Outpatient Hernia Repair in Elderly Patients

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PURPOSE:

Elective hernia repair is a suitable procedure for day case basis. However, its use as an outpatient procedure in the elderly has not gain acceptance in many centers. We herein report a series of elderly patients underwent elective outpatient hernia repair in a specific hernia center.

METHOD:

Patients older than 65 years of age were retrospectively evaluated. Their age, gender, type of hernia, ASA grade and discharge time were recorded.

RESULTS:

48 patients older than 65 years were operated between September 2006 and February 2008. Eight of 48 patients were older than 80 years. There were 41 male and 7 female patients. Polypropylene mesh was used in all cases with tension-free technique with local anesthesia. 33 unilateral inguinal hernia repairs, 8 bilateral inguinal hernia repair, and 4 umbilical hernia repair were performed. Inguinal+Umbilical hernia repair were done in 3 patients at the same operation. 5 of inguinal hernias were recurrent. Only 9 patients were ASA-1, whereas 26 were ASA-2, and 12 ASA-3. The single patient with ASA Grade-4 had interstitial lung disease. Only one 82-year-old patient stayed in the center overnight as he did not have any company to take home. 47 patients were discharged 2-3 hours after the operation. Postoperative period was uneventful in all cases. The surgical complications like hematoma or seroma were not more frequent than the younger patient group of the center.

COMMENT:

Hernia repair is the most commonly performed general surgical procedure and is routinely undertaken in patients receiving local anaesthesia in the day case setting [1, 2] . The Royal College of Surgeons has recommended that >50% inguinal hernias are undertaken on day cases, although at present this figure is only 30% in the UK [3].

Hernia repair series in outpatient basis in specific hernia centers revealed very impressive results. The British Hernia Centre team reported no death and cases of urinary retention after more than three thousand repairs. Postoperatively 19% of patients used no analgesia at all [2].

Today, many surgical procedures in different specialties like plastic surgery, ENT and urology are performed in outpatient basis. Even laparoscopic cholecystectomy can be done in ambulatory surgical centers [4]. However, some patients can return to the centers with some subjective complaints or early complications It was stated that the factors related with unexpected hospital admission following ambulatory surgery were: surgical and anesthetic complications, pain, procto-perineal and sacrococcigeal procedures, spinal anesthesia with profound sedation and a surgical duration time higher than 40 min. Local anesthesia is much more free of early complications and re-admissions [5].

Serious complications, mandatory hospital transfers and even death have been met after surgical procedures in ambulatory centers and private offices. Especially, liposuction and liposuction with abdominoplasty or another cosmetic procedure may be resulted in major complications and death [6]. One study from U.S.A. reported that a total of 58% of the deaths and 61% of the complications were associated with nonmedically necessary (cosmetic) procedures. A total of 78% of these deaths were in ASA Class 1 patients. Plastic surgeons were responsible for 48% of all deaths (83% of cosmetic surgery deaths) and for 52% of all hospital transfers (83% of cosmetic surgery complications and hospital transfers).

The key point in ambulatory surgery is a good patient selection. Many centers and surgeons prefer ASA grades 1 and 2 patients. However, ASA grades 3 and 4 patients also need local anesthesia. A retrospective review of all adult inguinal hernia repairs, from the UK, displayed that ASA grades 3 and 4 patients could undergo day case inguinal hernia repair, with similar complication rates to ASA grades 1 and 2 patients, when surgery is performed under local anesthesia [7]. They concluded that ASA grades 3 and 4 patients need not be excluded from day case hernia repair. Our center also recorded similar promising results in ASA 3-4 patient group with no serious complication and re-admission.

CONCLUSION:

Elective outpatient hernia repairs are feasible in the elderly. Tension free repairs with local anesthesia can be performed safely even in ASA-3 and ASA-4 patients.

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