

Complications After Mesh Plug Inguinal Hernia Repair – There Is No Easy Bypass To Inguinal Hernia Surgery

To the Editors:

Ishiguro et al¹ have presented the third case of a colonic fistula after mesh plug repair. Zubaidi et al² and Murphy et al³ reported earlier on colonic fistula secondary to mesh-plug hernia repair. These observations are important as they may lead us to a different thinking and analysis of inguinal hernia repair.

The reports on occurrence of complications after mesh plug hernia repair are in contrast to the results presented by Rutkow and Robbins⁴ and Millikan and Doolas,⁵ who reported that they never saw any case of mesh migration or mesh infection or other complications related to mesh.

An explanation may be the marketing of the technique. Mesh plug repair is considered to be the easy hernia repair. Rutkow and Robbins⁶ emphasized in their preliminary report in 1993⁶ that they “believe that the ... decreased dissection” is important for lessened overall complication rates.

If it is true that the mesh plug repair is an easy-to-perform technique, then how come we see these complications when it is performed by other surgeons than the experts? And why should surgeons then participate in courses to learn how to do the technique?

Lo et al⁷ recommended that the pre-peritoneal dissection be done carefully, to avoid tears in the peritoneum, not to place the mesh-plug deep within the defect, and to secure the mesh plug to reduce the possibility of mesh migration.

This report and others suggest that mesh plug hernia repair may not be such an easy technique to perform and that there is a risk for major complications associated with the technique, especially when poorly performed. After all, there is really a need to learn hernia repair, be it open or laparoscopic.

*René G. Holzheimer, MD
Hernia-Clinic Sauerlach Munich-South*

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