

## SURGICAL TREATMENT OF INGUINAL HERNIA

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**Introduction:** Incidence of inguinal hernia rises day by day. Causes of this problem are multiple, and exceed the limits of this work.

**Aim:** Study of surgical treatment of inguinal hernia in admitted patients of surgical clinic and municipal clinical hospital Nr.1 and to determine the most commonly used method.

**Methods and materials:** In achieving of marked aim, we have made a retrospective study in 120 patients group treated in surgical ward of Municipal Clinic Hospital Nr 1 during the 2010 year. All patients had free hernia and were admitted by schedule. In this group were enrolled 88 men and 32 women, with average age 58 years.

Patients with hernia on right side were 55(47%), left side hernia 62(51%) and bilateral hernias 3(2%). Under local anesthesia were treated 92 patients, spinal anesthesia 19 patients and general intravenous anesthesia 9 patients.

Preoperative period in 113 cases was one day, 7 patients were admitted in the day of surgery.

**Results:** On the study group was used the following methods of inguinal channel plasty:

By Spasocutchi method were treated 16 patients; By Kimbarovski method were treated 7 patients; By Bassini method were treated 12 patients; By Postemski method were treated 6 patients; By synthetic mesh method were treated 79 patients.

Synthetic mesh plasty were performed by no-tension method, according to Lichtenstein technique. Synthetic mesh was applied retro funicular with an incision in upper angle and formation of an opening for spermatic cord.

In postoperative period 25% in patients with synthetic mesh plasty had discomfort and foreign body sensation, 2% needed analgesics due to persistent pain. Moderate pain in the day of discharge presented 10% of patients. In patients without a mesh 15% of cases experienced testicular edema on the surgery side, which resolved by itself in 4-5<sup>th</sup> day. Usually patients who had surgery with synthetic mesh were discharged 2-3 days before others who had surgery by traditional methods.

**Conclusions:**

1. Traditional methods of hernioplasty had complicated and long lasting postoperative healing.
2. Surgical treatment of inguinal hernia with synthetic mesh represents a modern option and very effective due to removal of local tension cause of relapse.
3. It is necessary to study evolution of synthetic mesh surgery patients from distance to appreciate its influences on the integrity of spermatic cord.

**Key words:** inguinal hernia, surgical treatment, synthetic mesh.

## EFFICACY OF PROFLOSIN<sup>®</sup> IN CONSERVATIVE MANAGEMENT OF URETERAL STONES

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