

دراسة مقارنة عن استخدام مادة السيانواكريلات واستخدام الغرز
لاصلاح الفتق الاربي.

رسالة مقدمة

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Summary:

The Lichtenstein technique is currently the first choice to repair unilateral primary groin hernias. Despite the demonstration of low morbidity and good long term results, several recent articles demonstrated an unacceptable high rate of chronic inguinal pain with an average incidence of 12% but sometimes reported high rates as high as 53%. Many studies considered chronic postoperative pain as a surgical primary outcome and few of them evaluated the social impact of post hernioraphy chronic pain, that has been reported to affect social and work life of up to 6% of patients.

This study included 60 patients. They were divided randomly into two groups, group A and group B. Group A, mesh fixation was done by sutures. Group B, mesh fixation was done with cyanoacrylate glue. Operative time was measured and recorded per each case from the time of the skin incision till the time of skin closure. Post operative pain was measured with VAS by direct interview or by phone call at 24 hours, 48 hours, 7 days, 15 days, 1 month, 3 months and 6 months after the operation.

It was statistically significant difference with p-value <0.05 between two study groups as regards operative time with **low** mean duration among group used glue, which indicated that using glue instead of suture will consume **much less** time in operation.

Regarding the post operative pain, it was statistically significant difference with p-value <0.05 between two study groups after 24 hours of operation and also after 15 day, 1, 3, and 6 months, with low mean score among glue group, which indicated **low** pain score among glue group.

This trial demonstrated once again that mesh fixation with glue causes less postoperative pain-both acute and chronic

than the classical suture fixation, with similar morbidity and recurrence rates