Acceptance of Fibrin Glue Fixation in Lichtenstein Hernia Repair: a Faraway Dream

Debajyoti Mohanty¹ • Nitinkumar Borkar²

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Sir, we have read the article comparing fibrin glue with polypropylene suture for mesh fixation in patients undergoing open inguinal hernia repair by Karigoudar et al. with interest [1]. Short operative time, less post intervention pain, reduction in postoperative hospitalization period, and prevention of chronic groin pain were the benefits attributed to fibrin glue fixation in this study.

Elective Lichtenstein repair was carried out in 64 adult patients having uncomplicated inguinal hernia. Fibrin glue was used for mesh fixation in half of the randomized patients. The mesh was fixed with polypropylene suture in rest of the patients. The protocol for the type of anesthesia (local or regional) and the administered anesthetic agents was lacking in this article. We believe that the procedures were carried out under local anesthesia as the first postoperative analgesia dose was administered at 40 min to a patient with suture fixation of mesh.

The postoperative discomfort was more pronounced following suture fixation. All the patients in the suture

group required analgesic supplementation within 85 min of the intervention. The trauma inflicted by multiple passage of suture needle through the tissue planes coupled with ischemic compression of tissue incorporated in the suture knots could be the explanation for this adverse outcome. Maximum four doses of analgesia in the form of intravenous tramadol (100 mg) were needed by the patients in the fibrin glue group. In contrast, 15 out of 32 patients in the suture group required more than four doses of intravenous analgesia for symptomatic relief. Since tramadol can be administered at six hourly intervals, the duration of postoperative hospitalization in these 46% patients should have been more than 24 h. Conflicting observations were made in this study regarding the duration of hospitalization of the enrolled patients. The use of fibrin glue was noted to shorten the hospital stay in “Abstract,” but the mean duration of hospitalization in both the groups was reported to be similar in “Results.”

Post intervention pain at the inguinal area usually disappears within 3 months of the surgical procedure. Groin pain continued to be experienced by the patients at or beyond 3 months following inguinal hernia repair is considered as chronic groin pain [2]. So, a sufficient duration of follow-up is essential for evaluation of the incidence of chronic groin pain following inguinal hernioplasty. The follow-up period in this study was only 3 months, and the incidence of groin pain was not significantly different ($p = 0.11$) in both group of patients at the end of follow-up period. So, it was premature to conclude that use of fibrin glue is beneficial in reducing the incidence of chronic groin pain.

✉ Debajyoti Mohanty
debajyoti.mohanty@gmail.com

¹ Department of General Surgery, All India Institute of Medical Sciences, Raipur, Chhattisgarh 492099, India

² Department of Paediatric Surgery, All India Institute of Medical Sciences, Raipur, Chhattisgarh, India

Fibrin glue fixation of mesh may have a promising role in minimizing the incidence of groin numbness and chronic groin pain, but the associated high cost and paucity of data on the long-term recurrence rate deter its widespread acceptance [3].

Compliance with Ethical Standards

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Conflict of Interest The authors declare that they have no conflict of interest.

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