MATERIAL AND METHODS

SELECTION OF CASES

Patients attending the out patient department complaining of hernial projection were examined. Patients who were otherwise healthy except having indirect inguinal hernia were selected for the study.

Patients who were not selected for the study, included:
- Bilateral hernias.
- Direct hernias
- Recurrent hernias

PROCEDURE

At operation, the diagnosis of indirect hernia was confirmed and patients with selection criteria were only taken for the study. Thus, the finding at operation was the final point of selection.

Selected patients were operated by standard inguinal approach with division of sac in each case at the neck. No attempt was made to transfix the neck. The peritoneum was then allowed to fall back and a standard Bassini's repair using 2/0 prolene was done in each case.

POST-OPERATIVE MANAGEMENT

Post-operatively, no special precautions were taken. No extra care was given to any patient. No tight strapping of the operation site was done and mobility was commenced at the
earliest. The post-operative pain was assessed by the following criteria.

Mild pain    -    no analgesic required
Moderate pain -    oral analgesic required
Severe pain  -    injectible analgesic required.

During the stay of the patients in the hospital, they were also observed for any immediate prolapse of the abdominal contents, a local bulge, haematoma, wound infection or any other complication.

Patients were followed up for a period of one year in my own study and for a period of two to five year of previous studies.