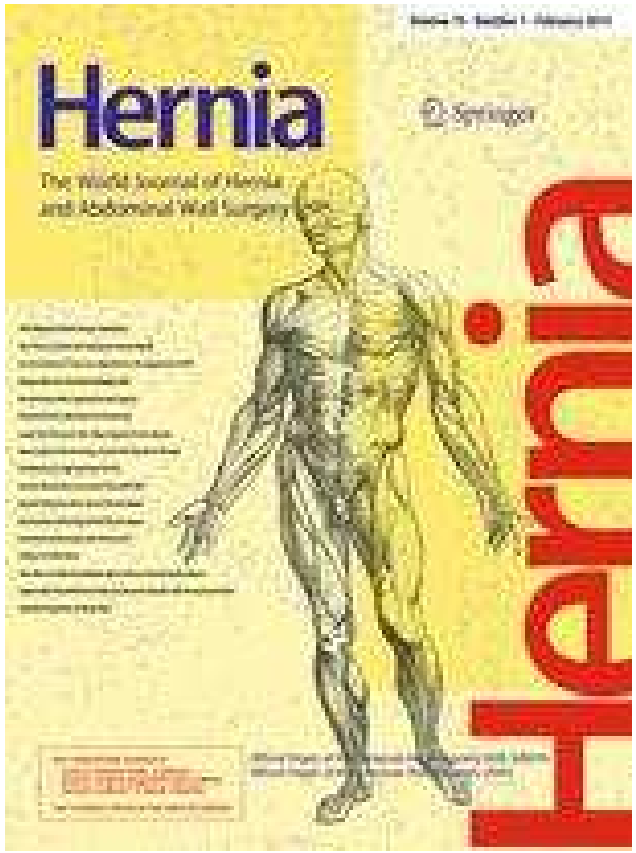
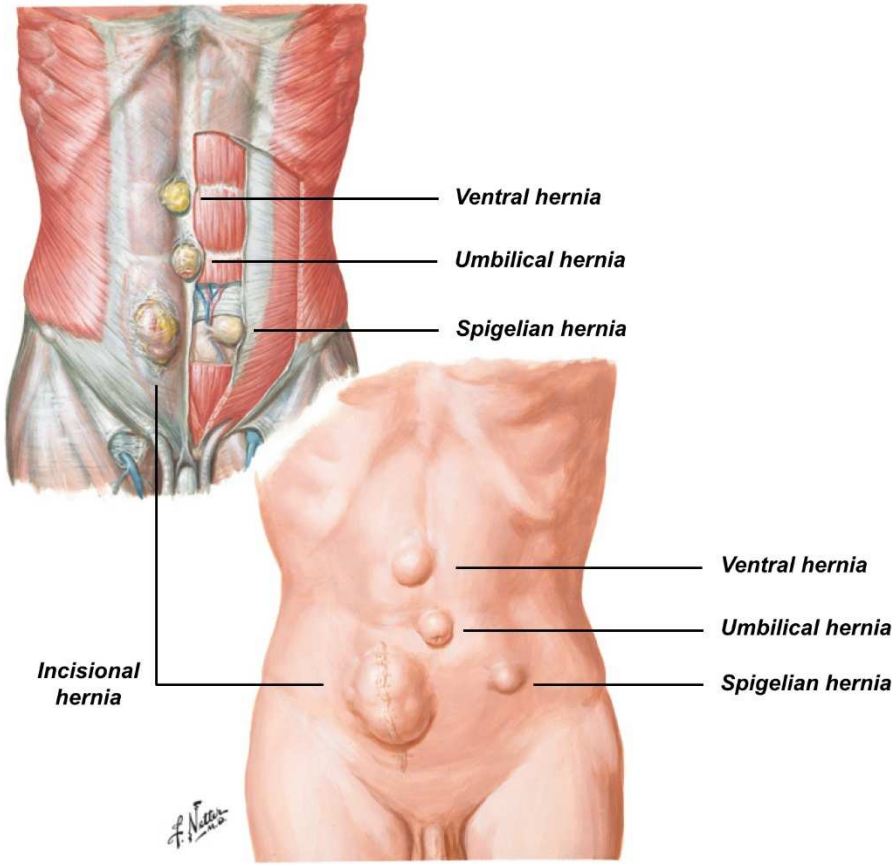
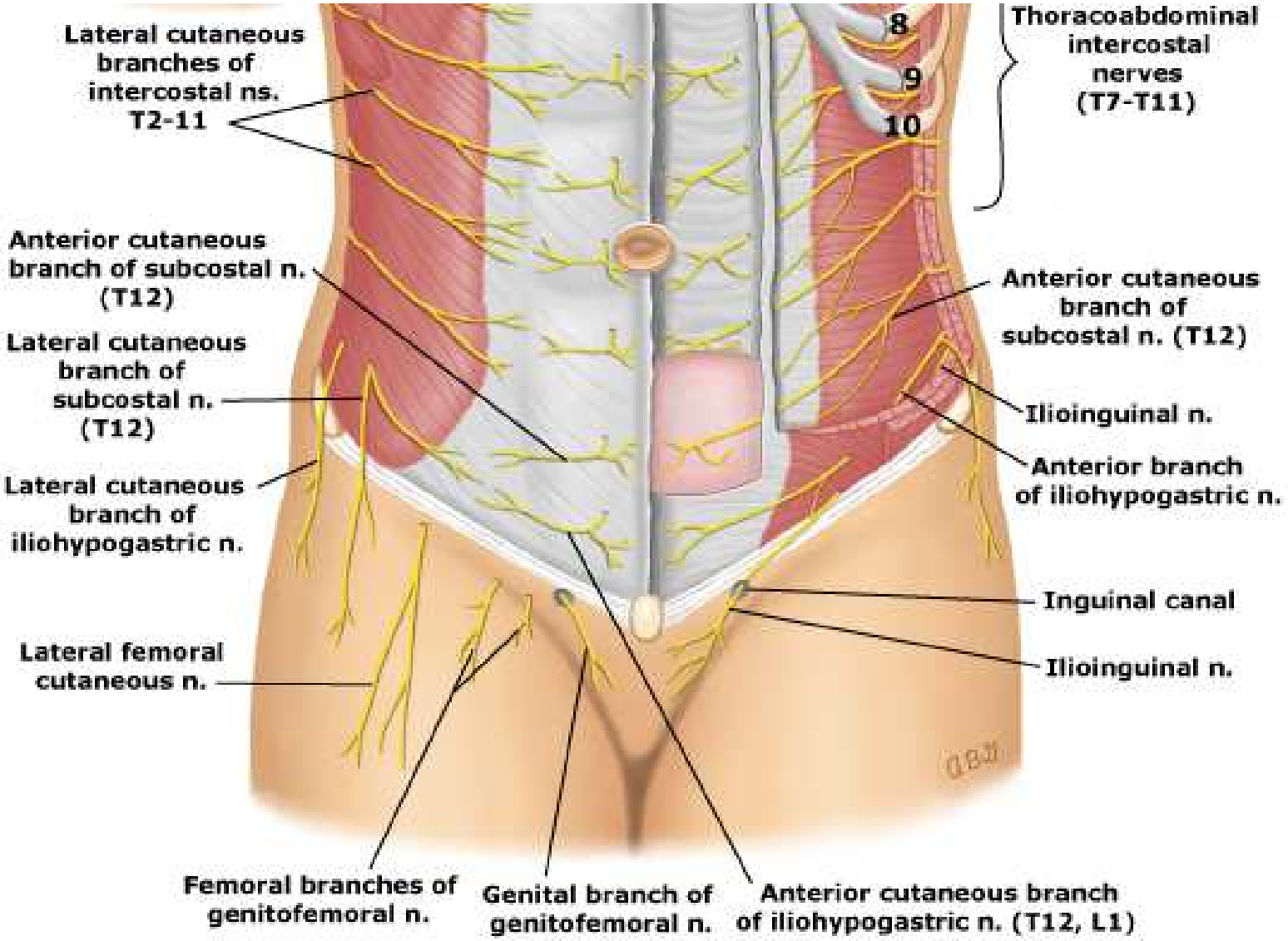
Società Medico Chirurgica di Ferrara dal 1846

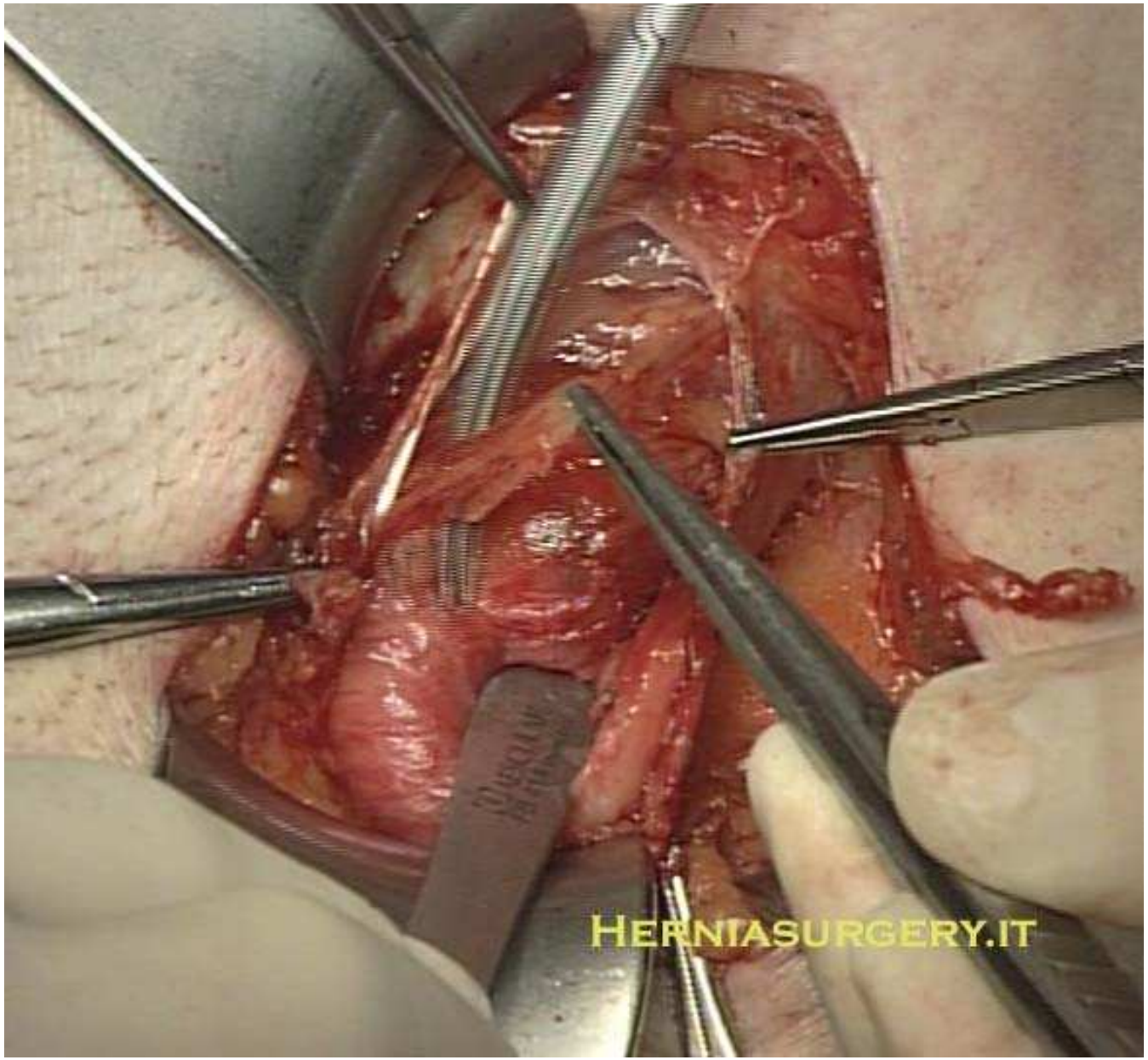

RENDICONTO
DELLE ADUNANZE
dell' Accademia
MEDICO-CHIRURGICA
DI FERRARA
DEGLI ANNI
1846 – 1847 – 1848 – 1849

Il trattamento del dolore cronico postoperatorio nella chirurgia di parete. *Riccardo Ragazzi*


Hernia
Springer
The World Journal of Hernia and Abdominal Wall Surgery
Hernia


Ventral hernia
Umbilical hernia
Spigelian hernia
Incisional hernia
Ventral hernia
Umbilical hernia
Spigelian hernia


Lateral cutaneous branches of intercostal ns. T2-11
8
9
10
Thoracoabdominal intercostal nerves (T7-T11)
Anterior cutaneous branch of subcostal n. (T12)
Anterior cutaneous branch of subcostal n. (T12)
Lateral cutaneous branch of subcostal n. (T12)
Ilioinguinal n.
Anterior branch of iliohypogastric n.
Lateral cutaneous branch of iliohypogastric n.
Inguinal canal
Ilioinguinal n.
Lateral femoral cutaneous n.
Femoral branches of genitofemoral n.
Genital branch of genitofemoral n.
Anterior cutaneous branch of iliohypogastric n. (T12, L1)


HERNIASURGERY.IT

Chir Ital 2006; 58, 1: 23-31

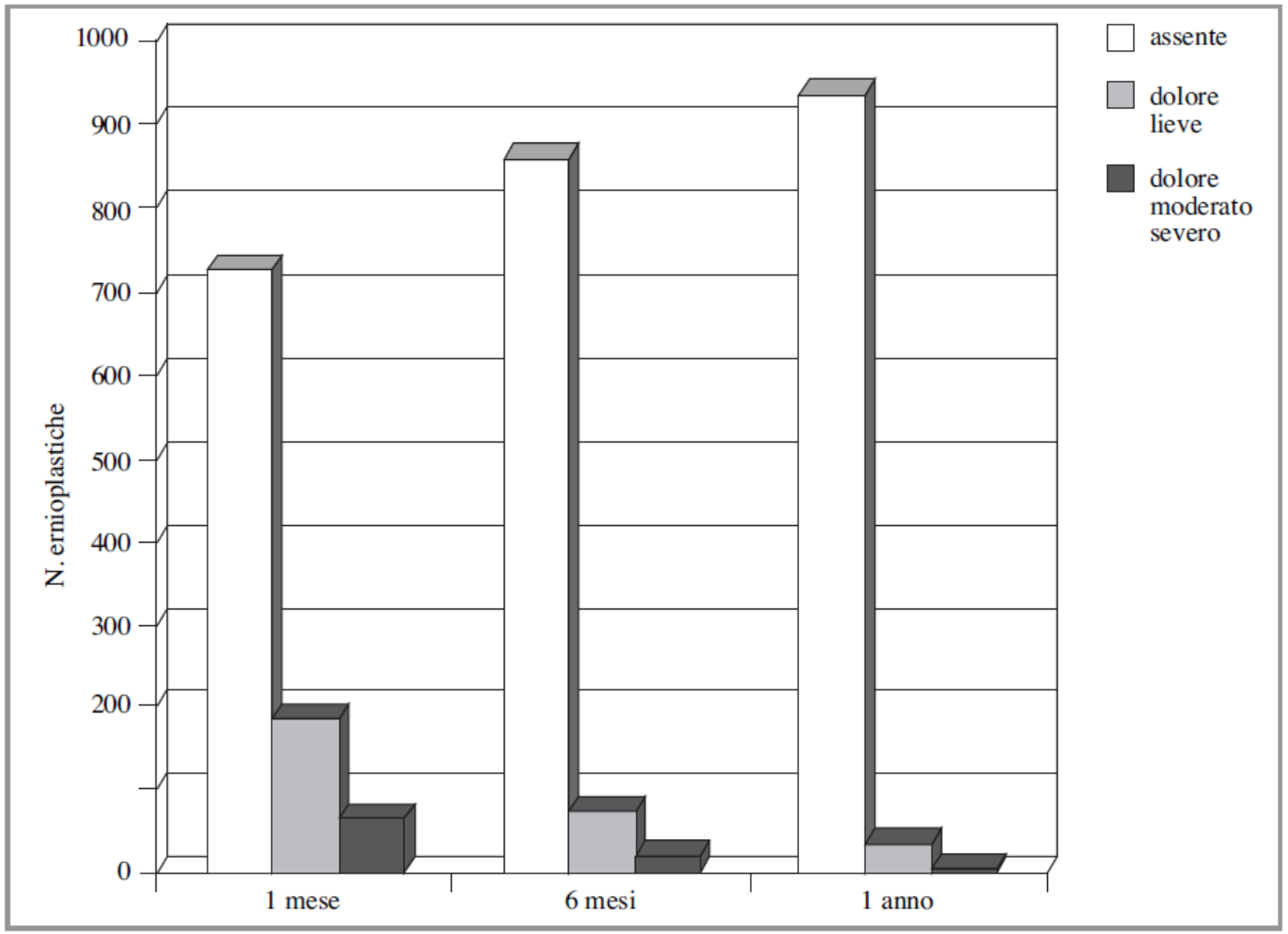


Fig. 1. Incidenza del dolore postoperatorio nel controllo a 1 mese, 6 mesi e 1 anno.

Tab. I. Percentuale di identificazione dei nervi e tipo di trattamento per ciascun nervo.

	Nervo ileoinguinale	Nervo genitofemorale	Nervo ileoipogastrico
Non identificato	29.2%	44.4%	41%
Identificato	70.8%	55.6%	59%
preservato	84.5%	88.7%	89.5%
traumatizzato	4.6%	3.5%	4%
reciso	10.9%	7.8%	6.5%

Tab. II. Tipi di intervento classificati secondo il trattamento riservato ai tre nervi inguinali durante l'intervento e incidenza del dolore cronico a 6 mesi.

Gruppi di pazienti	N. interventi	Dolore moderato-severo %*	*p*
Tutti i nervi identificati	380	1.3	0.02**
tutti preservati	310	0	
tutti recisi	10	40	
1 o 2 nervi recisi o danneggiati	60	1.7	
1 o 2 nervi non identificati	404	1.7	
1 nervo non identificato	260	1.1	
2 nervi non identificati	144	2.8	
Nessun nervo identificato	189	4.7	

* Dolore moderato-severo (%) al controllo a 6 mesi.
** Differenza statistica tra i tre principali gruppi: ernioplastica con tutti e tre i nervi identificati (380 pazienti), uno o due nervi non identificati (404 pazienti) e nessun nervo identificato (189 pazienti).

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Open Preperitoneal Techniques versus Lichtenstein Repair for elective Inguinal Hernias (Review)

Willaert W, De Bacquer D, Rogiers X, Troisi R, Berrevoet F

…evidence that preperitoneal repair causes less or comparable acute and chronic pain compared to the Lichtenstein procedure. We emphasize the need for homogegeneous high quality randomized trial…in terms of chronic pain

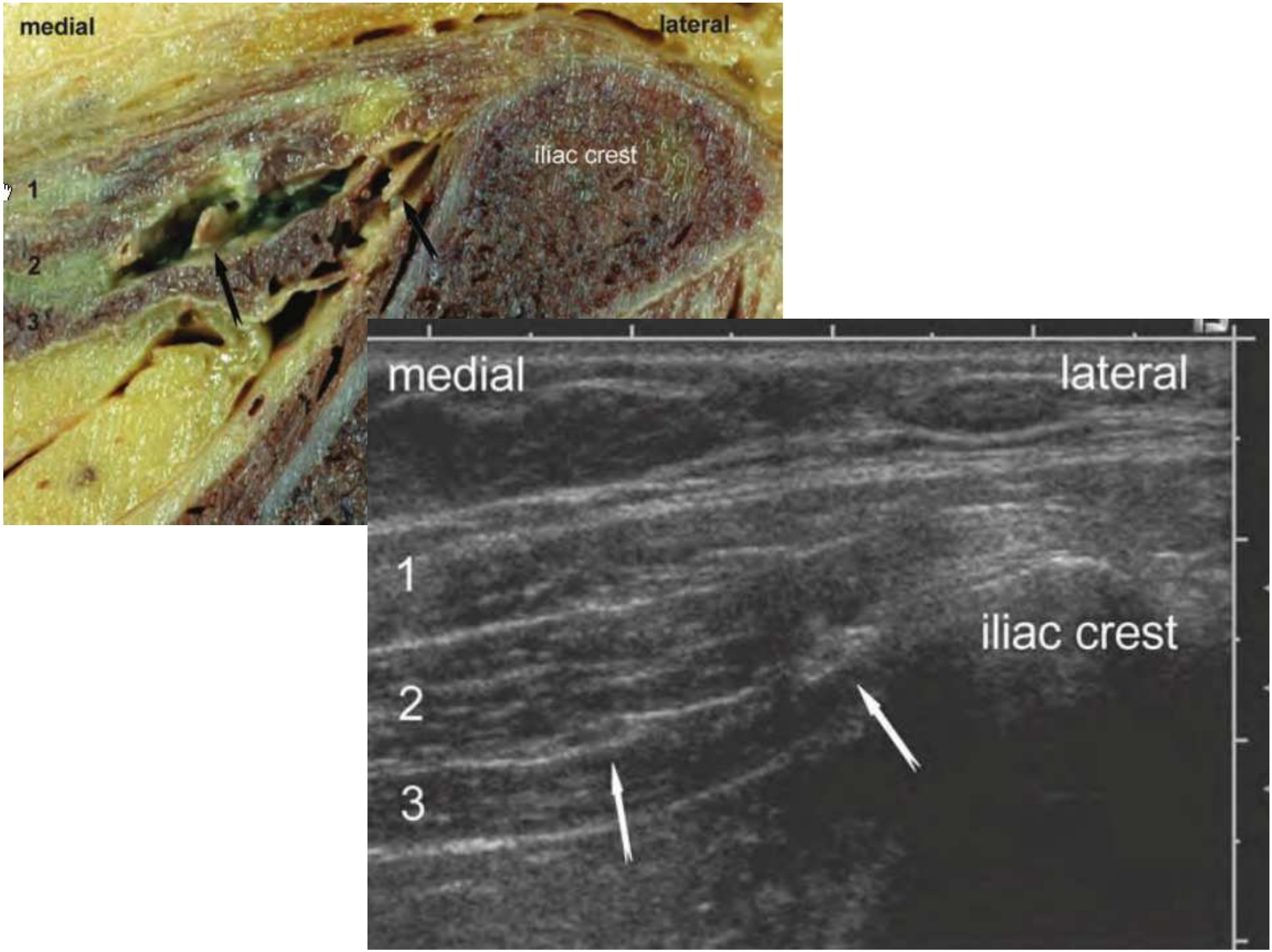
Hernia (2014) 18:165–176
DOI 10.1007/s10029-013-1093-8

A systematic review of randomised control trials assessing mesh fixation in open inguinal hernia repair

Conclusions There is insufficient evidence to promote fibrin sealant, self-fixing meshes or NB2C glues ahead of suture fixation. However, these products have been shown to be at least substantially equivalent, and moderate-quality RCTs have suggested that both fibrin sealant and NB2C glues may have a beneficial effect on reducing immediate post-operative pain and chronic pain in at-risk populations, such as younger active patients. It will ultimately be up to

Table 1. *Medical treatment and interventional strategies commonly used for the treatment of chronic post herniorrhaphy pain.*

Pharmacotherapy (monotherapy or combined medications)	Antiepileptics (Gabapentin, Topiramate , etc), Antidepressant (Amitriptyline, Nortryptiline, etc), NSAIDs, Opioids, Topical (Lidocaine, Capsicine, etc)
Nerve Blocks	Local Anesthetic with or without Corticosteroid
Chemical Neurolysis	Alcohol, Phenol
Electrical Neurolysis	Cryo Nerve Ablation (cryoanalgesia), Radiofrequency Nerve Ablation (Conventional/Cooled/ Pulse Radiofrequency)
Electrical Neuro-Stimulation	Spinal Dorsal Column, Peripheral Nerve
Surgical Approaches	Neurolysis, Neurectomy, Surgical Revision/Decompression, Mesh Removal, Stich Removal


medial
lateral
iliac crest
1
2
3
medial
lateral
1
iliac crest
2
3

Hernia (2013) 17:339–345
DOI 10.1007/s10029-013-1073-z

ORIGINAL ARTICLE

Long-term follow-up after mesh removal and selective neurectomy for persistent inguinal postherniorrhaphy pain

J. M. Bischoff · C. Enghuus · M. U. Werner · H. Kehlet