

# Inguinal hernia repair

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The herniated contents may reduce after the induction of anaesthesia. If incarcerated, the neck of the sac is found at the external ring. Open repair involves ligating the sac at the external or the internal inguinal ring. In a repair at the internal ring, an incision is made over the inguinal canal, Scarpa's fascia is incised and the fat cleared to expose the external oblique rolling over to form the inguinal ligament. The external, Halle, Germany, described his diverticulum in 1809.

Figure 17.3 A left inguinal swelling. Clinical examination is needed to confidently distinguish a hydrocele from an inguinal hernia.

The cremaster is opened with fine scissors or blunt dissection. The cord is lifted through the cremaster and a clip passed behind. The sac is mobilised from the testicular vessels and vas deferens. The sac is divided, twisted to reduce any contents and transfixed/ligated at the internal ring. The wound is closed in layers. A laparoscopic approach places an encircling suture at the internal ring. Inguinal hernia repair

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