

**Original article:**

## Study of management of asymptomatic hernia in YCM hospital

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### Abstract

**Background:** The most common symptom patients have from their hernia is pain that is usually mild to moderate and generally does not affect work or leisure activities. Up to one third of patients are asymptomatic or have very little in the way of symptoms from their hernia

**Methods:** The present study was hospital based Prospective, Observational study. This study was performed in the Department of Surgery for one year duration. The subjects were selected using random sample technique.

All the patients, regardless of age and gender, admitted with diagnosis of incisional hernia were included in the study. Depending upon the size of defect treatment was carried out. Postoperatively patients were followed up for detection of possible complications and their treatment.

Informed consent was obtained from male patients 55 years or older with an asymptomatic inguinal hernia to randomization to hernia repair or observation.

**Results:** 60 patients of asymptomatic hernia were studied. Mean age was 59 years with male to female ratio 4.3:1.

**Conclusions:** Hernia repair in the patient with an asymptomatic inguinal hernia does not increase long-term pain.

### Introduction:

The most common symptom patients have from their hernia is pain that is usually mild to moderate and generally does not affect work or leisure activities. Up to one third of patients are asymptomatic or have very little in the way of symptoms from their hernia.<sup>1</sup> For those that undergo repair, around 10% will have a significant wound infection or hematoma, 3% will have severe chronic pain, and 5% to 10% will develop a recurrent hernia.<sup>2</sup> Many factors are associated with incisional hernia like age, sex, obesity, chest infections, type of suture material used and most important wound infection<sup>1</sup>. All these present a challenging problem to the surgeon. Incisional hernia usually starts early after surgery, as a result of failure of the lines of closure of the abdominal wall following laparotomy. If left unattended they tend to attain large size and cause discomfort to the patient or may lead to strangulation of abdominal contents. Further more, an incisional hernia can incarcerate, obstruct, perforate or can cause skin necrosis all of which markedly increase the risk to patient's life.<sup>3</sup>

### Material and methods:

The present study was hospital based Prospective, Observational study. This study was performed in the Department of Surgery for one year duration. The subjects were selected using random sample technique.

All the patients, regardless of age and gender, admitted with diagnosis of incisional hernia were included in the study. Depending upon the size of defect treatment was carried out. Postoperatively patients were followed up for detection of possible complications and their treatment.

Informed consent was obtained from male patients 55 years or older with an asymptomatic inguinal hernia to randomization to hernia repair or observation.

**Results:**

60 patients of asymptomatic hernia were studied.

Mean age was 59 years with male to female ratio 4.3:1.

Table 1) Patients involved with previous surgeries

previous surgeries Carried out	Number of patients (60)
Hysterectomy	7
Tubal ligation	9
LSCS	3
Laparoscopy	9
Appendisectomy	32

Table 2) Risk factors

Risk factors	Number of patients (60)
Wound infection	9
Wound dehiscence	4
Obesity	4
Repeat surgery	2
Constipation	3

The primary analysis was according to the intention-to-treat principle. Baseline data were tabulated by randomized treatment groups (observation or operation).

### **Discussion:**

This study was set up against the background that operation on an asymptomatic hernia or a hernia that had little effect on the patient's social or daily activities may result in considerable chronic pain and discomfort. Interestingly, this was not the case, and on any parameter measured up to 1 year after randomization, pain scores, the number who reported pain, and analgesia consumption, there was no difference between those that were observed and those that had an operation. Moreover, patients that underwent operation perceived that their general health had improved, whereas those that were observed felt that their health had declined in keeping with increasing age in an elderly population.<sup>4</sup>

There is one other clinical trial currently in progress that sets out to determine if watchful waiting is an acceptable alternative to routine hernia repair for patients with minimal or no hernia symptoms.<sup>4</sup> As with our study, the primary outcome measures are pain or discomfort interfering with usual activities and the physical component summary score of the SF-36. The outcome variables are measured at 6 months, 12 months, and 2 years. The major difference between this and our trial is that the inclusion criteria are broader in that men of 18 years and older are considered eligible.<sup>5</sup>

Hernia repair in the patient with an asymptomatic inguinal hernia does not increase long-term pain. In addition, it may reduce serious morbidity and improve general health. Further clinical trials with longer follow-up are required to determine if such a strategy produces sufficient health gain to justify the additional health care costs.<sup>6</sup>

### **Conclusions:**

Hernia repair in the patient with an asymptomatic inguinal hernia does not increase long-term pain.

### **References:**

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