Radical Prostatectomy Does Not Increase the Risk of Inguinal Hernia

Corresponding Author:
Dr. Dan Spernat,
Senior Lecturer University of Adelaide Urological Surgeon, Department of Urology The Queen Elizabeth Hospital, 28 Woodville Rd, , 5011 - Australia

Submitting Author:
Dr. Dan Spernat,
Senior Lecturer University of Adelaide Urological Surgeon, Department of Urology The Queen Elizabeth Hospital, 28 Woodville Rd, , 5011 - Australia

Article ID: WMC003763
Article Type: Original Articles
Article URL: http://www.webmedcentral.com/article_view/3763
Subject Categories: UROLOGY
Keywords: Prostatectomy, Inguinal Hernia, Hernia, Laparoscopy

How to cite the article: Roth H, Spernat D, Tay YK, Frydenberg M, Appu S. Radical Prostatectomy Does Not Increase the Risk of Inguinal Hernia. WebmedCentral UROLOGY 2012;3(10):WMC003763

Copyright: This is an open-access article distributed under the terms of the Creative Commons Attribution License (CC-BY), which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

Source(s) of Funding:
None

Competing Interests:
None
Radical Prostatectomy Does Not Increase the Risk of Inguinal Hernia

Author(s): Roth H, Spernat D, Tay YK, Frydenberg M, Appu S

Abstract

Introduction

Inguinal hernia has been reported to occur in 12 to 20% of patients after Radical Prostatectomy (RP). Herein we present our Australian experience with inguinal hernia (IH) risk post RP.

Methods

We conducted a retrospective audit of all cases of RP on our unit from 1/1/2004 to 1/1/2009. Operation reports were analysed for approach and technique. We then audited all patients undergoing IH repair at all 4 campuses of our tertiary referral centre between 1/1/2004 to 31/7/2011. The databases were then cross checked for matching patient record numbers.

Results

233 RPs were performed at our institution from 1/1/2004 to 1/1/2009, excluding those patients who underwent cystoprostatectomy. This group consisted of 195 ORPs and 38 LRPs. From 1/1/2004 to 31/7/2011 a total 2574 incisional and IH repairs were performed. None of our patients required hernia repair during this period.

Conclusion

It is postulated RP may weaken the normal fascia structures at the internal inguinal ring leading to an increased risk of IH. However the exact mechanism of post-RP IH remains unknown. As none of our 233 RPs developed IH requiring surgical repair we postulate that the association between RP and IH is weaker than previously thought.

Discussion

It is postulated RP may weaken the normal fascia structures at the internal inguinal ring leading to an...
increased risk of IH [8]. However the exact mechanism of post-RP IH remains unknown [8]. It has been reported that previous IH surgery and age increase the risk of post-RP IH [5]. Furthermore, pelvic lymph node dissection, postoperative anastomotic stricture and duration of surgery have not been associated with an increased risk of post-RP IH [5]. No specific risk factors for post-LRP IH have been identified [4]. As none of our 233 RPs developed IH requiring surgical repair our data indicates that the association between RP and IH is weaker than previously thought. The inclusion of LRPs, comprising of only 38 of our 233 RP cases may have slightly reduced the risk of IH in our cohort. The mean age of our patient cohort is comparable to that of other studies [1,2,5] and hence cannot explain the low risk of IH at our centre. It is important to note that we are a training institution, and the RPs in this audit would have been undertaken by urology residents.

We recognise the limitations of our study. Our study is retrospective and was designed to only detect those IHs requiring surgical repair, inevitably some IHs may have gone undetected in the absence of clinical examination. However our lengthy period of follow-up has afforded considerable time for post-prostatectomy IH to manifest, as more than 80% of IHs arising post RP occur within 2 years [2]. Further, having a study design that would detect only those IHs requiring surgical repair, our audit aimed to inform on the extent of significant and symptomatic IHs for which patients sought treatment.

Furthermore this study was only able to detect those IH repairs undertaken on patients who remained in our health service’s catchment area during the period of follow-up. However, loss to follow-up due to patient relocation would be minimal as our health service covers 32% of the Victorian population (1.39 million people) with 6 major hospitals and 2100 beds [9]. Despite these limitations we suggest given that this pilot audit has failed to demonstrate any cases of IH it is unlikely that there were a significant number of IHs missed.

Conclusion

We propose that previous reports of increased incidence of IH may have been overstated.

References

Illustrations

Illustration 1

Figure 1
Disclaimer

This article has been downloaded from WebmedCentral. With our unique author driven post publication peer review, contents posted on this web portal do not undergo any prepublication peer or editorial review. It is completely the responsibility of the authors to ensure not only scientific and ethical standards of the manuscript but also its grammatical accuracy. Authors must ensure that they obtain all the necessary permissions before submitting any information that requires obtaining a consent or approval from a third party. Authors should also ensure not to submit any information which they do not have the copyright of or of which they have transferred the copyrights to a third party.

Contents on WebmedCentral are purely for biomedical researchers and scientists. They are not meant to cater to the needs of an individual patient. The web portal or any content(s) therein is neither designed to support, nor replace, the relationship that exists between a patient/site visitor and his/her physician. Your use of the WebmedCentral site and its contents is entirely at your own risk. We do not take any responsibility for any harm that you may suffer or inflict on a third person by following the contents of this website.