Melbourne Hernia Clinic Newsletter – January 2020:

The journal HERNIA is published monthly. Two interesting articles relevant to our practise appeared recently:

1--Pain resolution in the ultrasound diagnosed "hernia" without surgery

2--laparoscopic versus open hernia repair results

We are constantly comparing our results to worldwide reports. Our results are also published in international journals.

The results in the above articles vindicate our approach.

1 – We prefer not to operate on the ultrasound diagnosed hernia if clinically no hernia is found. This is because surgery may not cure, and indeed make the symptoms worse. A watch and wait policy is practised. Other causes of pain must be excluded. The journal article showed this to be effective in the vast majority. Some patients are relieved to avoid surgery, while others are frustrated. It is difficult to be 100% correct. We are instituting a trial to assess the success of our approach.

2 – An extensive meta analysis showed that the laparoscopic repair had an excessive number of vascular accidents and a higher recurrence rate. It showed the open repair had more postoperative pain and slower return to activity and work. Our results however were superior on all counts to both those open and keyhole techniques. In our series of over 350 patients followed up over 5 years, there was no incidence of significant chronic pain and a lower recurrence rate compared to the percentage quoted in many of those studies. Our additional studies showed less early postoperative pain and a quicker return to activity and work.

We attribute this to the use of long acting local anaesthesia and to the experience of the operator who performs over 400 hernia operations per year. The surgical technique is constantly being refined by such measures as special wound retractors which make a much smaller incision. A self adherent mesh which avoids the risk of nerve entrapment and damage is used.

With these techniques over 90% of patients are treated as a day case. Our advice was recently sought by the R.A.C.S and Medibank private on our techniques in an attempt to encourage other surgeons to consider using day surgery.

The Hernia journal points out that surgery of hernias is now a specialty in its own right. Mr Charles Leinkram of the Melbourne Hernia clinic only operates on hernias –perhaps the only surgeon in Australia to do so.

A/PROF. Morry Brygel

Director of the MELOURNE HERNIA CLINIC