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Lloyd Nyhus and Rene Stoppa: Preperitoneal Inquinal Pioneers

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Benjamin Franklin said famously that in life nothing is certain except death and taxes.

With apologies to the Founding Father, the likelihood of developing an inguinal hernia – especially for men – may not be far behind. Gravity, the aging process, and the evolutionary upright position are all factors which combine to make adult groin hernias a common human malady.

In addition to being inconvenient, the risk for hernias to progress in size and develop the potentially life-threatening complication of trapped bowel is well known. Physicians have recognized these risks since antiquity, but progress toward effective treatment was minimal until the development of anesthesia and antisepsis. During the past century, these two medical milestones allowed surgeons to make great therapeutic progress.

Better understanding of regional anatomy, and improved safety of prosthetics has led to many surgical alternatives for hernia repair. While it is true that inguinal hernia repairs are often viewed in teaching hospitals as humdrum intern-level cases, any experienced hernia surgeon can attest to the significant technical challenges sometimes encountered in repair of groin hernias.

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