

Drain Use in Groin Hernia Repair

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Groin hernia repairs are the most frequent cases in many surgery clinics. Morbidity rate of the procedure is quite low and drain use, except for Stoppa procedure, is not routine at all.

However in some particular cases surgeons may need a drain when closing the inguinal wound. We herein present the cases in which we have used a suction drain after a groin hernia repair.

Patients:

All the repairs performed according to Lichtenstein tension-free repair technique using standard polypropylene mesh in Diskapi Teaching and Research Hospital 4th Surgical Department and in the Ankara Hernia Center between January 2006 and January 2008 were retrospectively evaluated.

Totally 559 repairs were done in 517 patients. There were 483 male and 54 female patients. The average age was 52.2 (range: 20-82).

Findings:

A suction drain was used after 43 repairs in 37 patients (7.7% of the total repairs, 7.2% of the patients). 14 of 37 patients (37.8%) had been put on aspirin use due to concomitant neurological or cardiovascular disorders. Simultaneous varicocelectomy and hydrocelectomy was performed in two patients with primary scrotal hernia.

Indications for drain use

Indications for drain use	Number
Difficult dissection in recurrent hernia	12 [1 bilateral] (3 aspirin user)
Massive dead space in primary scrotal hernia	11 [3 bilateral] (2 aspirin user)
Difficult dissection in primary incarcerated hernia	8 (2 aspirin user)
Anticoagulant use in primary hernia	7 [1 bilateral]
Poor hemostasis in primary hernia	3
Difficult dissection in recurrent sliding hernia	1
Difficult dissection in primary ing.+recurrent femoral hernia	1

Drains were removed by observing drainage volume (<20 ml/day). Drains were left in-situ for 2-4 days postoperatively with a mean duration of 2.5 days.

Mean daily drainage was 42 ml (20-120) at day-1, 35 ml (5-125) at day-2, and 15 ml (10-20) at day-3. Two patients with multi-recurrent hernia developed large ecchymosis in spite of drain use. No surgical site infections were recorded.

Comment:

Suction drainage may be useful in some patients undergo groin hernia repair. Sanders and Kingsnorth* presented that patients with an INR of greater than 3 had an increased risk of postoperative hematoma and even related infection. Drains use may especially be considered in such cases. Patients with multi-recurrent or complex hernias may also be good candidates for drain use after a groin hernia repair.

* Sanders D and Kingsnorth A. Inguinal hernia repair in the anticoagulated patient: a retrospective analysis. Hernia Update 2008. March 12-16 2008, Scottsdale, AZ, USA.

