Laparoscopic exploration of the contralateral groin during repair of pediatric inguinal hernia

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Citation
Laparoscopic exploration of the contralateral groin during repair of pediatric inguinal hernia. Lansdale: HAYES, Inc.. Healthcare Technology Brief Publication. 2010

Authors' objectives
Inguinal hernias are common birth defects that primarily affect boys. During fetal development, a channel from the abdomen to the scrotum forms that usually closes before or shortly after birth; however, in some children this channel remains open, creating a patent processus vaginalis (PPV). A persistent PPV can result in the development of an inguinal (groin) hernia, which is the protrusion of organs or tissues through the abdominal wall. Since the hernia can become strangulated causing infection or death, all pediatric hernias are surgically repaired on diagnosis, most by open surgery. While most inguinal hernias are unilateral, it has long been debated whether surgeons should routinely examine the opposite or contralateral side during surgery to determine if there are hernias on both sides. If there are two, repair of both during the same surgery would reduce the need for a second surgery. Despite this potential benefit, surgeons disagree about whether the extra procedure is justified since most PPVs do not develop into hernias and this exploration has traditionally involved open surgery that could damage the tubule for sperm or eggs and affect fertility.

Final publication URL
The report may be purchased from: http://www.hayesinc.com/hayes/crd/?crd=11866

Indexing Status
Subject indexing assigned by CRD

MeSH
Child; Hernia, Inguinals; Laparoscopy

Language Published
English

Country of organisation
United States

English summary
An English language summary is available.

Address for correspondence
HAYES, Inc., 157 S. Broad Street, Suite 200, Lansdale, PA 19446, USA. Tel: 215 855 0615; Fax: 215 855 5218 Email: hayesinfo@hayesinc.com

AccessionNumber
32011000807

Date abstract record published
15/06/2011