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OC-069 NERVE IDENTIFICATION AND DIVISION DURING LICHTENSTEIN REPAIR: A REGISTRY-BASED ANALYSIS IN FLANDERS

S. Van Hoef[1], D. Meylemans[2], L.N. Wamba Momo[3], F. Crema Garcia[3], W. Mestdagh[3], I. Thomas[4], J. Cornelissen[5], C. Barle[1], C. De Vlieghere[6], G. Tormans[4], B. De Moor[3], M. Miserez[1], F.S. M. Abasbassi (az Damiaan Oostende), K. Boon (noorderhart Maria Ziekenhuis Pelt)[7]
[1]*Abdominal Surgery, University Hospitals Leuven, Leuven, Belgium*
[2]*Department of General Surgery, Auckland City Hospital, Auckland, New Zealand*
[3]*ESAT STADIUS Center for Dynamical Systems, Signal Processing and Data Analytics, ESAT STADIUS Center for Dynamical Systems, Signal Processing and Data Analytics, KU Leuven, Leuven, Belgium*
[4]*Data Management, AZ Turnhout, Turnhout, Belgium*
[5]*Urology, University Hospitals Leuven, Leuven, Belgium*
[6]*Tiro Health, Tiro Health, KU Leuven, Leuven, Belgium*
[7]*Abdominal Surgery, VZN KUL, Vlaanderen, Belgium*

Aim: Chronic pain after Lichtenstein repair remains an important issue, with several intra-operative variables still under investigation. The Flanders Inguinal and femoral Hernia Repair Prospective Registry (FLIPR) is a population-based registry of groin hernia patients from 17 hospitals in Flanders, focusing on patient reported outcome measures (PROMs) and the role of nerve identification and division.

Methods: The surgeon completes a standardized operation form with compulsory data including EHS classification, type of surgery, nerve identification and division. Hernia defects were categorized in small vs. large, simplifying the EHS classification.

Results: Between January 2018 and December 2022, 3952 patients were registered. 398 (10%) patients underwent a Lichtenstein repair, 351 (88%) unilateral and 47 (12%) bilateral repairs, resulting in a total of 445 repairs (84% primary vs 16% recurrence) with predominantly smaller defects (65,4% vs large 34,6%). In 61,8% of cases, any of 3 nerves were identified, with the ilioinguinal (II) being the most predominant (70.5% vs iliohypogastric (IH) 40% vs genitofemoral 16,5%). No neurectomy was performed in 44,6% of cases, while II and IH was divided in 41,3% and 40% respectively. 88,9% of procedures were performed under general anesthesia (vs. 6,5% spinal vs. 4,6% local), and 91,2% by a certified surgeon.

Conclusion: A minority of patients in the FLIPR registry is treated with a Lichtenstein approach. Despite its lower complexity, a Lichtenstein approach is predominantly used in smaller hernia's, under general anesthesia and by a certified surgeon. The role of nerve identification and division in PROMs will be part of further research.

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