

Vasil Archvadze
Grigol Robakidze University
Tamaz Chkhikvadze, Ilia Chanukvadze, David Jikia,
Ioseb Mgaloblishvili, Kakhaber Giorgadze, Teimuraz Kandelaki
Tbilisi State Medical University #2

ARCHVADZE'S FIRST METHOD OF PURE TISSUE REPAIR: 18-YEAR FOLLOW-UP

Pure tissue repair of inguinal hernias was worked out and introduced into the surgical practice at the #2 Department of Surgery, Direction of General Surgery in 1994 (V. Archvadze, patent on innovation №1079).

Purpose: The goal of this innovation was to decrease post-operation recurrence and complication rates after the pure tissue repair of inguinal hernia.

Methods: The method is based on strengthening of the back wall of the inguinal canal as well as the methods of Kirchner, Postempski (Halsted) and Hackenbruch. In case of plastic surgery according to Archvadze's method, at first, the medial fragment of the aponeurosis of the external oblique abdominal muscle, internal oblique abdominal muscle, transverse abdominal muscle and the transverse fascia are stitched to the inguinal ligament by means of Kimbarovsky's sutures and then by pulling aside the spermatic cord to the upper edge of the wound (lateralisation of funiculus), the loose, lateral edge of the aponeurosis of the external oblique muscle is redoubled to its upper half (prints 1-5).

Objective: 257 patients were treated according to this method

Table №1

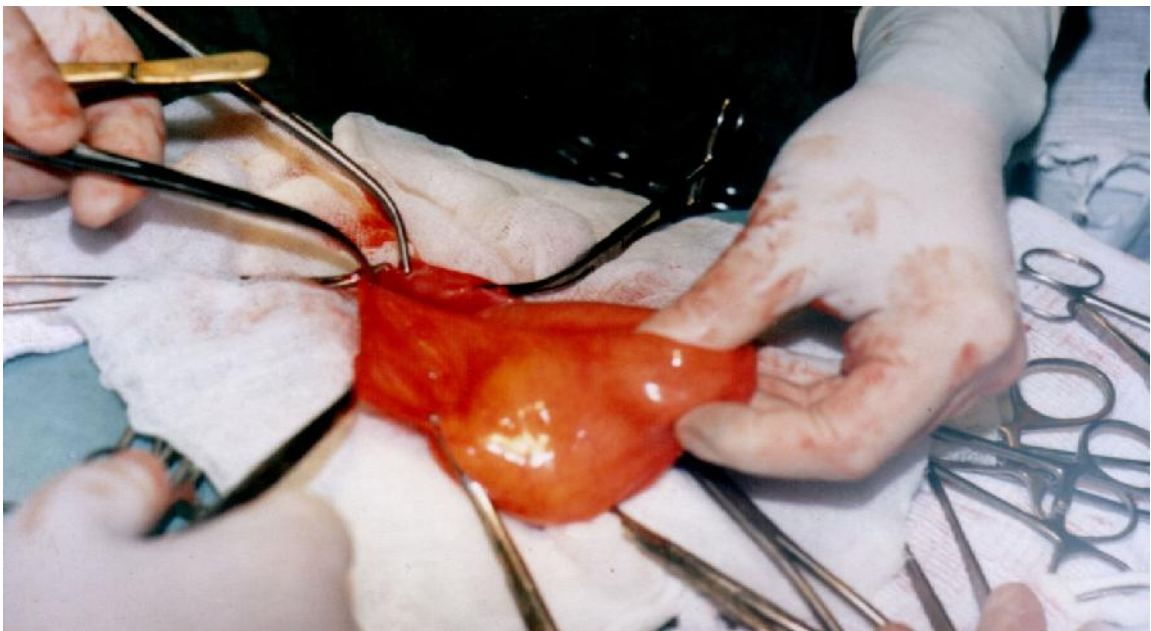
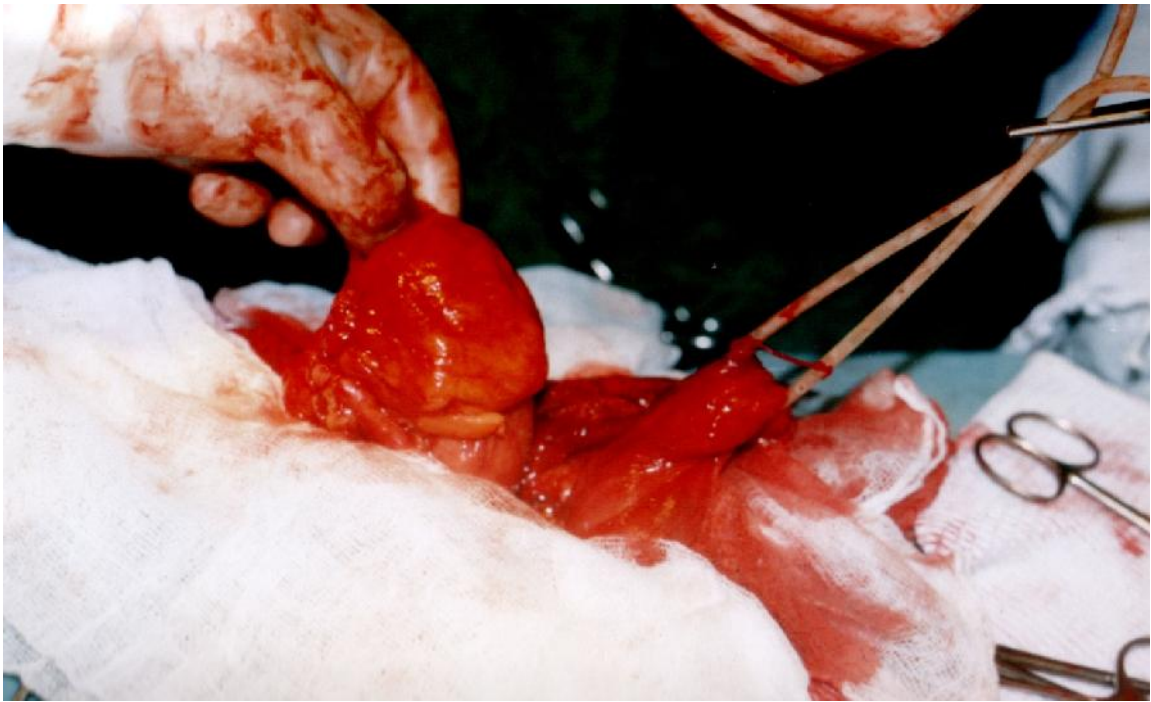
Distribution of the operations according to the type of the plastics

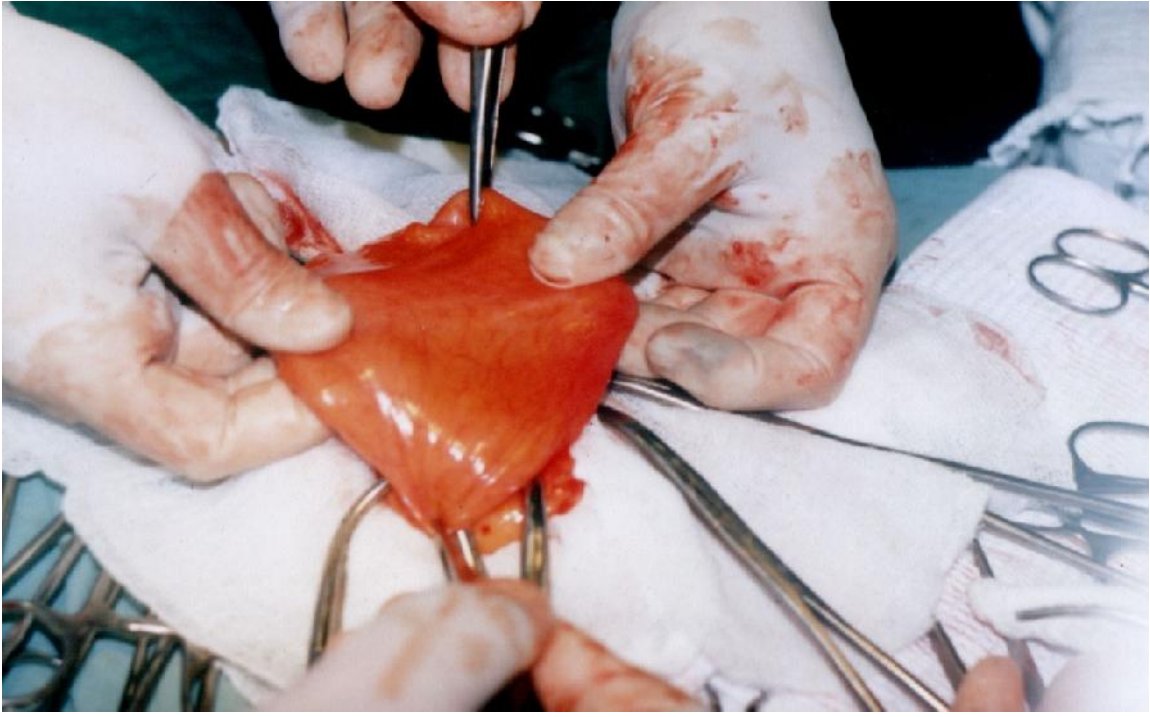
Type of operation		Total number		Planned		Urgent	
		N	%	N	%	N	%
Pure-tissue repair	Bassini	52	6,0	40	77	12	23
	Girard	529	61,2	464	87,7	65	12,3
	Postempski	19	2,1	10	52,6	9	47,4
	Shouldice	22	2,6	21	95,4	1	4,6
	Archvadze's I rule	167	19,3	132	84	25	16
Tension-free	Lichtenstein	11	1,3	11	100	0	0
	Gvenetadze	8	0,92	11	100	0	0
	Archvadze' II rule	32	3,7	32	100	0	0
Laparoscopy	TAPP	24	2,8	24	100	0	0
	Total	864	100%	820	94,9	44	5,1

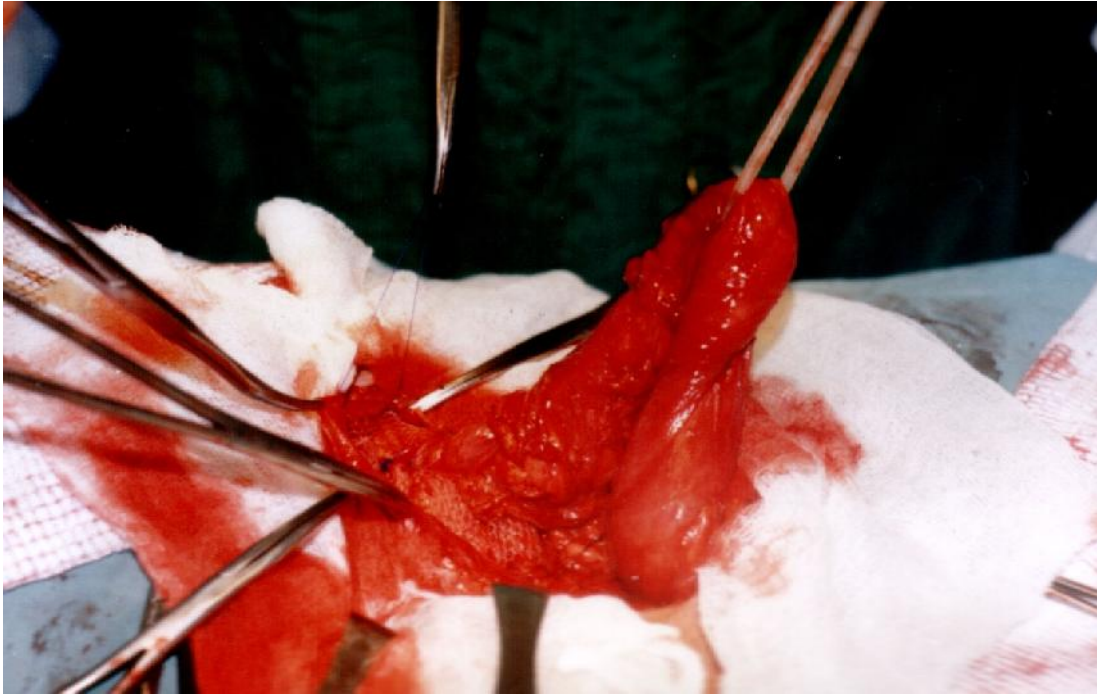
Results: 92% of patients were followed-up (recurrence rate – 0,92%). We also followed-up the control groups – 530 patients operated on according to Girard's method (recurrence rate – 9,1%) and 35 patients – according to Bassini's method (recurrence rate – 3,5%).

Conclusion: On the basis of the aforesaid we can conclude that this method is supposed to solve the problems of surgery much more sufficiently than the traditional ones.









Reference

1. Ioffe I. L. 1968. *Operational Treatment of Inguinal Hernias*. Moscow, 171 p.
2. Kukudzhanov N. I. 1969. *Inguinal Hernias*. Moscow, «Medicine», 440 p.
3. Toskin K. D., Zhebrovski V. V. 1990. *Hernias of Abdominal Wall*. Moscow, «Medicine», 272 p.
4. Fedorov B. Sh. 2000. *Evolution of Treatment of Inguinal Hernias*. Review // *Surgery*. №3, p. 51-53.
5. Bendavid R., Abrahamson J., Arregui M. E. et al. 2001. *Abdominal Wall Hernias, Principles and Management*. Springer-Verlag, New York, 832 p.
6. Nicolo E. 2003. A New Operation One Hundred Years Old. The Original Operation of Bassini for Radical Cure of Inguinal Hernia. *2nd International Hernia Congress, Joint Meeting of AHS and EHS*. London, p. 161.
7. Nyhus L.M. 2001. *Evolution of Hernia Repair*. Hernia, Milan, p. 524-25.
8. Schumpelick V., Wantz. Inguinal Hernia Repair Expert Meeting of Hernia Surgery, St. Moritz, 1994, Karger, 1995, pp. 206-211.
9. Shouldice E. B. 2002. *The Shouldice Clinic Approach to Recurrent Inguinal Hernias after Original Repair with Mesh*. Hernia Repair-2002, Arizona, p. 44.
10. Wantz GE. 1991. *Atlas of Hernia Surgery*. Raven Press, New York.