

## Experience of Stoppa's Repair

Prof.Dr.Nirmala M.S, D.G.O, Dr.N.Jeeva M.S., Dr.R.Swaminathan M.S,  
Dr.V.Sivakumar M.S.,  
Department Of General Surgery, GMKMCH, Salem, India.

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### **Abstract**

**Background:** Inguinal hernia repair is one of the most common general surgical operations. Repair of inguinal hernia has two ways. One is anterior approach and the other is posterior approach. Second one has low recurrence. Here, the aim is to study the outcomes of STOPPA'S REPAIR in various parameters.

**Methods:** 50 patients were operated in our study in all patients with B/L Inguinal Hernia. Primary end point was recurrence and secondary end points were per operative complications and other postoperative complications.

**Results:** In this study out of 50 patients one had recurrence so far within one year of the study. one person had bladder injury preoperatively. Three persons had wound gapping. Prolonged serous collection noted in four patients.

**Conclusion:** The STOPPA'S REPAIR offers the advantages of low recurrence rate and allows covering all potential defects with one piece of mesh and is far superior to anterior approach. It is the ultimate weapon used to repair recurrent hernias done by anterior approach.

**Keywords:** Mesh, Preperitoneal space Stoppa's Repair.

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### **I. Introduction**

Inguinal hernia remains a significant clinical problem despite advances in surgical technique. The anterior approach still has the disadvantages with the risk of damages to the testicular blood supply and sensory nerves especially in the reoperative cases. The STOPPA'S REPAIR was developed by placing a large piece of prosthetic mesh in the preperitoneal space.

In 1975, STOPPA introduced preperitoneal mesh repair that became known as GIANT PROSTHETIC REINFORCEMENT OF VISCERAL SAC which is sutureless, tension free hernia repair and based on the principle of PASCAL'S HYDROSTATIC PRESSURE. The intraabdominal pressure keeps the mesh against anterior abdominal wall which is called as UPSTREAM PRINCIPLE.

### **II. Patients And Methods**

Between November 2011 and June 2013, 50 male patients [mean age 45.7 years] underwent bilateral hernia repair. Among 50 patients, 10 patients had a large hernia defect over 5cm in diameter, 13 patients had recurrent hernias after an anterior repair, 3 patients had combined direct and indirect inguinal hernias, and 14 patients had bilateral direct inguinal hernia.

### **III. Results**

In STOPPA'S repair, no major difficulties during the surgery. Mean operative time is 70 mins (range 40 mins-110 mins). Patients were hospitalized for 8-10 days.

Prolonged serous collection noted in five patients. There were no infection and seroma collection because of effective drainage system. There were no neurovascular injuries, bowel and cord injuries. No one had scrotal oedema or collection. Few patients had mild pain postoperatively for few days. Main advantage of this procedure is no one had recurrence.

### **IV. Discussion**

Stoppa's repair (giant prosthetic reinforcement of visceral sac) instead of subdividing hernias into direct, indirect, femoral and then examining their specific causes, FRUCHAUD emphasized that the common cause of all inguinal hernias was the failure of the transversalis fascia to retain the peritoneum. This concept led STOPPA to develop GPRVS, which reestablishes the integrity of the peritoneal sac by inserting a large permanent prosthesis that entirely replaces the transversalis fascia over the myopectineal orifice of Fruchaud.

## **V. Conclusion**

The open preperitoneal mesh repair of inguinal hernia as giant prosthetic reinforcement of visceral sac has many advantages. Here all the potential sites of hernia is covered by single mesh in single midline incision. complications of stoppa's repair are very less compared to others. It is the ultimate weapon used to repair recurrent hernias done by anterior approach.