Simultaneous Open Prostatectomy and Inguinal Herniorraphy

Zakiuddin G. Oonwala

Department of Surgery, Dow Medical College, Karachi.

Abstract

Of 50 patients undergoing prostatectomy, 13 (26%) had 19 inguinal herniae, 6 of them bilateral. Two of these herniae were obstructed. One of the patients had presented with retention after a hernia repair. Transvesical prostatectomy was combined with herniorrhaphy. Average hospital stay was 15 days as in patients who had prostatectomy alone. The combination of the two procedures was cost effective and well tolerated by the patients.

Key words: Prostatectomy – Herniorrhaphy

Elderly males with prostatic enlargement are likely to have other surgical conditions like bladder calculus, and inguinal hernias. The inguinal hernia in such cases is due to increased intra abdominal pressure precipitated by straining at voiding. It is also true that elderly patients undergoing hernial repair are likely to go into postoperative urinary retention requiring, initially, in dwelling catherization and later, prostatectomy. Such patients undergo distressing periods of urinary retention and infection at our hospital with long postoperative stay and additional surgical procedures. It therefore appears logical and surgically sound to combine prostatectomy with hernial repair as a single procedure. We reviewed our prostatectomies to note how frequently the two procedures were combined.

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Address all communication to Dr. Zakiuddin G. Oonwala, Associate Professor of Surgery, Dow Medical College, Karachi.

Patients and Methods

The records of fifty patients who had prostatectomy in Surgical Unit 4 of Civil Hospital and Dow Medical College, Karachi were reviewed. The age range was 45 to 100 with a mean of 64.2 years. 13 patients (26%) had 19 herniae, of which six were right inguinal herniae, one was a left inguinal hernia and six were bilateral. Fourteen (73.5%) were spontaneously reducible, three (15.7%) required manual reduction and two (10.5%) were obstructed. The obstructed herniae did reduce on conservative methods. The presentation of prostatic symptoms were acute retention in 32 patients (64%) prostatism in 17 patients (34%) and retention after hernial repair in 1 (22%). Seven herniae were repaired simultaneously with open prostatectomy. Five of them also had orchiectomy and one had a cystolithotomy performed at the same time.

The operative procedure was done through a Pfannesteil incision two finger-breaths above the symphysis pubis. It was extended into the inguinal area as needed, and the hernial repair was done first. A posterior wall repair was utilised approximating the conjoint tendon and the inguinal ligament with transfixation of the ligated sac in the indirect hernia and invagination of a direct sac. A transvesical prostatectomy was done. The suprapubic catheter was removed on the third postoperative day, and the urethral catheter removed seven to ten days following the operation. All the patients were given antibiotics. The minimum follow up period of this group of patients with simultaneous herniorrhaphy and prostatectomy was one year.

Results

The average postoperative hospital days stay for prostatectomy alone was the same as that for simultaneous prostatic and hernial surgery and was 15 days. The majority of patients had uneventful recovery and were discharged on the ninth or tenth postoperative day. One patient had secondary haemorrhage from the bladder and was discharged on the twenty-fifth day.

Discussion

It is evident that a significant percentage of patients with prostatic symptoms have inguinal hernia on admission. Dickey[1] reported an incidence on 22.3% in 309, Jasper[2] 24.8% in 891, McDonald and Huggins[3] 15% in 100 and Thompson *et al*[4] 20% in 70 prostatectomies. The present series shows an incidence of 26% in 50 prostatectomies. The likely cause for this higher incidence of hernia in prostate patients is increased intra-abdominal pressure during voiding. The surgeon should be on guard when examining patients over the age of 50 years with hernia as relatively high number of them have prostatic symptoms and if they are present, relief of the obstructive symptoms may lessen the risk of recurrence of hernia.

Some of the herniae seen in men of prostatic hypertrophy age may be regarded as secondary to straining required to pass urine. General condition permitting the correction of the prostatic hypertrophy and its secondary effects – vesical calculi and vesical diverticula with inguinal hernia repair is cost effective.

There was no significant wound infection and no recurrence of hernia. The advantages of combined surgery may be listed as:-

1. Single anaesthesia
2. One operative procedure
3. One incision
4. One hospitalisation
5. Lower cost

The procedure is well tolerated, is practical and financially less of a burden to the patient. The gratitude and satisfaction of the long standing hernia patients wearing truss with prostatism who undergo the combined surgery and the advantages of the simultaneous herniorraphy and prostatectomy should be more widely appreciated.

REFERENCES

1. Dickey L.D., Simultaneous retropubic prostatectomy and inguinal herniorraphy, Rocky Mountain Medical Journal, 1961, 58: 34–36.

2. Jasper W.S., Combined open prostatectomy and herniorraphy, Journal of Urology, 1974, III: 370–373.

3. McDonald D.F., Huggins C., Simultaneous prostatectomy and inguinal herniorraphy, Surg. Gynaecol and Obstet. 1949, 89: 621.

4. Thompson I.M., Chery A.W., Prostatism and inguinal hernia. South Medical Journal, 1982, 75 (II) 1342–4.