

Volume 5 · Supplement 1 · June 2001

# Hernia

The World Journal of Hernias  
and Abdominal Wall Surgery



Springer

ISSN 1265-4906

**Abstract Book**

**European  
Hernia  
Society  
(GREPA)**

**23rd  
International  
Congress**

Milan, Italy

June 21-23, 2001

**LINK** Now  
available  
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<http://link.springer.de>

Indexed in Index Medicus, MEDLINE,  
EMBASE (Excerpta Medica) and INIST

Official Organ of the European Hernia Society (EHS-GREPA)  
Official Organ of the American Hernia Society (AHS)  
Official Organ of the Hellenic Hernia Association (HHA)



# Postoperative pain

## 123 Chronic pain after groin hernia repair

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The most frequently complication after crural or inguinal Hernioplasty are: 1) pain 2) numbness Chronic pain certainly represent the most fastidious one. Younger patients have higher total pain scores than other patients. There were no difference in the incidence of pain with regard to the different types of hernia or surgical repairs. The most common and severe pain is somatic, localized to the common ligamentous insertion to the pubic tubercle. The second is neuropathic and depends to the ilioinguinal and genitofemoral nerve distribution. The third is a visceral, ejaculatory pain. Numbness is most common in the distribution of cutaneous branches of the ilioinguinal and iliohypogastric nerves. At one year follow-up 63% of patients submitted to groin hernia repair by suture technique (Shuldice, Bassini, etc.) have pain in the same region. Most patients (12%) describes a sharp jobbing or tearing sensation deep to the incision, sometimes radiating to the penis or down the leg. Laparoscopic repair is associated to neuralgia and chronic pain in 2% of patients. With an incidence rate of 2%, injury to the nerves of the lumbar plexus is the most common complication of this hernioplasty, particularly when the transabdominal preperitoneal patch procedure (TAPP) is used so the anomalous course of the genitofemoral, lateral femoral cutaneous and ilioinguinal nerves is very important in the incidence of postoperative complications. The sutureless and tension-free technique is associated to a diminution of postoperative complication especially chronic pain. Our partial results indicate that chronic pain is less than 0.5% of patients at one year after Trabucco's hernioplasty. We think that a carefully attention to the anatomic nerve course during preparation and placement of mesh unit to sutureless repair led to a significant reduction in the occurrence of injuries or nerve irritation.