

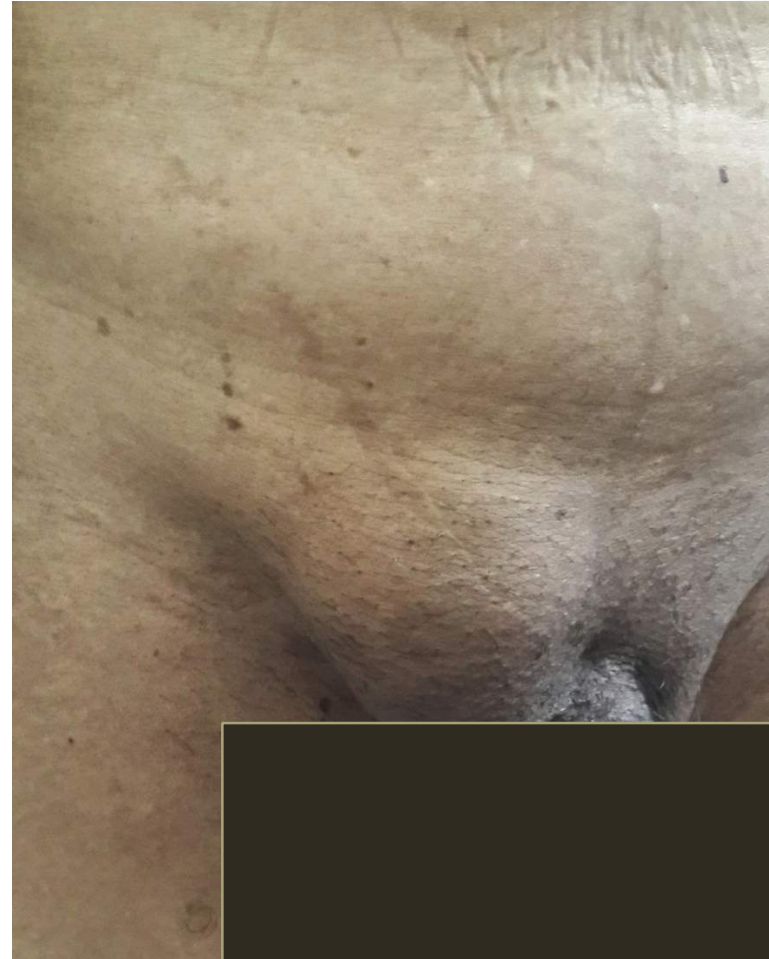
A case of recurrent inguinal hernia

By ,
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Chair person:- Dr P.Ramlingam (Prof of general surgery)

Chief complaints

- A 73 year old male patient came to the hospital with complaints of :-
- swelling in the left groin region since 4 months.
- Swelling in the right groin region since 6 months.



History of present illness

- The patient was apparently alright 6 months back when he noticed a small sized swelling of 2x1 cm in the right inguinal region which gradually progressed in size to about three times its present size.
- About 2 months later the patient developed swelling in the left inguinal region which also gradually progressed in size.
- Both the swellings increased in size on straining during coughing & micturition.
- Both the swellings reduced in size on lying down & with manipulation were completely reduced.

- Patient has H/O difficulty in passing urine associated with increased urgency & intermittency for which he is on treatment with alpha blockers.
- No H/O colicky abdominal pain , vomiting , abdominal distension or constipation.
- NO H/O of heavy weight lifting , chronic cough.

Past History

- Patient has had similar complaints 10years back when he developed similar swelling in the right inguinal region for which he was operated 9 years back.
- Patient has not had any other abdominal surgeries like appendectomy in the past.
- He is a known case of Hypertension & diabetes mellitus since 5yrs.
- Not a known case of tuberculosis , bronchitis , epilepsy or asthma.

Personal history

- Married for 50yrs.
- Appetite – normal
- Sleep – adequate
- Bowels – regular
- Bladder – increased frequency & urgency
- Not a known smoker or alcoholic.

- Family history:-
- No history of similar complaints in the family.

General physical examination

- Patient moderately built & nourished well oriented to time , place & person.
- No pallor , clubbing , icterus , cyanosis , edema & lymphadenopathy.
- ✓ ***Vitals:-***
 - Afebrile
 - PR – 78 beat/min , regular , good volume.
 - BP – 130/90 mm of Hg , right arm supine position.
 - RR – 20 cycles/min , abdomino thoracic

Local examination of inguinoscrotal region

- Inspection:-In standing position.
- A pyriform shaped swelling of size 6x4cm present in the right inguinoscrotal region extending from inner part of the inguinal ligament to the root of the scrotum.
- Another pyriform shaped swelling of size 4x3cm present in the left inguinoscrotal region extending from above the inguinal ligament to the root of the scrotum.
- Skin over the swelling is normal & previous surgical scar is seen in the right inguinal region.
- Expansile cough impulse is present bilaterally.
- Penis is central in position.



- Palpation:- in standing position
- Inspectory findings were confirmed.
- No local rise of temperature or tenderness in the inguino scrotal region.
- Getting above the swelling is negative bilaterally.
- Both the swellings were doughy in consistency.
- Testis is separately palpable from the swelling.
- Cough impulse is present bilaterally.
- Deep ring occlusion test is positive on the right & left side after reducing the swellings bilaterally.

- Palpation :- in lying down position
- After reducing both the inguino scrotal swellings the following tests were performed:-
 - ✓ zieman's technique – impulse felt on the index finger bilaterally.
 - ✓ Invagination test – impulse felt at the pulp of the finger bilaterally.

- Percussion:-
- dull note is felt bilaterally.

- Auscultation:-
- No bowel sounds were heard.

Other systems

- Cardio vascular system - S_1S_2 heard , no murmurs heard.
- Respiratory system – Normal vesicular breath sounds heard , no added sounds.
- Per abdomen – soft , non tender , non distended , bowel sounds present.
- Central nervous system - normal

Provisional diagnosis

- **Uncomplicated right recurrent indirect incomplete inguinal hernia with contents as omentocele.**
- **uncomplicated left incomplete indirect inguinal hernia with contents as omentocele.**

Investigations

- CBP

Hb -10.6 gm%

TLC- 8,300 /cu.mm

N-62% ,L-31%, E-04% ,M-03%,B-0%

platelet count -2.1 lakh/cu.mm

BT -2min , CT- 3 min 30sec

Blood group- O +ve

Smear - Normocytic, normochromic

CUE - Normal.

- RBS - 108mg/dl
- FBS – 97mg/dl
- PLBS – 128mg/dl
- HbA1C – 6.5%
- Blood urea -29mg/dl
- S.creatinine - 0.6 mg/dl
- Na -142 mmol/l
- K - 3.9 mmol/l
- Cl - 103 mmol/l
- LFT - WNL
- HIV - Non reactive
- Hbs Ag - Negative
- ECG - WNL

- ***USG Abdomen – bilateral inguinal hernia with prostatomegaly grade II & 40ml of residual urine.***
- CXR PA view – WNL
- Patient was electively planned for left inguinal hernioplasty & right inguinal orchidectomy.

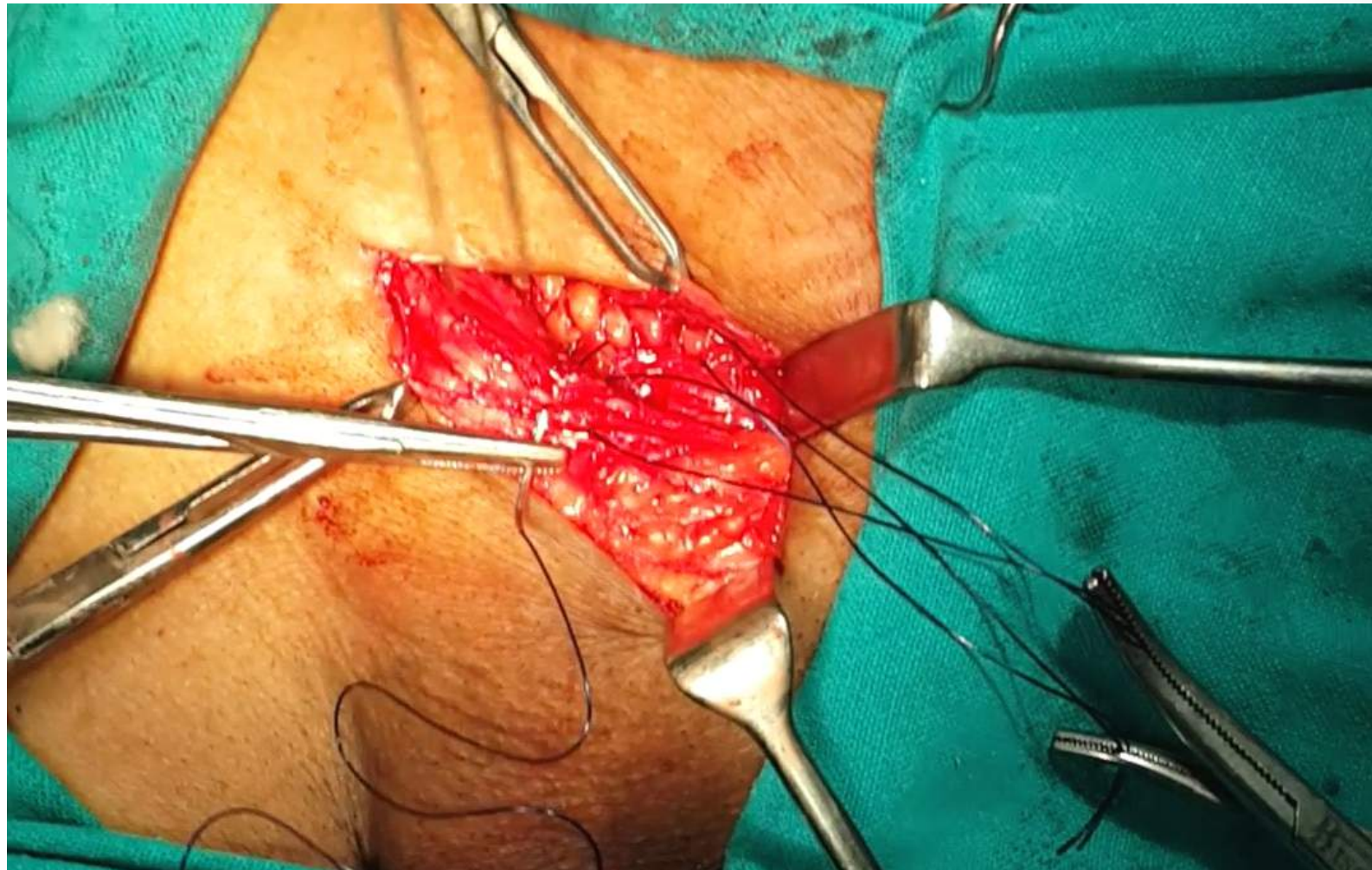
Operative procedure

- Under SA parts were painted & draped.
- First incision was given over the right inguinal region beside the previous scar
- It was found that hamilton bailey operation was done previously for right inguina hernia
- Hence right orhidectomy was not done.
- Instead using prolene no 1 internal oblique , transversus abdominis muscles & inguinal ligament were approximated using interrupted sutures , i.e. Modified bassini's hernioplasty was done.
- Left inguinal hernioplasty was done

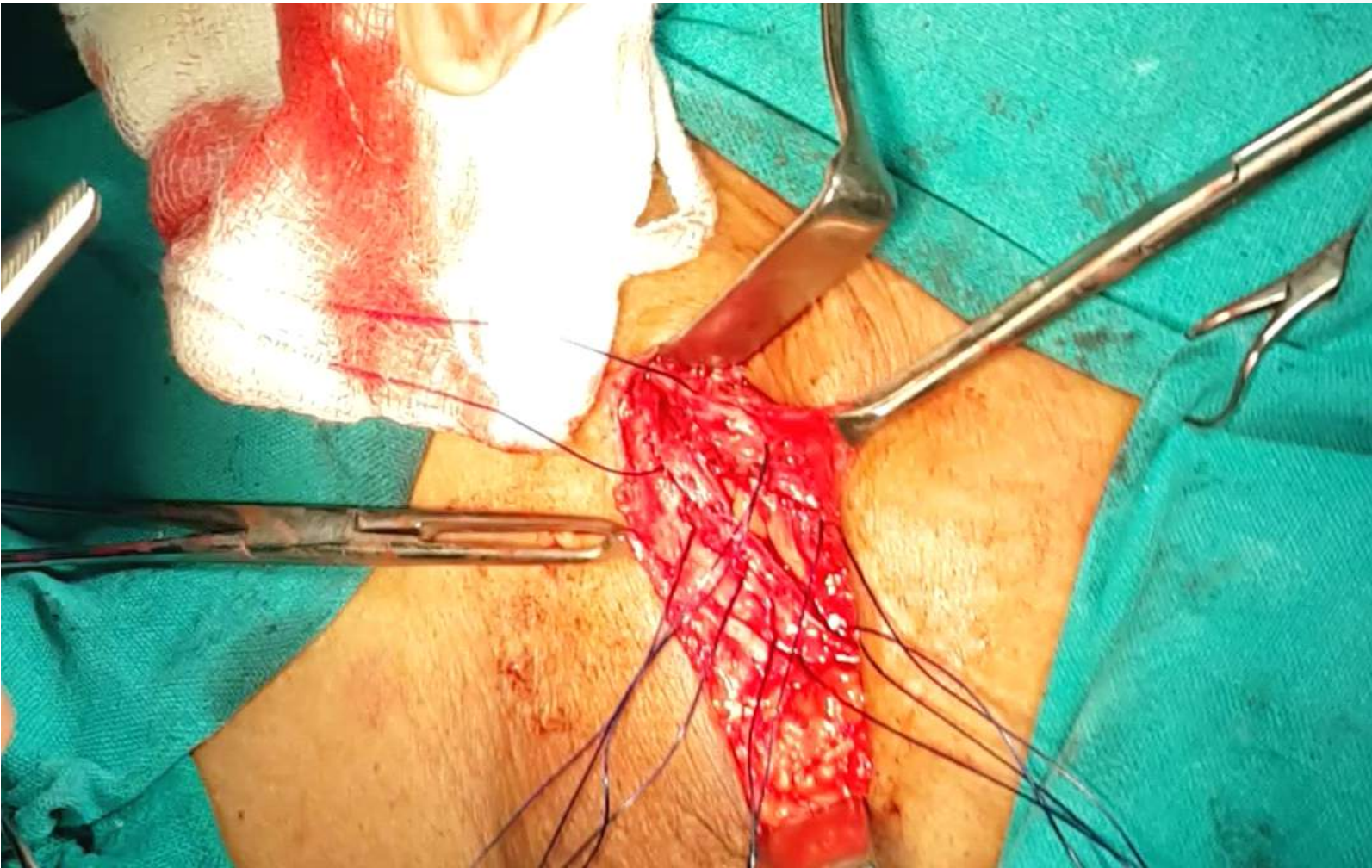
Intra operatively spermatic cord was found to be cut & clamped in the inguinal region



Using prolene no 1 conjoint tendon & inguinal ligament were approximated



Modified bassini's repair done



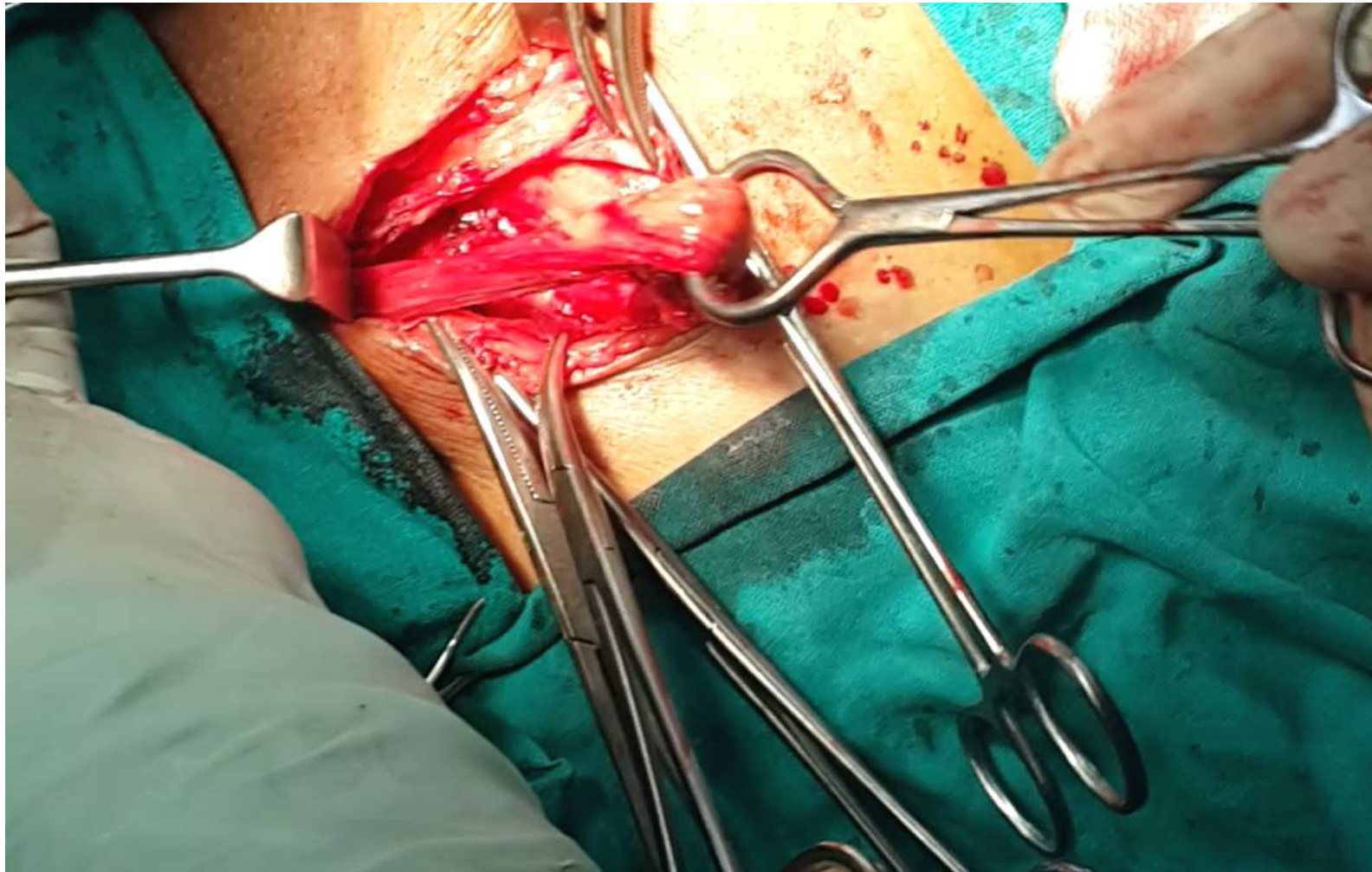
Closure after bassini's repair



Closure of the wound after excising the previous scar



Spermatic cord was found on the left side within the inguinal region



Post operatively

- NBM for 8 hours
- i.v.fluids -R.L.+DNS
- Inj. Taxim 1 gm iv BD
- Inj. Metrogyl 400mg iv TID
- Inj.Amikacin 500mg iv BD
- Inj. Pantop 40mg iv OD
- TPR/ BP/ I/O Charting.
- GRBS 8th hrly
- Inj Human Actrapid s/c acc to sliding scale
- T.Amlong 10mg OD
- The patient recovered uneventfully in the post operative period and was allowed soft diet on the second post operative day and discharged on 9th post op day after suture removal.

THANK YOU