

BÖLÜM 22

TEDAVİ SEÇENEKLERİNİN KİŞİSELLEŞTİRİLMESİ

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Kasık fıtığı cerrahisi dünya genelinde 20 milyon vaka ile en sık uygulanan ameliyatlardan biridir^(1,2). Kasık fıtığı vakaları genellikle semptomatik olmakla birlikte tedavide tek çözüm cerrahidir⁽¹⁾. Fıtık cerrahisi son 20 yıl içinde geleneksel yöntemlere ek olarak yeni endoskopik yöntemlerin tanınmasıyla giderek daha karmaşık hale gelmiştir. “Uyarlanmış yaklaşım (tailored approach)” terimi, birkaç farklı tekniğin hastanın durumuna uygun kullanımı olarak tanımlanmaktadır. Günümüzde bu yaklaşım tecrübeli fıtık cerrahlarının %82’si tarafından kullanılmaktadır⁽³⁾. “Uyarlanmış yaklaşım”ın uygulanması, fıtık cerrahisi esnasında yoğun bir inceleme ve geniş cerrahi deneyim gerektirir.

Kasık fıtıklarına cerrahi yaklaşımın standardize edilmesi ve sonuçların iyileştirilmesi amacıyla Avrupa Fıtık Derneği (EHS), Uluslararası Endoherni Derneği (IEHS) ve Avrupa Endoskopik Cerrahi Derneği (EAES) tarafından kılavuzlar yayımlanmıştır⁽⁴⁻⁸⁾. Bu üç dernek 2014 yılında işbirliği yaparak diğer kıta dernekleriyle birlikte (*Americas Hernia Society, Asia Pacific Hernia Society, Afro Middle East Hernia Society*) HerniaSurge Group tarafından Uluslararası Kasık Fıtığı Yönetimi Yönergeleri adı altında bir kılavuz seti geliştirmiştir¹.

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KAYNAKLAR

- HerniaSurge Group: International guidelines for groin hernia management. *Hernia* 2018; 22: 1–165.
- Kingsnorth A, LeBlanc K: Hernias: inguinal and incisional. *Lancet* 2003; 362: 1561–1571.
- Morales-Conde S, Socas M, Fingerhut A: Endoscopic surgeons' preferences for inguinalherniarepair:TEP, TAPP,orOPEN.*SurgEndosc* (2012)26(9):2639–43. doi:10.1007/s00464-012-2247-y
- Simons MP, Aufenacker T, Bay-Nielsen M, Bouillot JL, Campanelli G, Conze J, de Lange D, Fortelny R, Heikkinen T, Kingsnorth A, Kukleta J, Morales-Conde S, Nordin P, Schumpelick V, Smedberg S, Smietanski M, Weber G, Miserez M: European Hernia Society guidelines on the treatment of inguinal hernia in adult patients. *Hernia* 2009; 13: 343–403.
- Miserez M, Peeters E, Aufenacker T, Bouillot JL, Campanelli G, Conze J, Fortelny R, Heikkinen T, Jorgensen LN, Kukleta J, Morales-Conde S, Nordin P, Schumpelick V, Smedberg S, Smietanski M, Weber G, Simons MP: Update with level 1 studies of the European Hernia Society guidelines on the treatment of inguinal hernia in adult patients. *Hernia* 2014; 18: 151–163.
- Bittner R, Arregui ME, Bisgaard T, et al: Guidelines for laparoscopic (TAPP) and endoscopic (TEP) treatment of inguinal Hernia (International Endohernia Society (IEHS)). *Surg Endosc* 2011; 25: 2773–2843.
- Bittner R, Montgomery MA, Arregui E, et al: Update of guidelines on laparoscopic (TAPP) and endoscopic (TEP) treatment of inguinal hernia (International Endohernia Society). *Surg Endosc* 2015; 29: 289–321.
- Poelman MM, van den Heuvel B, Deelder JD, et al: EAES Consensus Development Conference on endoscopic repair of groin hernias. *Surg Endosc* 2013; 27: 3505–3519.
- Zhao G, Gao P, Ma B, Tian J, Yang K: Open mesh techniques for inguinal hernia repair: a meta-analysis of randomized controlled trials. *Ann Surg* 2009; 250: 35–42.
- Li J, Ji Z, Li Y: Comparison of mesh-plug and Lichtenstein for inguinal hernia repair: a meta-analysis of randomized controlled trials. *Hernia* 2012; 16: 541–548.
- Chung RS, Rowland DY: Meta-analyses of randomized controlled trials of laparoscopic vs conventional inguinal hernia repairs. *Surg Endosc* 1999; 13: 689–694.
- EU Hernia Trialists Collaboration: Laparoscopic compared with open methods of groin hernia repair: systematic review of randomized controlled trials. *Br J Surg* 2000; 87: 860–867.
- Memon MA, Cooper NJ, Memon B, Memon MI, Abrams KR: Meta-analysis of randomized clinical trials comparing open and laparoscopic inguinal hernia repair. *Br J Surg* 2003; 90: 1479–1492.
- Schmedt CG, Sauerland S, Bittner R: Comparison of endoscopic procedures vs Lichtenstein and other open mesh techniques for inguinal hernia repair: a metaanalysis of randomized controlled trials. *Surg Endosc* 2005; 19: 188–189.
- O'Reilly EA, Burke JP, O'Connell PR: A meta-analysis of surgical morbidity and recurrence after laparoscopic and open repair of primary unilateral inguinal hernia. *Ann Surg* 2012; 255: 846–853.
- Burcharth J, Pommergaard HC, Bisgaard T, Rosenberg J: Patient-related risk factors for recurrence after inguinal hernia repair: a systematic review and meta-analysis of observational studies. *Surg Innov* 2015; 22: 303–317.
- Burcharth J, Andresen K, Pommergaard HC, Bisgaard T, Rosenberg J: Direct inguinal hernias and anterior surgical approach are risk factors for female inguinal hernia recurrences. *Langenbecks Arch Surg* 2014; 399: 71–76.
- Andresen K, Bisgaard T, Kehlet H, Wara P, Rosenberg J: Reoperation rates for laparoscopic vs open repair of femoral hernias in Denmark: a nationwide analysis. *JAMA Surg* 2014; 149: 853–857.
- Henriksen NA, Thorup J, Jorgensen LN: Unsuspected femoral hernia in patients with a preoperative diagnosis of recurrent inguinal hernia. *Hernia* 2012; 16: 381–385.
- Köckerling F, Schug-Pass C: Tailored approach in inguinal hernia repair – decision tree based on the guidelines. *Front Surg* 2014; 1: 20.
- Li J, Ji Z, Li Y: Comparison of laparoscopic versus open procedure in the treatment of recurrent inguinal hernia: a meta-analysis of the results. *Am J Surg* 2014; 207: 602–612.
- Dedemadi G, Sgourakis G, Radtke A, Dounavis A, Gockel I, Fouzas I, Karaliotas C, Anagnostou E: Laparoscopic versus open mesh repair for recurrent inguinal hernia: a meta-analysis of outcomes. *Am J Surg* 2010; 200: 291–297.
- Karthikesalingam A, Markar SR, Holt PJ, Praseedom RK: Meta-analysis of randomized controlled trials comparing laparoscopic with open mesh repair of recurrent inguinal hernia. *Br J Surg* 2010; 97: 4–11.
- Yang J, Tong da N, Yao J, Chen W: Laparoscopic or Lichtenstein repair for recurrent inguinal hernia: a meta-analysis of randomized controlled trials. *ANZ J Surg* 2013; 83: 312–318.
- Pisanu A, Podda M, Saba A, Porceddu G, Uccheddu A: Meta-analysis and review of prospective randomized trials comparing laparoscopic and Lichtenstein technique in recurrent inguinal hernia repair. *Hernia* 2015; 19: 355–366.
- Sartelli M, Coccolini F, van Ramshorst GH, et al: WSES guidelines for emergency repair of complicated abdominal wall hernias. *World J Emerg Surg* 2013; 8: 50.