

# Groin hernia treatment. European Hernia Society Guidelines and comments by the Polish Working Group for the guidelines' implementation

Comments and recommendations by Polish Working Group: Maciej Śmietański, Andrzej Chrościcki, Stanisław Dąbrowicki, Jerzy Fridiger, Andrzej Matyja, Maciej Michalik, Krzysztof Mitura, Rafał Solecki, Piotr Trojanowski, Tadeusz Wróblewski

Videosurgery and other miniinvasive techniques 2009; 4 (Suppl 1): S13–S15

## Part I

### Hernia in adult patients. European Hernia Society Guidelines on the treatment of inguinal

#### Working group (authors)

Austria – Rene Fortelny  
Belgium – Marc Miserez  
Denmark – Morten Bay Nielsen  
Finland – Timo Heikkinen  
France – Jean-Luc Bouillot  
Germany – Joachim Conze  
Hungary – Georg Weber  
Italy – Giampiero Campanelli  
Netherlands – Theo Aufenacker/Maarten Simons/  
Diederik de Lange  
Poland – Maciej Smietanski  
Sweden – Sam Smedberg/Par Nordin  
Switzerland – Jan Kukleta  
United Kingdom – Andrew Kingsnorth

#### Legal significance

Guidelines are not legal requirements, but evidence-based insights and recommendations in order to provide qualitatively good care. In this it is important to realise that there are different “levels of evidence”, varying from the highest level (1A), that which has been consistently demonstrated by systematic review, and the lowest level (4), that which is only based on the opinion of experts. This results in different classes of recommendation. As these recommendations are based on the “average patient”, care providers can where necessary deviate from the guidelines in accordance with their professional opinion. Indeed this can sometimes be necessary if the patient's situation requires that.

When the guidelines are not followed, this should be justified and documented.

Full English text of the guidelines can be downloaded from the EHS webpage: [www.herniaweb.org](http://www.herniaweb.org) (due to the legal issue of the copyright).

#### Address for correspondence:

Maciej Śmietański, MD, PhD, Department of Surgery, District Hospital of Puck, 1 Maja 13, 84-100 Puck, Poland, phone +48 58 673 48 30, e-mail: [smietanski@herniaweb.org](mailto:smietanski@herniaweb.org)

## Part II

### Comments and recommendations of the Polish Working Group

#### Scientific Committee:

Maciej Śmietański – coordinator

#### Members:

Dr Andrzej Chrościcki – Lublin  
 Prof. Stanisław Dąbrowicki – Bydgoszcz  
 Dr Jerzy Fridiger – Kraków  
 Dr Andrzej Matyja – Kraków  
 Dr Maciej Michalik – Wejherowo  
 Dr Kryspin Mitura – Siedlce  
 Dr Rafał Solecki – Kraków  
 Dr Piotr Trojanowski – Warszawa  
 Prof. Tadeusz Wróblewski – Warszawa

#### Groin hernia surgery in Poland

##### Database search

For search of publications with the key words “groin hernia” and “inguinal hernia” Polish scientific database SOWA was used. Records were checked for the period from 1990 to 2008.

**Do the conducted and published Polish studies change the EHS guidelines?**

**Should the EHS Guidelines be implemented in Poland?**

#### Conclusions

<b>Level 1B</b>	Modification of Lichtenstein technique used for lightweight mesh implantation did not increase the recurrence rate compared to heavyweight mesh.
<b>Level 3</b>	In the conditions of Polish hospitals use of infection prophylaxis decreases the risk of wound infection after open mesh repair.  Valenti open mesh technique in short-term follow-up, and in small studies results in comparable outcome to the Lichtenstein technique.  Desarda open non-mesh technique in short-term follow-up, in small studies results in comparable outcome to the Lichtenstein technique.
<b>Level 4</b>	Prevalence of endoscopic techniques in Poland is insufficient due to lack of reimbursement by the National Health Fund and insufficient number of teaching centres.  Results published in Polish medical journals do not change the value of the EHS Guidelines.

#### Recommendations

<b>Grade A</b>	Use of lightweight mesh should be considered in all cases of primary inguinal hernioplasty.
<b>Grade C</b>	Use of antibiotics in infection prophylaxis should be carefully considered in general surgical wards in Poland.  Other open techniques (Valenti, Desarda) may be considered as alternative methods in groin hernia repair (with respect to small described groups and short-term observation) for selected groups of patients.
<b>Grade D</b>	It is recommended to use EHS Guidelines in Poland.  Due to the insufficient number of endoscopic centres endoscopic procedures should be used only when expertise is available.  National Scientific Societies and Consultants should create the environment for education and spread of endoscopy in groin hernia treatment in Poland.

In Poland, hernia repairs are the most common planned general surgical procedures. Their number is estimated at 60 000 procedures a year. According to Polish NHS (NFZ) data, less than 60% of these procedures involve mesh implantation.

During the last 20 years 300 papers, doctoral theses and congress communications concerning inguinal hernia repair have been published in Poland. Unfortunately, most of them have limited value due to the methods of patient selection and statistical analysis. Only a few papers have significant scientific value and can influence EHS guidelines. The majority of the remaining publications only confirm EHS conclusions.

Lower rate of surgical site infections after single-dose cephalosporin administration prior to surgery is an important observation. A decrease in infection rate from 3 to 0.6% has been seen. This observation, although concordant with EHS guidelines, demands careful re-consideration of antibiotic use in general surgery departments of Polish hospitals.

Another group of publications form notions on Valenti and Desarda's method, which proved efficacy comparable to Lichtenstein's method. Although published data do not change EHS recommendations due to their lower level of evidence, this method can be considered when choosing the operative method in a selected groups of patients. Publication of methodologically better papers in the future may influence the recommendations.

The latest published work of the Polish Hernia Study Group confirms the need for modification of the operative technique for lightweight mesh, which prevents an increased recurrence rate with these materials.

Finally, the Polish Work Group for Guidelines has established (experts' opinion) that EHS guidelines should be recommended in Poland. In the meantime, improvement of provided service quality should be sought by specialist training and broadening of the endoscopic procedures offer in the future.

## References

1. Polska Grupa Badaczy Przepuklin. Zakażenia rany pooperacyjnej w chirurgii implantacyjnej przepuklin pachwiny – analiza dwóch serii chorych. *Zakażenia* 2006; 4: 51-55.
2. Romańczuk M, Mitura K. Metoda Valentiego w leczeniu przepuklin pachwinowych. Sposób nowy czy nowatorski? Ocena wczesnych wyników leczenia. *Videosurgery and other miniinvasive techniques* 2007; 2: 145-149.
3. Szopiński J, Kapała A, Prywiński S, et al. Naprawa przepuklin pachwinowych metodą Desarda – pierwsze polskie doświadczenia. *Pol Przegl Chir* 2005; 77: 159-168.
4. Mitura K, Romańczuk M. Porównanie dwóch metod operacyjnego leczenia przepuklin pachwinowych – sposobem Lichtensteina i Desarda. *Pol Merk Lek* 2008; 24: 392.
5. Mitura K, Romańczuk M, Wróblewski T. Wczesne wyniki leczenia przepuklin pachwinowych sposobem Desarda u 17 operowanych chorych. *Doniesienie wstępne. Videosurgery and other miniinvasive techniques* 2006; 1: 18-22.
6. Polska Grupa Badaczy Przepuklin. Influence of operative technique on recurrence rate in Lichtenstein hernioplasty using partially absorbable lightweight mesh. *Videosurgery and other miniinvasive techniques* 2009; 4: 10-15.