SURGERY

Preventing post-prostatectomy inguinal hernia

Two study groups have proposed novel surgical interventions to prevent inguinal hernia—a complication of radical retropubic prostatectomy (RRP). Stranne *et al.* recommend surgical narrowing of the internal ring of the inguinal canal. Yasui *et al.* suggest releasing the peritoneum from the abdominal wall to prevent protrusion of the intestinal tract.

Stranne *et al.* performed their procedure on 294 men with no prior history of lower abdominal surgery or hernia. During RRP, the internal ring of the inguinal canal was narrowed using a nonresorbable permanent suture. The procedure was performed on either the left or right side of the groin only—the patient therefore acted as his own control. Patients were followed up regularly, for a mean period of 38.4 months. At study end, 86% of patients were examined and interviewed. Inguinal hernia developed on the procedure side in 5 patients and on the control side in 19.

The authors conclude that their procedure reduces the risk of post-RRP inguinal hernia significantly (by 62%), is associated with few perioperative complications (2 cases had intraoperative iliac vein puncture during the procedure, and 1 experienced bleeding around the spermatic cord), and only adds

approximately 5–10 min to the surgery duration. They recommend its use in men undergoing RRP who do not have a history of inguinal hernia.

Yasui *et al.* reviewed 271 patients who underwent RRP between April 2004 and September 2009. In 101 patients operated on after December 2007, the bilateral spermatic cord was released from the peritoneum, which was freed from the abdominal wall to prevent the intestinal tract from pushing through the inguinal tract. Men treated earlier underwent RRP only. Patients were followed up for an average of 11.6 months (intervention group) and 23.9 months (control group). No inguinal hernias developed in the intervention group. By contrast, 12% of men in the control arm did develop a hernia; four of whom had a history of treatment for inguinal hernia on the opposite side. More men in the procedure group experienced postoperative wound-related complications (15 versus 5 controls). As the control group patients were treated earlier, the last 50 patients treated in this group were compared directly with the first 50 patients in the intervention group. Inguinal hernias developed in 16% of the control patients compared with none of the intervention

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group patients. The authors conclude that their method can prevent the development of inguinal hernias following RRP. “Our technique is simple enough to complete within a few minutes, and the outcome is excellent,” comments Takahiro Yasui, “... this preventive method may be applied to not only open surgery but also both laparoscopic and robotic surgery.”

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Original articles Stranne, J. *et al.* Post-radical prostatectomy inguinal hernia: a simple surgical intervention can substantially reduce the incidence—results from a prospective randomized trial. *J. Urol.* **184**, 984–989 (2010) | Taguchi, K. *et al.* Simple method of preventing postoperative inguinal hernia after radical retropubic prostatectomy. *Urology* doi:10.1016/j.urology.2010.05.002