

Mesh Repair of Inguinal Hernia

This is Dr. _____ dictating an operative note on pt _____, MRN _____ copies to Dr. _____ (MRP, to the chart and to the pt's family doctor)

DATE OF PROCEDURE:

PROCEDURE

1) Inguinal hernia repair with mesh

PREOP DX: (*Right/left*) inguinal hernia

POSTOP DX: same

SURGEON:

ASSISTANT:

ANESTHETIST:

ANESTHETIC: General anesthetic

CLINICAL NOTE:

Mr/Mrs _____ is a _____-year old man/woman who developed a symptomatic (*left/right*) inguinal hernia. He/She was seen in Dr. _____ clinic. Clinical history was documented in Dr. _____ clinic note. Surgical repair was indicated and recommended using a prosthetic mesh because of the (*patient's age/nature of hernia/preference*). The risks, benefits, alternative and rationale of surgery were explained in Dr. _____ clinic, including the risk of not operating. Informed consent was obtained by Dr. _____ for a (*right/left*) inguinal hernia repair with mesh which we performed today.

OPERATIVE NOTE:

The patient was brought to the operating room where a surgical safety checklist was performed. Preoperatively, _____ grams of IV *Ancef/Vancomycin* was administered. *General/regional/local* anaesthetic was used.

In supine position, the (*right/left*) groin was prepped and draped in a sterile fashion.

The scalpel was used to make an oblique skin incision, parallel and superior to the inguinal ligament. This was deepened through Scarpa's and Camper's fascia using electrocautery down to the external oblique aponeurosis. The external oblique aponeurosis was opened in the direction of its fibers through the external ring using a *scalpel/metzenbaum scissors*. The ilioinguinal nerve *was/was not* identified and *protected from injury/divided*.

The inguinal floor was exposed by creating superior and inferior flaps of the external oblique. The (*round ligament/spermatic cord*) was identified, mobilized at the pubic tubercle and isolated using a Penrose drain. This was done by dissecting the cremasteric fibers from the cord.

The anteromedial aspect of the cord was examined and an indirect hernia sac was identified. The sac was carefully dissected free of the cord down to the level of the internal ring.

(If male: The vas deferens and testicular vessels were identified and protected during the remainder of the operation).

The sac *was/was not* opened [*and the contents were reduced into the peritoneal cavity*]. The sac was twisted and suture ligated with 2-0 silk suture. Any redundant sac was excised using electrocautery. The stump of the sac was checked for hemostasis and allowed to retract into the abdomen.

- *Subsequent exploration of the femoral triangle was done looking for a femoral hernia*

A plug was fashioned (*or a pre-made plug was used*) to restore the normal anatomy of the internal ring. The plug was sutured into place using 2-0 prolene sutures.

The floor of the inguinal canal was assessed digitally and found to be intact. To repair the floor of the canal, a (*polypropylene/other*) mesh was cut to size in an oval with a longitudinal lateral opening. Starting at the pubic tubercle, the mesh was secured flat with *continuous/interrupted* 2-0 prolene sutures to the reflected edge of the inguinal ligament inferiorly, the conjoint tendon superiorly. The ends of the patch were draped around the cord structures at the level of the internal ring. The Penrose drain was removed and the cord itself was returned to its anatomic location above the mesh.

Hemostasis was achieved using electrocautery. The external oblique aponeurosis was re- approximated using a continuous (2-0/3-0 vicryl) suture, paying particular attention to the ilioinguinal nerve to protect it from injury. Scarpa's fascia was closed with several interrupted 3-0 vicryl sutures, and the skin was closed using a 4-0 subcuticular continuous monofilament suture. The operative field was cleaned and dried. Steristrips were applied

If male: The testes were gently pulled down into its anatomic position in the scrotum.

There were no intraoperative complications and estimated blood loss was ____ cc. All instrument and sponge counts were correct. A surgical de-briefing was performed. The patient was extubated and transferred to the PACU in stable condition.

----- **End of Dictation** -----

NOTE: Should only be used for routine operations. For more challenging operations, a modified template may be needed.