

UMBILICAL HERNIA UNDER LOCAL ANAESTHESIA: TIPS AND TRICKS

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Despite many studies confirming the feasibility and the interest of local anaesthesia for umbilical repair, its use is not generalized amongst the abdominal surgeons. The advantages of local anaesthesia are indeed clear, including reduced costs, reduced hospital stay and reduced post operative pain. The success of the procedure depends on the skills and the motivation of the surgeon, of the nursing teams, and of the patient him/herself. The Mayo repair is ideally performed under local anaesthesia, but should be proposed to patients suffering from limited umbilical hernia with small defects. Prosthetic repairs might also be proposed under local anaesthesia, but large defects with rectus diastasis might require a full Rives/Stopppa repair in which local anaesthesia could not be sufficient. In obese patients, laparoscopic repair might be beneficial despite higher cost and longer hospital stay.

Practically local anaesthesia requires some patience and quiet in the operative room. Operators should be aware that the action of local anaesthesia is delayed after injection. Local anaesthetics should be buffered and at body temperature at time of injection. Local anaesthetics containing Adrenalin allow longer pain control, with limitation of bleeding and less toxicity. Large and brutal movements should be avoided. Ligature and section of parts of greater omentum are feasible under local anaesthesia without patient discomfort. Tension free repair should be favoured, and during Mayo repair, the only painful part of the repair is often the closure of the defect with the different stiches.

The surgical and anaesthetic techniques for umbilical hernia repair should be tailored to the specific characteristics of the umbilical hernia and of the patient. There is no method of choice that might fit for every patient.