

ERNIA INGUINALE: SOSTITUZIONE O RIPARAZIONE

Francesco Guarnieri

**Incontro con il Dr. Ermanno
Trabucco - 16 Giugno 2012**

Ars Medica Roma

Presentazione del libro:

“Da Napoli a New York,
l'imperativo delle mie radici”



ARS MEDICA
c a s o d i c u r a





American College of Surgeons: New Orleans 1992



American College of Surgeons: New Orleans 1992
 Guarnieri, Shulman, Ravo, Nicolo', Trabucco, Stoppa, Nyhus, Gilbert

SOSTITUZIONE O RIPARAZIONE



Ermanno Trabucco



Sostituzione
(suturless)

- Intervento piu' semplice
- presenza di un corpo estraneo
- assenza di suture



Presidi medico chirurgici



Antonio Guarnieri



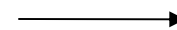
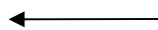
RIPARAZIONE
(riprogettazione)

- Intervento piu' complesso
- Modificare l'anatomia
- Preservare la fisiologia

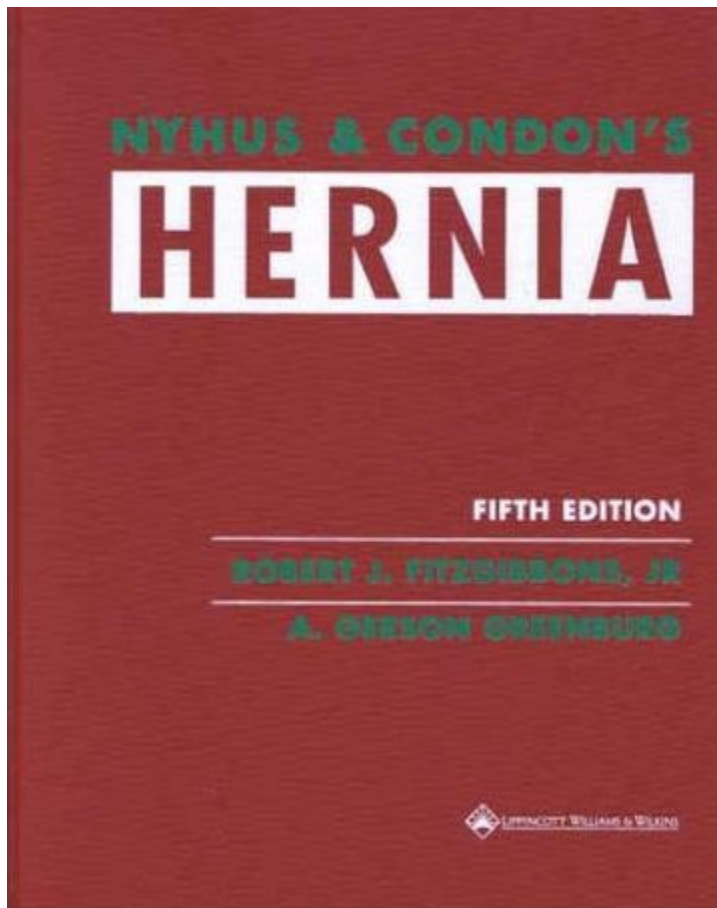


Case di cura

1988



Italiani dedicati all'ernia



Capitolo 11



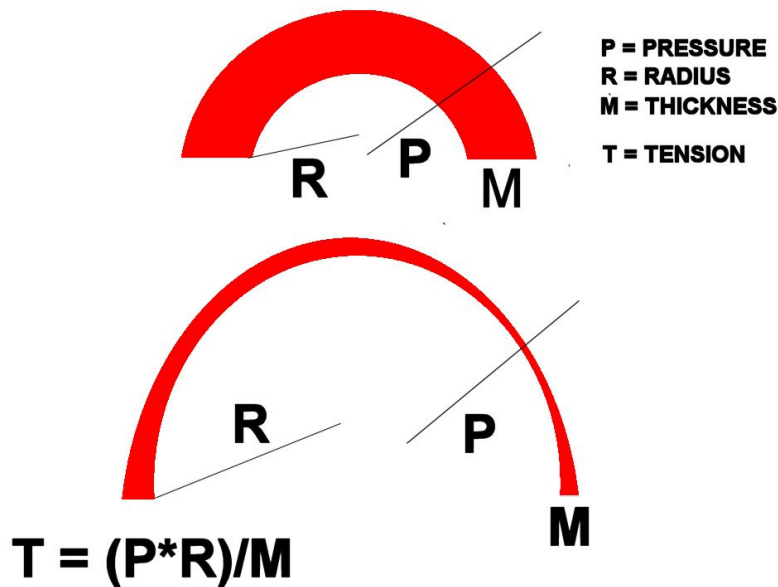
Capitolo 15

CONCETTO DI TENSION FREE

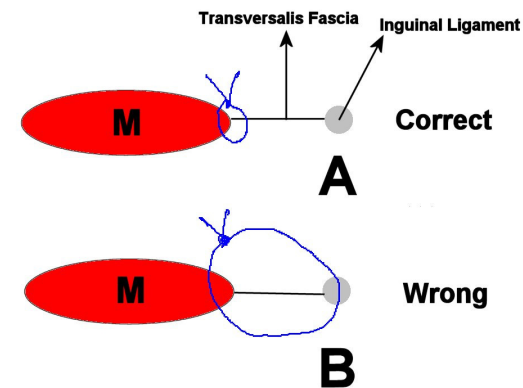
1984 Lichtenstein (concetto di tension free orizzontale)

1989 Trabucco (concetto di tension free sutureless)

1994 Guarnieri (concetto di tension free tridimensionale – legge di Laplace)



Si deve creare un equilibrio
tra trazione e rinforzo



LA TECNICA DI TRABUCCO



FIGURE 15.1. The open "inguinal box."



FIGURE 15.2. The sutureless preshaped mesh in the closed anatomic space of the inguinal box; cannot move.



FIGURE 15.3. A Foley catheter facilitates the placement of a plug T4 around the spermatic cord in the preperitoneal space. The T4 is placed around the cord or cord and Foley. The opening is closed and the T4 is placed over the balloon of the Foley. The deep ring is narrowed over the T4 and the catheter is removed.

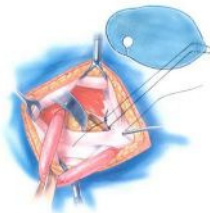


FIGURE 15.4. A Reverdin's needle facilitates the preperitoneal implant of a plug T5 by placing two loop sutures on the plug.

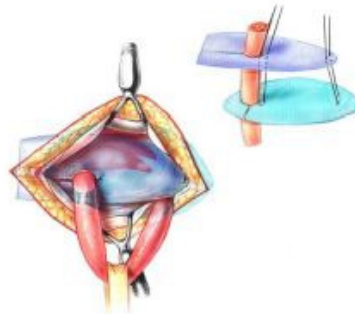


FIGURE 15.5. The posterior wall has been closed over the implanted plug T5. The two-loop sutures are inserted in the preshaped mesh and are tied, controlling their tension.

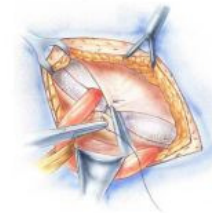


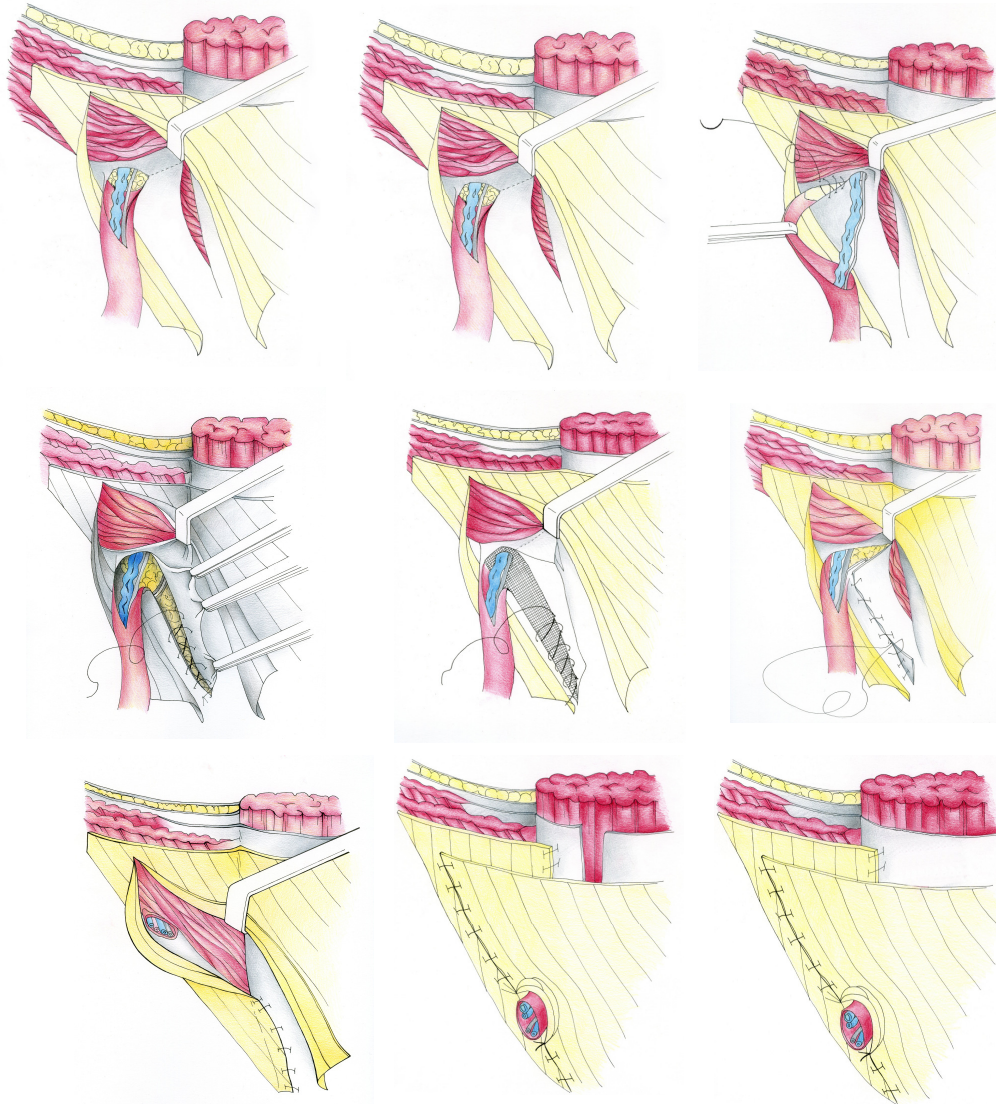
FIGURE 15.6. The external oblique aponeurosis is closed over the mesh, under the spermatic cord.

Semplice e alla portata di tutti. La protesi e' utilizzata al 100 %

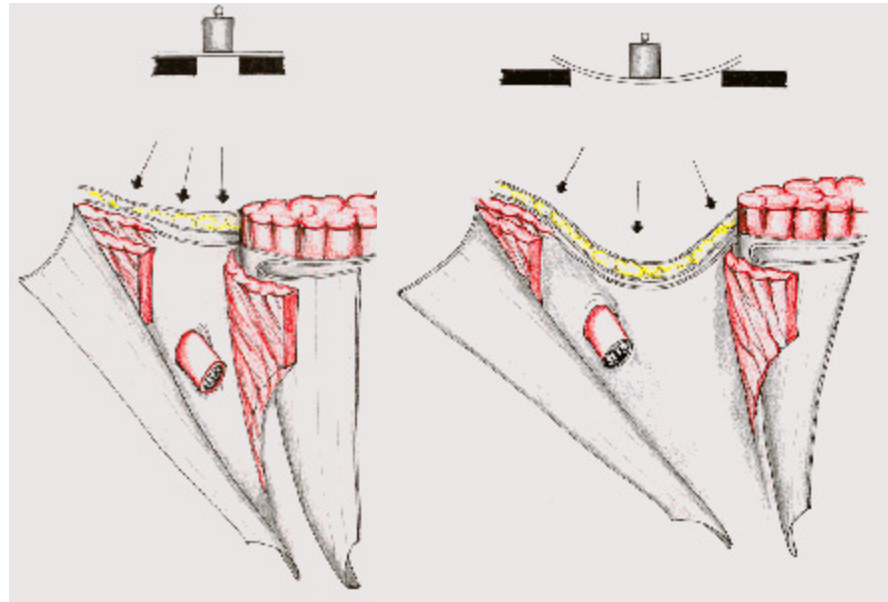
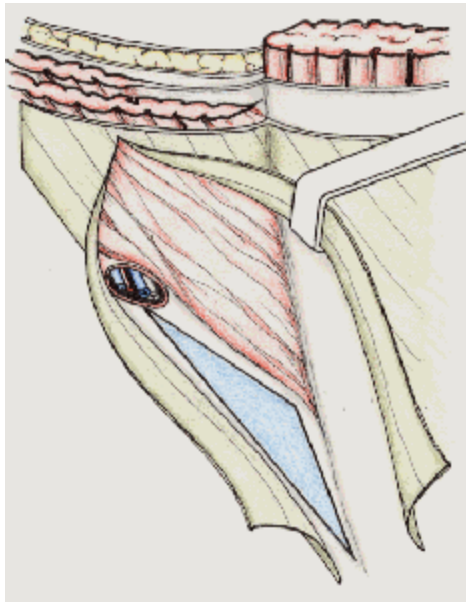
LA TECNICA DI GUARNIERI



Usa la protesi solo
nel 5-15 % dei
pazienti con ernia
inguinale primitiva

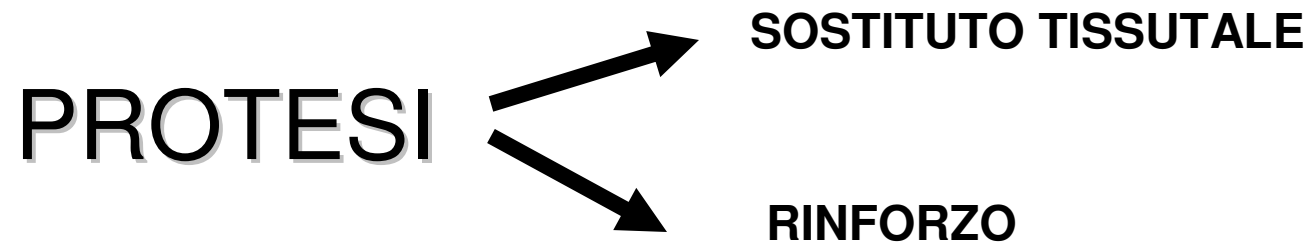


CONCETTO DI TENSION FREE



2 I punti critici: l'anello profondo e il triangolo inguinale.

Una protesi fissa (soprattutto se suturata) distrugge la fisiologia del canale inguinale. Lo irrigidisce e non e' tension free soprattutto sotto sforzo perche' la dinamica del canale inguinale cambia a riposo e sotto sforzo (effetto vela). Questa differenza c'e tra la procedura proposta da Trabucco e da Lichtenstein.



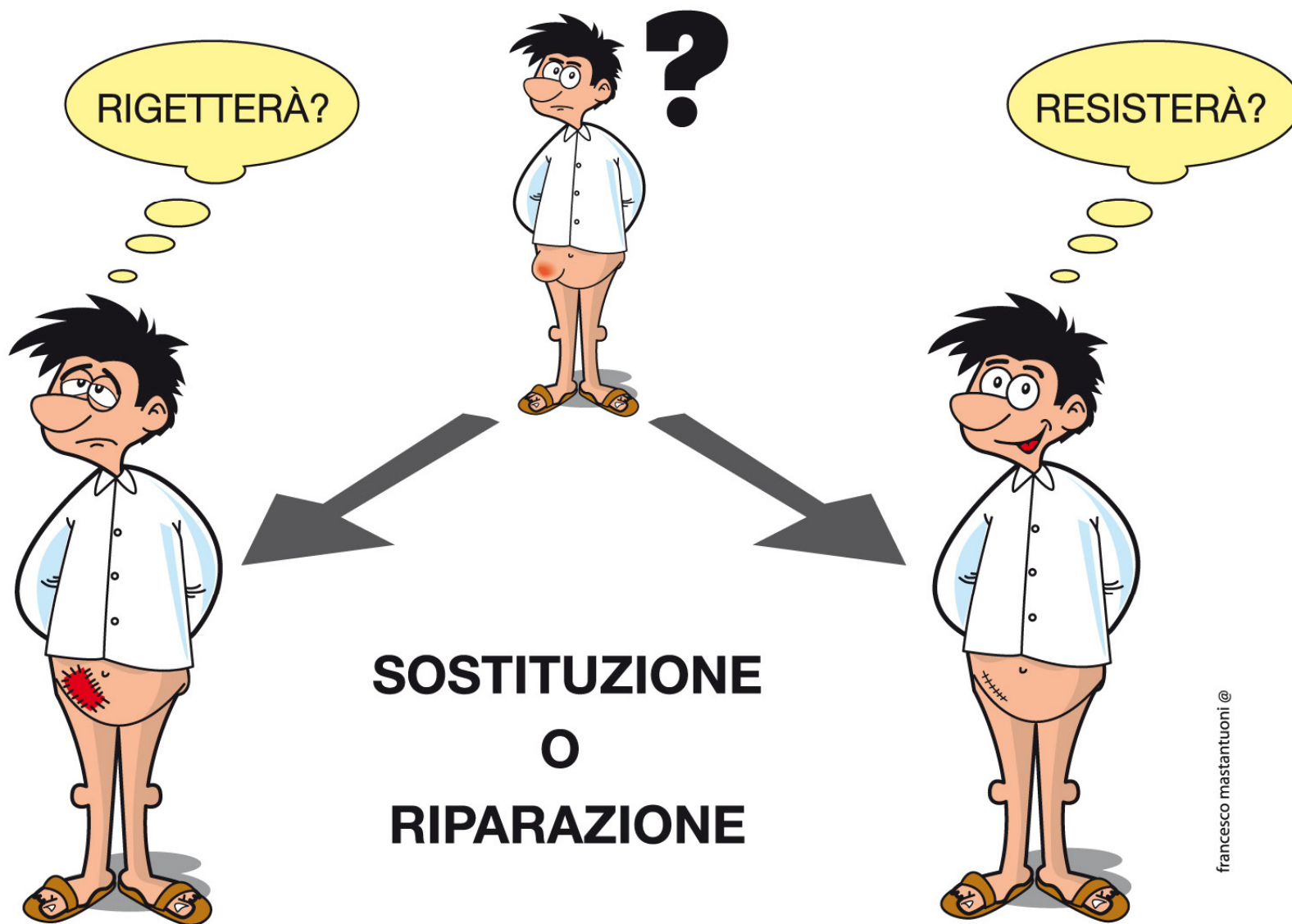
La protesi come sostituto tessutale e' obbligatoria (recidive, laparoceli)

La protesi come rinforzo tessutale e' ad appannaggio del chirurgo

UNA PROTESI FISSATA ALLA MUSCOLATURA E' ANTIFISIOLOGICA
(SUTURELESS)

UNA SUTURA CHE FISSA LA MUSCOLATURA AD UNA STRUTTURA
RIGIDA E' ANTIFISIOLOGICA SOPRATTUTTO SE COMPRENDE IL
MUSCOLO A TUTTO SPESSORE

ERNIA INGUINALE



CHIRURGO



LA PROTESI FACILITA L'INTERVENTO

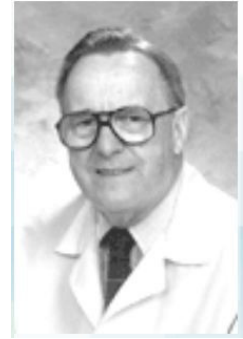
**GLI INTERVENTI SENZA PROTESI
SONO COMPLESSI E AD
APPANNAGGIO DEI CHIRURGH
ESPERTI**

Le protesi rinforzano ma possono
rovinare la fisiologia del canale
inguinale

Herniology: past, present, and future

R. C. Read

Hernia lecture" presented at the 4th International Hernia Congress—Joint Meeting of the AHS and EHS,
Berlin, Germany, September 2009



Introduction

Despite herniorrhaphy being performed frequently, most surgeons consider it to be a minor procedure. However, a few surgeons' views differed.

The Past

The Master was Bassini (1884), who introduced a radical cure for inguinal hernia. Incising his triple layer, internal oblique, transversus, and transversalis, he entered the preperitoneal space, allowing high ligation of the sac and mass suturing to the inguinal ligament. A 2.7% recurrence rate evoked worldwide emulation. Corruption ensued. The cremaster remained and few unincised layers were stitched, without imbrications, along with reinforcement using the cremaster or rectus muscles, fascial flaps, relaxing incisions, and silver coils. Little improvement cast doubt on Bassini's work. Russell's (Lancet 2:1197–1203, 1906) ligation of the hernial sac was adopted until 1953, when the Shouldice clinic revived Bassini's tenets, becoming the gold standard for decades. Cheatle (Br Med J 2:68–69, 1920) introduced posterior pre-peritoneal repair. Acquaviva and Bourret (Presse Med 73:892, 1948) designed the first plastic prosthesis (nylon), replaced by polypropylene. Usher (Surg Gynecol Obstet 117:239–240, 1963) parietalized the cord. These contributions paved the way for the Rives, Stoppa, Wantz, and Gilbert repairs, Ger's laparoscopic approach, and less common herniorrhaphies.

The Present

Chevrel (1979) formed the GREPA, which evolved into the European Hernia Society (EHS), joining with the American Hernia Society (AHS) to form the journal 'Hernia.' Nilsson (1993) instituted national hernia registries, enabling less recurrences and better prospective research.

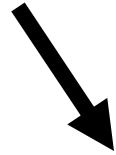
The Future

In the 21st century, the Lichtenstein procedure has dominated inguinal herniorrhaphy. Herniologists accepted systemic connective tissue disorder as the etiology of abdominal hernia and pelvic prolapses. This malady explains why prostheses slow but do not eliminate recurrence. Antidotes need to be developed and employed

Conclusion

This malady explains why prostheses slow but do not eliminate recurrence. Antidotes need to be developed and employed.

Heavy Meshes



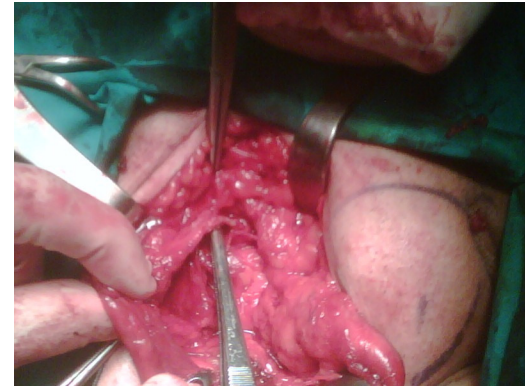
Light Meshes



Biological Meshes



Pure Tissue Repair ?

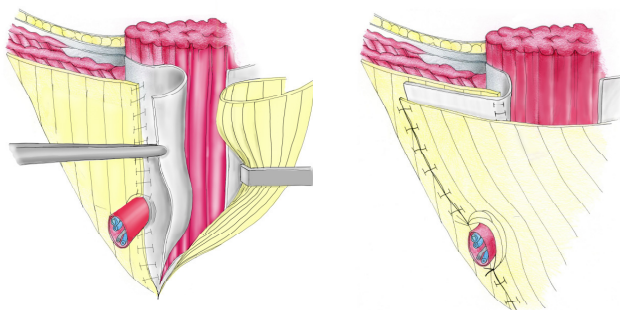


Recidiva su protesi con deferente decubitato nella protesi

Il numero di recidive in pazienti operati con la protesi e' in aumento perche' aumentano gli interventi protesici.



Ridurre l'uso di protesi dal 15 % al 5 % con una nuova variante tension free



CHIRURGO



LA PROTESI FACILITA L'INTERVENTO

**GLI INTERVENTI SENZA PROTESI
SONO COMPLESSI E AD
APPANNAGGIO DEI CHIRURGH
ESPERTI**

Perche' Trabucco allora ha fatto fare
una protesi per meta' riassorbibile ?



Perche' cosi ha accontentato anche i
chirurghi come me!

Grazie per l'attenzione