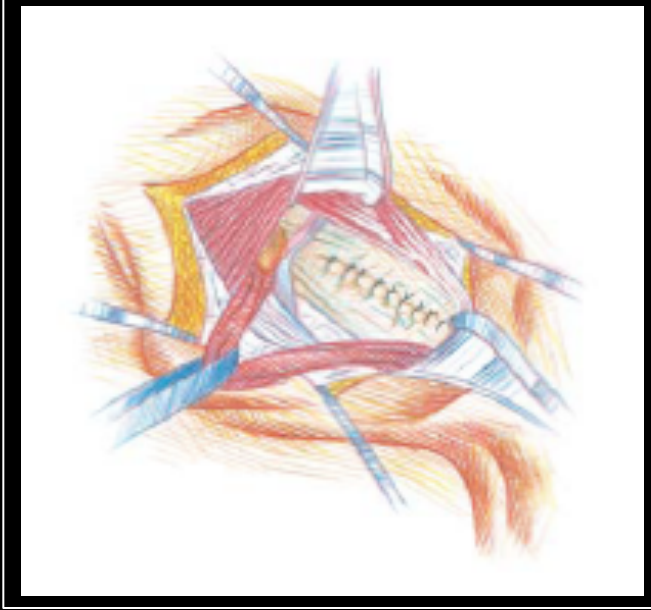
*Surgery 1988;103:1

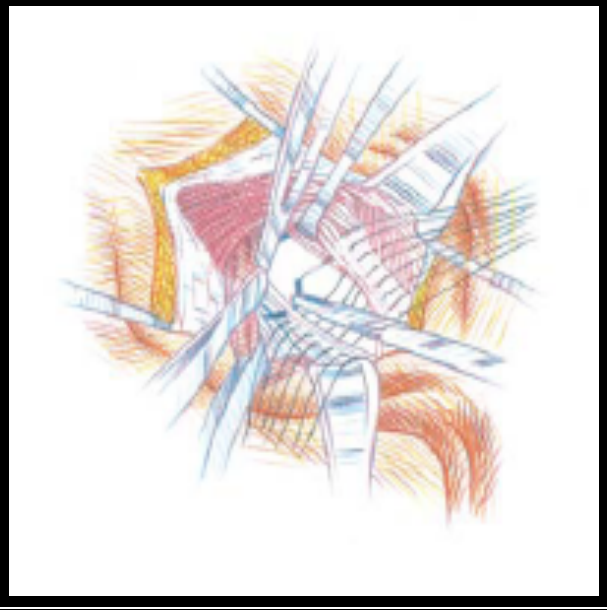
Reparación anatómica

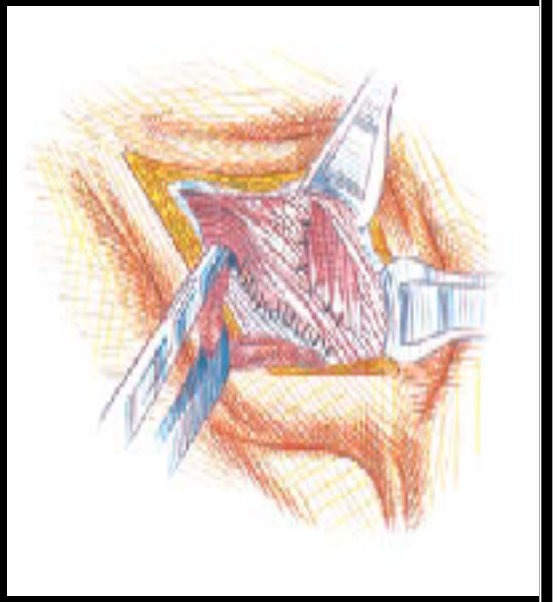
TÉCNICA QUIRÚRGICA









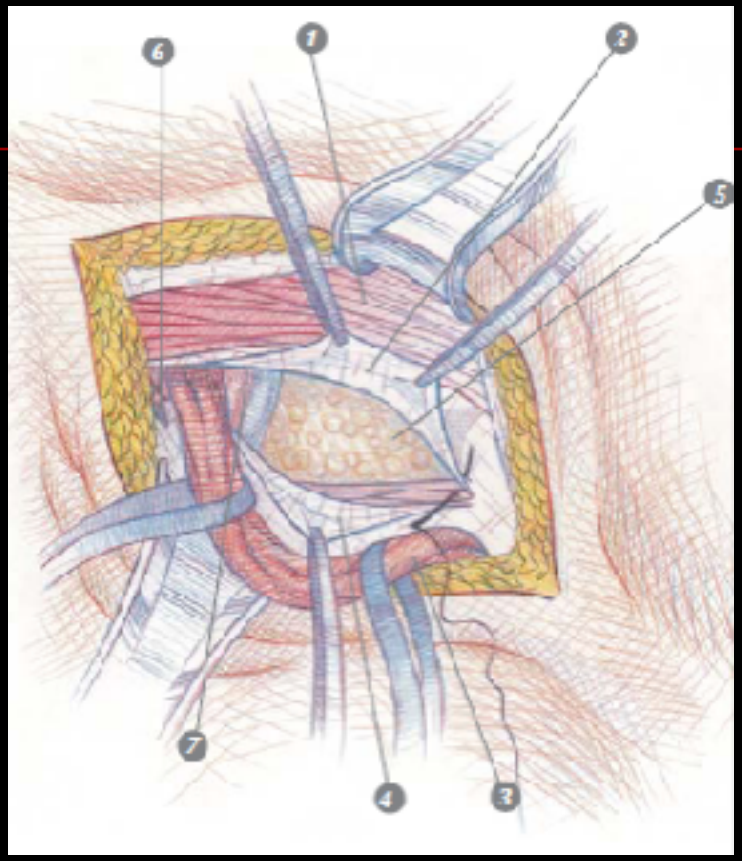


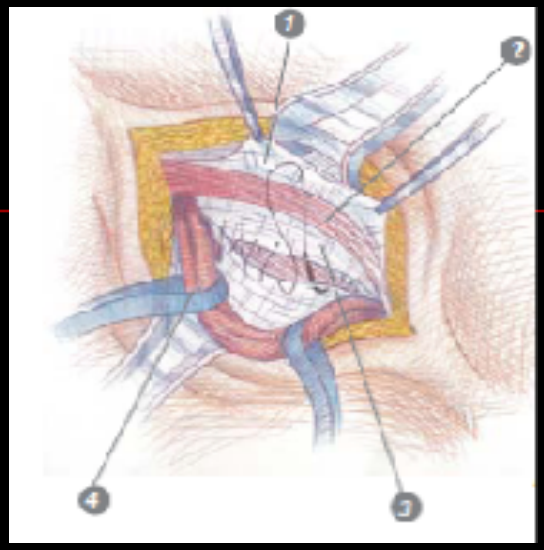
TÉCNICA DE SHOULDICE O HERNIORRAFIA CANADIENSE

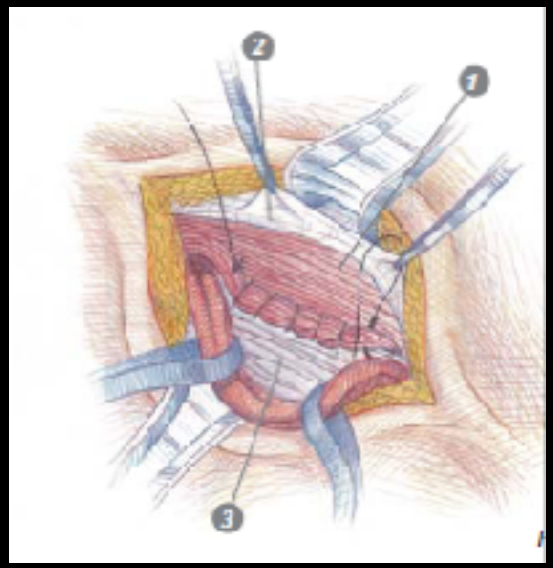
- Primer artículo 1953
- Clínica de Shouldice (84 camas, privado)
  - Desde 1945:>200.000 hernias
  - Recurrencias: 0,5-1,5%

- Gold estándar en reparaciones anatómicas.
- Hernias tipo II, III, IV y V de Gilbert; casos seleccionados de hernias recidivadas.

Reparación anatómica







Shouldice Inguinal Hernia Repair in the Male Adult: The Gold Standard?

A Multicenter Controlled Trial in 1578 Patients

ANNALS OF SURGERY
Vol. 222, No. 6, 719–727
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- ➢1578 pacientes
- ➢15 centros
- ➢21 cirujanos

Reparación anatómica

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Table 3. RECURRENCE RATE

	Bassini	Cooper Ligament	Shouldice Polypropylene	Shouldice Steel
No. of hernias	420	407	419	401
According to anatomical type				
At 3 yr	19	22	18	12
	(4.5%)	(5.4%)	(4.3%)	(3.0%)
Indirect	8/210	11/205	8/203	8/205
Direct	5/120	7/113	7/125	3/100
Combined	6/90	4/89	3/91	1/96
Emergency*	0/10	0/4	1/8	0/5
At 8.5 yr	30	28	23	16
	(7.1%)	(6.9%)	(5.5%)	(4.0%)
Indirect	13/210	13/205	8/203	10/205
Direct	7/120	10/113	10/125	4/100
Combined	10/90	5/89	5/91	2/96
Emergency*	1/10	0/4	1/8	0/5
Sliding	3/27	1/32	3/24	0/32
According to type of anesthesia				
General	20/271	18/273	16/284	11/267
Regional	8/125	8/114	7/113	4/120
Local	2/24	2/20	0/22	1/14

Recurrencia 3 años
71 casos

Recurrencia 8 años
26 casos

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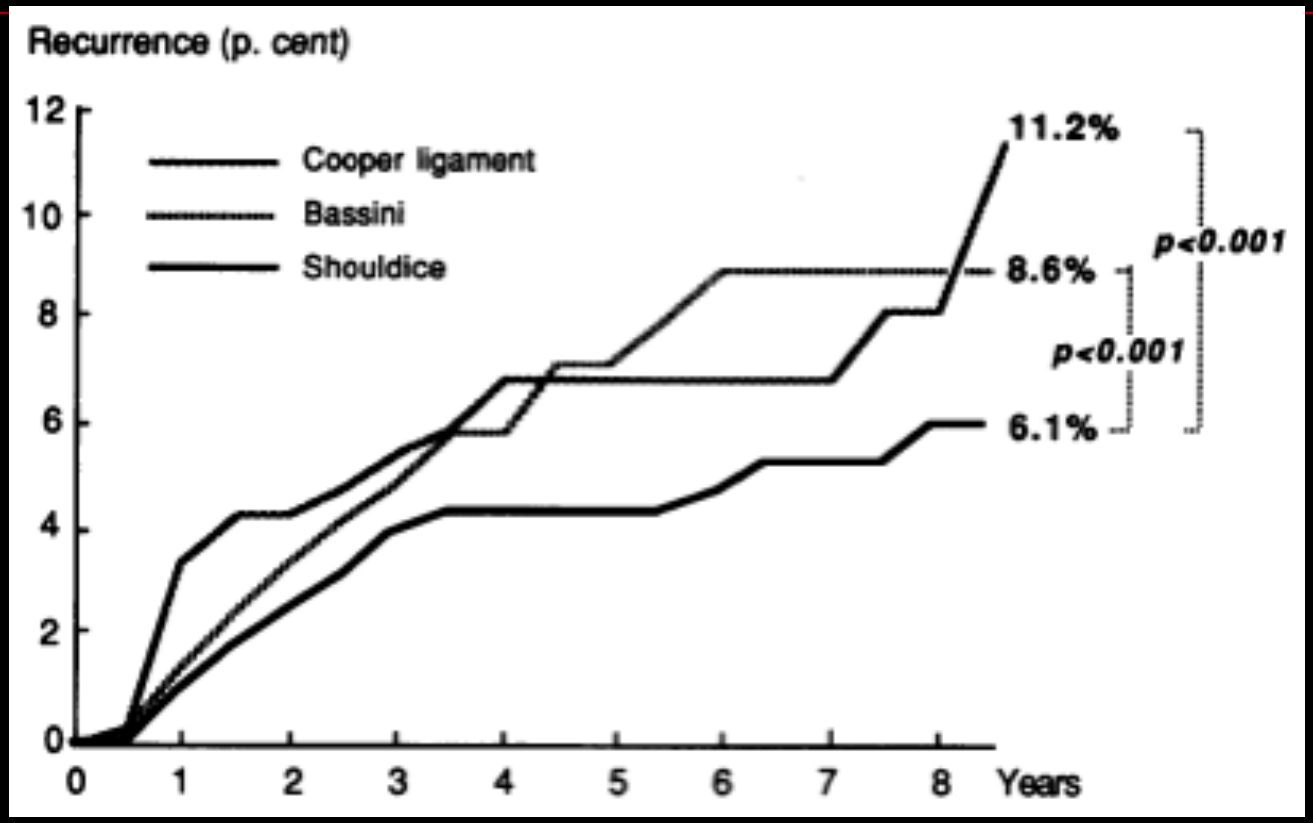
Reparación anatómica



Shouldice Inguinal Hernia Repair in the Male Adult: The Gold Standard?

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Reparación anatómica

Table 4. POSTOPERATIVE CHARACTERISTICS

	Bassini	Cooper Ligament	Shouldice Polypropylene	Shouldice Steel
No. of hernias	420	407	419	401
Compression bandage	79	92	90	76
First day of ambulation				
Day 0	154*	119†	174‡	169‡
Day 1	263*	282‡	242†	229‡
Day 2	1	6	1	3
Day 3	2	0	2	0
Median duration of hospital stay (range) (days)	7 (1–36)	8 (3–69)	7 (1–38)	8 (1–51)
Unemployed	194	167	171	162

Shouldice Inguinal Hernia Repair in the Male Adult: The Gold Standard?

A Multicenter Controlled Trial in 1578 Patients

Reparación anatómica

Table 5. POSTOPERATIVE MORTALITY AND MORBIDITY

	Bassini	Cooper Ligament	Shouldice Polypropylene	Shouldice Steel
No. of hernias	420	407	419	401
Postoperative deaths	2	0	0	2
Wound complications				
Hematoma	21	34	15	23
Abscess	6	3	4	5
Reoperation	9	2	4	4
Locoregional complications*	4	1	1	1
Urinary retention due to prostate hypertrophy	2	1	1	0
Urinary tract fistule	1	0	1	1
Intestinal necrosis	1	0	0	0
General complications				
Cardiovascular	5	3	3	3
Cerebral vascular	2	0	0	0
Urinary tract	10	6	3	3
Catheter related	1	1	0	0

La herniorrafia de Shouldice en el tratamiento de la hernia inguinal primaria. Estudio prospectivo sobre 775 pacientes

José Luis Porrero, Carlos Sánchez-Cabezudo, Alfonso SanJuanBenito, Adolfo López y Manuel Hidalgo

Cirugía Española 2003;74 (6):330-3

775 pacientes

La herniorrafia de Shouldice en el tratamiento de la hernia inguinal primaria. Estudio prospectivo sobre 775 pacientes

José Luis Porrero[a], Carlos Sánchez-Cabezudo[b], Alfonso SanJuanBenito[c], Adolfo López[c] y Manuel Hidalgo[c]

Reparación anatómica

Características	Shouldice (n = 775)
Edad media, años	52
Varones, n (%)	724 (93)
Mujeres, n (%)	51 (7)
Derecha, n (%)	382 (49)
Izquierda, n (%)	333 (43)
Bilateral, n (%)	60 (8)
Gilbert II, n (%)	249 (30)
Gilbert III, n (%)	232 (28)
Gilbert IV, n (%)	314 (38)
Gilbert V, n (%)	40 (4)
Local-sedación i.v., n (%)	643 (83)
Raquídea, n (%)	100 (13)
General, n (%)	32 (4)
Tamaño de la incisión, cm	9,5
Duración de la intervención, min	57,5 (40-75)

93% varones
38% Gilbert IV
83% local y sedación
Recidivas 2%

	n	%
Obeso	67	9
Fumador	206	27
Tosedor	98	13
Esfuerzos	217	28
Estreñimiento	90	12
Enfermedad prostática	60	8

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Reparación anatómica

TABLA 5. **Complicaciones postoperatorias**

	n	%
Equimosis (n = 775)	50	6
Hematoma (n = 775)	6	1
Infección (n = 775)	2	0,2
Orquitis (n = 775)	24	3
Atrofia testicular (n = 775)	5	1
Trombosis de la vena dorsal del pene (n = 775)	3	0,4
Cefalea (n = 100)	7	7
Retención urinaria (n = 132)	11	8

Reparación anatómica

Longterm Followup (12–15 Years) of a Randomized Controlled Trial Comparing Bassini-Stetten, Shouldice, and High Ligation With Narrowing of the Internal Ring for Primary Inguinal Hernia Repair

Geerard L. Beets, PhD,* Koen J. Oosterhuis, MD,† Peter M.N.Y.H. Go, PhD,‡ Cor G.M.I. Baeten, PhD,* and Gauke Kootstra, PhD*

J Am Coll Surg 1997;185:352–357.

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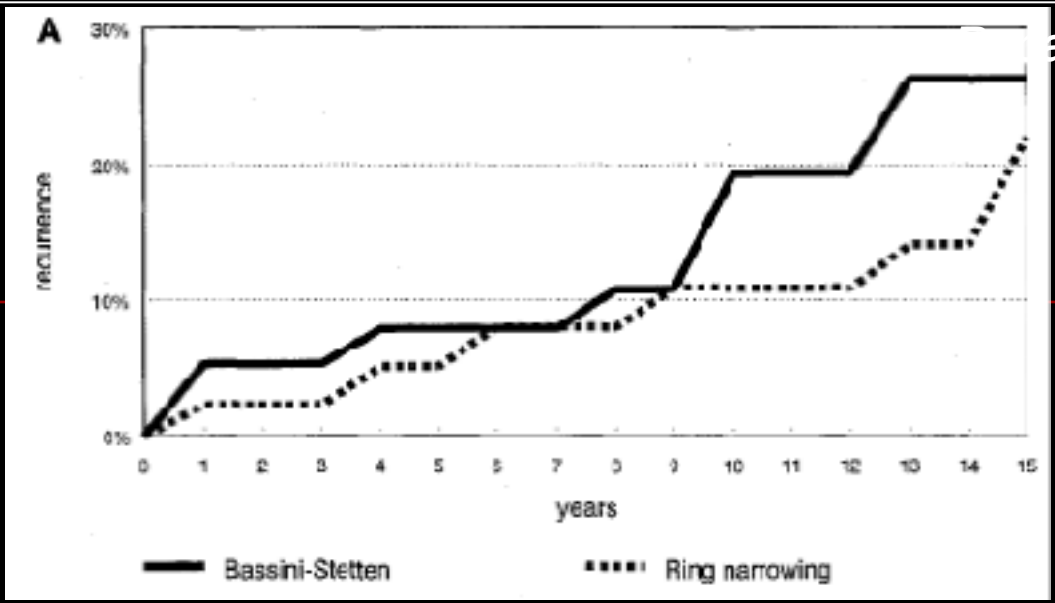

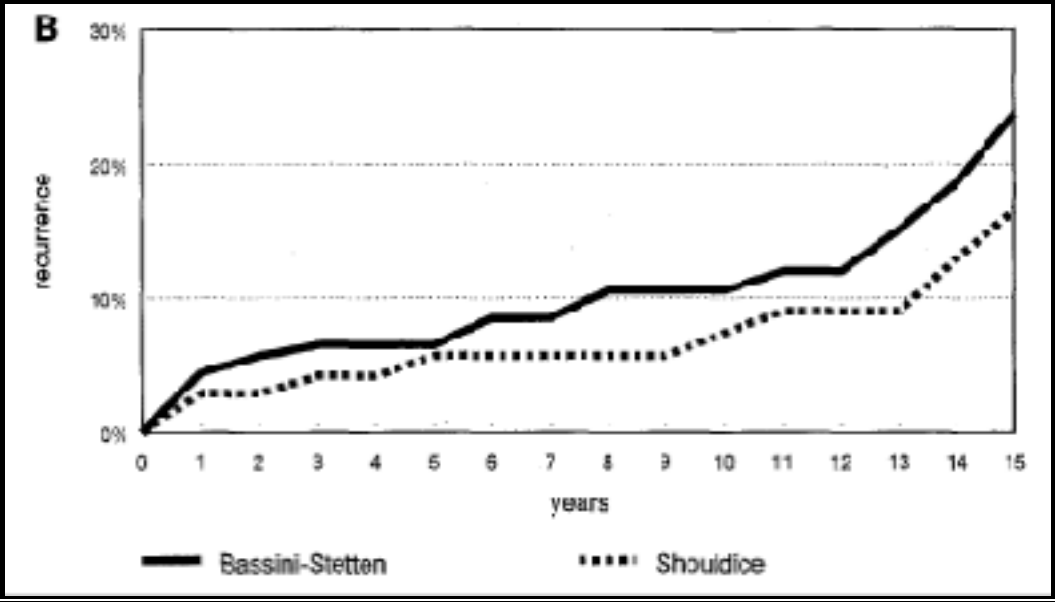

¿Cuál es la mejor técnica de reparación anatómica?

Role of the Shouldice technique in inguinal hernia repair: a systematic review of controlled trials and a meta-analysis

M. P. SIMONS, J. KLEIJNEN*, D. VAN GELDERE†, H. F. W. HOITSMA‡ and H. OBERTOP

Herniorrafia de Shouldice vs otras técnicas anatómicas (Bassini, McVay)

*Br J Surg 1996;83:734-8

Reparación anatómica

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Table 4 Meta-analysis of randomized trials with scores above 5 points are shown

Reference	Shouldice technique: No. of patients randomized	Shouldice technique: No. of recurrences	Control repair: No. of patients randomized	Control repair: No. of recurrences	Relative risk
Fingerhut *et al.*[18] Ia	700	21	413	29	0·85 (0·51–1·44)
Fingerhut *et al.*[18] Ib	583	11	357	27	0·42 (0·21–0·84)
Pan *et al.*[7]	119	2	125	12	0·18 (0·04–0·77)
Oosterhuis and Greep[13]	103	5	160	11	0·71 (0·25–1·97)
Panos *et al.*[15]	136	9	136	12	0·75 (0·33–1·72)
Tran *et al.*[14]	65	7	63	9	0·75 (0·30–1·90)
Pooled results	1706	55	1254	100	0·62 (0·45–0·85)*

Values in parentheses are 95 per cent confidence intervals. *$P = 0·003$, Mantel–Haenzel test; Epi Info computer program

La herniorrafia de Shouldice es la mejor técnica de reparación anatómica con tasas de recidiva inferior.

¿Las técnicas que utilizan malla son superiores a aquellas que no la utilizan?

Reparación anatómica

Randomized trial of Lichtenstein *versus* Shouldice hernia repair in general surgical practice

P. Nordin, P. Bartelmess, C. Jansson, C. Svensson and G. Edlund

British Journal of Surgery 2002, **89**, 45–49

	Shouldice (n = 148)		Lichtenstein (n = 149)	
Primary hernia	Operations	Recurrence	Operations	Recurrence
Direct	47	4 (9)	41	0 (0)
Indirect	84	1 (1)	84	0 (0)
Combined	9	1 (11)	14	0 (0)
Sliding	8	1 (12)	10	1 (10)
All types	148	7 (4·7)	149	1 (0·7)

Mesh compared with non-mesh methods of open groin hernia repair: systematic review of randomized controlled trials

EU Hernia Trialists Collaboration

Correspondence to: Professor A. Grant, EU Hernia Trialists Collaboration Secretariat, Health Services Research Unit, University of Aberdeen, Polwarth Building, Foresterhill, Aberdeen AB25 2ZD, UK

British Journal of Surgery 2000, **87**, 854–859

15 trabajos
4005 pacientes

*Br J Surg 2000;87:854-9

Reparación anatómica

Mesh compared with non-mesh methods of open groin hernia repair: systematic review of randomized controlled trials

EU Hernia Trialists Collaboration

Correspondence to: Professor A. Grant, EU Hernia Trialists Collaboration Secretariat, Health Services Research Unit, University of Aberdeen, Polwarth Building, Foresterhill, Aberdeen AB25 2ZD, UK

Las reparaciones con malla:

- Tasas de complicaciones postoperatorias son similares.
- No parece aumentar el riesgo de infección profunda ni del dolor crónico.
- Retorno a la actividad social y laboral más rápido
- Cirugía más corta.
- Recidivan menos.

¿Deberían las técnicas anatómicas pertenecer a la historia?

- La técnicas sin malla no parecen ofrecer ventajas*
- Las prótesis no están indicadas:
  - en menores de 18 años**
  - Infección generalizada de la región inguinal.

*Br J Surgery 2003;90:131-2
**24thCongress of European Hernia Society, 2002

¿Deberíamos aprender las técnicas clásicas de reparación de la hernia?

MUCHAS GRACIAS