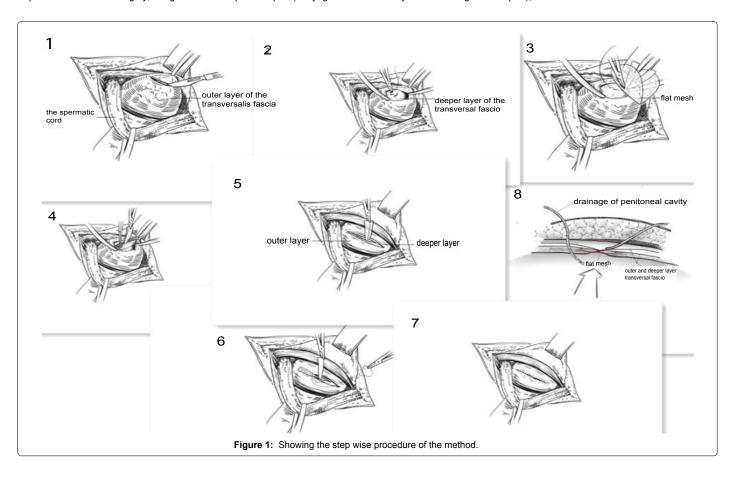
Opinion Open Access

3-D Herniorrhaphy may be Accessible via Hernia Sac Top Pathway

Kai Wu, Zhong Jia* and Yan-Hui Zhu

Department of General Surgery, Hangzhou First People's Hospital (Nanjing Medical University Affiliated Hangzhou Hospital), China



Opinion

Up to date, there are various groin herniorrhaphy provided for patients to choose. However, for patients with huge hernia or elderly with poor resistant of transversalis fascia, they have to face the high-risk of recurrence and bulging after surgery, which also challenge surgeon's decison-making for further step.

Herein, we introduce a novel method named as Hernia Sac Top (HST) pathway, which had been reported in detail recently [1,2]. To the best of our knowledge, keeping integrity of transversalis fascia and closing preperitoneal loop are crucial to success. With HST, we tie the hernia sac, the implant (artificial mesh) and the transversalis fascia into an unit with suture (3-D structure). Obviously, 3-D herniorrhaphy with HST will promise whole groin area more stronger, supportive and firm than before.

As a result, HST is effective and safe with little complication after surgery (Figure 1), which will push hernia go further with high-quality life.

References

- Zhong J, Ping W, Yan-hui Z, Kai W (2015) A new preperitoneal tension-free repair for inguinal hernia: the Hernia Sac Top (HST) pathway. Chin Hernia Abdominal Wall Surg (Chinese) 9: 57-58.
- Juan W, Yanhui Z, Zhong J (2016) A case of hepatic cirrhosis combined with ascites and incarcerated hernia by preperitoneal approach repair through Hernia Sac Top pathway. Int Surg J 3: 372-376.

*Corresponding author: Zhong Jia, Department of General Surgery, Nanjing Medical University Affiliated Hangzhou Hospital, China, Tel: +86-13958114181; Fax: +86-0571-87914773; E-mail: jiazhong20058@hotmail.com

Received July 13, 2016; Accepted July 19, 2016; Published July 26, 2016

Citation: Wu K, Jia Z, Zhu YH (2016) 3-D Herniorrhaphy may be Accessible via Hernia Sac Top Pathway. Surgery Curr Res 6: 272. doi:10.4172/2161-1076.1000272

Copyright: © 2016 Wu K, et al. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.