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Inguinal hernia repair with local anesthesia in the outpatient

Flavio Antonio de Sa Ribeiro

UNIFESO, Brazil

Abstract

Objective: To demonstrate the feasibility of inguinal hernia repair with local anesthesia in an outpatient regime, with safety, efficacy and short learning curve. Methods: We prospectively evaluated 884 patients undergoing inguinal hernia repair under local anesthesia on an outpatient basis between November 2004 and August 2011. Of the total number of hernias surgically treated in this period, 556 were operated on the right, 308 on the left and ten bilateral. We used clinical, surgical and psychosocial criteria for inclusion in the procedure. The parameters for exclusion were complex, irreducible or recurrent hernia, obesity (BMI greater than 30 kg/m2), patient's refusal and psychiatric disorder. All patients underwent elective surgery and were analyzed regarding surgical outcome, complications and hospital stay. Results: All operations were completed successfully. In no case there was need to change the anesthetic method. Surgical time was similar to that conducted with other methods of anesthesia and there were no cases of adverse effects of local anesthetics. Intra-operative complications amounted to approximately 2.64%. There was no need for hospital admissions greater than 24 hours. Conclusion: The procedure is feasible and causes no perioperative significant pain, is safe, can be performed by residents under supervision, has satisfactory patient acceptance and complications similar to those observed in a conventional herniorrhaphy, allowing lower time and cost of hospitalization and faster access to treatment.

Key words: Inguinal hernia / surgery.Local Anesthesia. Ambulatory Surgical Procedures.

Work done at The First Surgical Clinic, Hospital Federal de Bonsucesso, Ministry of Health - Rio de Janeiro, RJ, Br

flavioasribeiro@bol.com.br