

Challenging Surgical Anatomy in Recurrent Herniorrhaphy

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INTRODUCTION

The anatomical planes are imaginary planes that transect the human body to realize the position of the body organs and their movements.

There are three fundamental planes:

- The coronal (vertical) plane splits the human body into posterior and anterior divisions
- The sagittal (lateral) plane splits the human body into left and right parts
- The transverse (axial) plane splits the human body into the head and tail parts [1]

A surgical plane is a dissection plane created by the surgeon during surgery to resect a swelling or approaching the hernial defect while protecting the neurovascular arrangements. Moreover, the previous surgery challenges the surgeon to proceed into the wanted tissue plane to delineate the anatomy and reduce unwanted hemorrhage [2].

ARGUMENT

There was a debate among experienced and junior surgeons about the final consequences of identifying the correct surgical planes in the second go herniorrhaphy on the preservation of the anatomy at the expense of operation time and experience of the surgeon [3].

EVIDENCE

There are obvious advances in surgeons' experiences in approaching recurrent hernial repairs. Therefore, there are many alternative procedures to accommodate the hard surgical planes to prevent poor outcomes like the laparoscopic procedure [4].

COUNTERARGUMENT

In an inguinal hernia, Mesh repair had a lesser reoperation rate than the usual open repair, but with the higher cost and the more patient healthcare [5]. While in the incisional hernia, the

sublay repair seems the approved procedure for repair to prevent a recurrence [6].

REFUTATION

Nowadays laparoscopic repair appears a better option for hard surgical planes in inguinal hernia and ventral recurrence [7].

CONCLUSION

The perfect first-time good exposure of surgical plane in the open preperitoneal hernia procedure by mesh repair, laparoscopic repair, or non-mesh repair is safe and prevents recurrence. The disturbed surgical plane is challenging to the surgeon in recurrent herniorrhaphy repair.

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Received: August 3, 2021; **Accepted:** September 18, 2021; **Published:** September 22, 2021

Citation: Alhiti HAR (2021) Challenging Surgical Anatomy in Recurrent Herniorrhaphy. *Anat Physiol* 11:371.

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