

WORLD NEUROSCIENCE SUMMIT

January 24, 2022 | Webinar

Prophylaxis and treatment of acute and chronic postoperative inguinal pain (CPIP) – is pain related to compression neuropathy?

René Gordon Holzheimer

Ludwig Maximilians University Munich Germany

Chronic postoperative inguinal pain (CPIP) remains a challenge in inguinal hernia surgery. Surgical expertise in chronic pain treatment seems to be a prerequisite for success. Entrapment neuropathy in open and laparoscopic herniorrhaphy may cause pain. The purpose of the study was to examine the cause of acute and chronic pain concerning operative technique and compression neuropathy. Patients with symptomatic primary inguinal hernia (I group 1) and secondary hernia with CPIP (II, groups 2-5) were investigated for postoperative complications and nerve damage. About 98% of patients with open inguinal hernia repair (OIHR) with tailored neurectomy (TN) reported preoperative pain (I group 1, n = 388, recurrence rate 1%). There were 73 cases (II) of CPIP after laparoscopic inguinal hernia repair (LIHR) (group 2, n = 22), OIHR (group 3, n = 37), LIHR followed by OIHR/LIHR (group 4, n = 5) and OIHR followed by LIHR/OIHR (group 5, n = 9). The results were as follows: preoperative pain: 33-100%, recurrence rate 0-11% (II, groups 2-5), nerve damage 92-100%, and persistent CPIP: n = 1 after trocar perforation of inguinal nerve elsewhere. OIHR is effective to avoid CPIP with compression neuropathy. This is the largest series of histological nerve damage in CPIP. Laparoscopic inguinal hernia repair may not be able to discover and dissolve the cause of pain for anatomical reasons (nerve entrapment in the externus aponeurosis). Pain may be related to compression neuropathy – most patients were pain-free after treatment.

Biography

Prof. Dr. René Holzheimer has an international professional background (Stanford USA, Guy's Hospital UK, Utrecht NL, Oslo N, Harvard USA). After finishing his specialty surgery training he has been supported by a fellowship in the Department of Surgery (Prof. JA Mannick) at the Brigham and Womens Hospital Harvard University. There he developed a scientific experience in the immunology of sepsis, trauma, and infection. For 20 years he specialized in hernia surgery and the diagnosis and treatment of chronic inguinal pain, chronic postoperative inguinal pain, and sports hernia. He is the author of peer reviewed scientific publications, most of them listed in pubmed, and coeditor of Surgical Treatment <https://pubmed.ncbi.nlm.nih.gov/21028753/>. Several scientific journals had invited him to join the editorial board.