Our technique improves the concept of strong that one produced by a mesh. The elements of the funiculus (vessels and deferent) are separated from the proximal tract of the internal spermatic fascia and cremaster and then isolated. The isolated suture is performed transversalis fascia up to the internal oblique. The technique can be performed either with mesh or without, but the goal of the expert surgeon should be to perform this operation without suturing the retinacula and avoiding the creation of a new tension. For this reason, we have chosen to create a neo-mesh, which can be easily calibrated towards the external side of the membranous tissue and aligned in a stronger zone where it can be isolated by the internal oblique muscle. When the transversalis muscle contracts, the neo-mesh contracts, and the suture is performed directly on top of the transversalis fascia, with which it forms an adherent midline plane. The mesh of the aponeuroses is overlapped once more forming a second plane. Together, these create a strong wall, certainly no less strong than the one produced by a mesh.

The repair of the superficial layer is the same as in all hernias.

The external side of the inferior-lateral border of the external oblique aponeurosis is freed completely from every adhesion. The transversalis fascia is separated from the internal ring by which the posterior wall of the inguinal canal is completely closed. The fascia of the deep ring up to the pubic spine is performed. The repair of the superficial layer is the same as in all hernia operations. The mesh is used could lead to more complications (Table 9). The mesh is used could lead to more complications (Table 9). The mesh use could lead to more complications (Table 9).