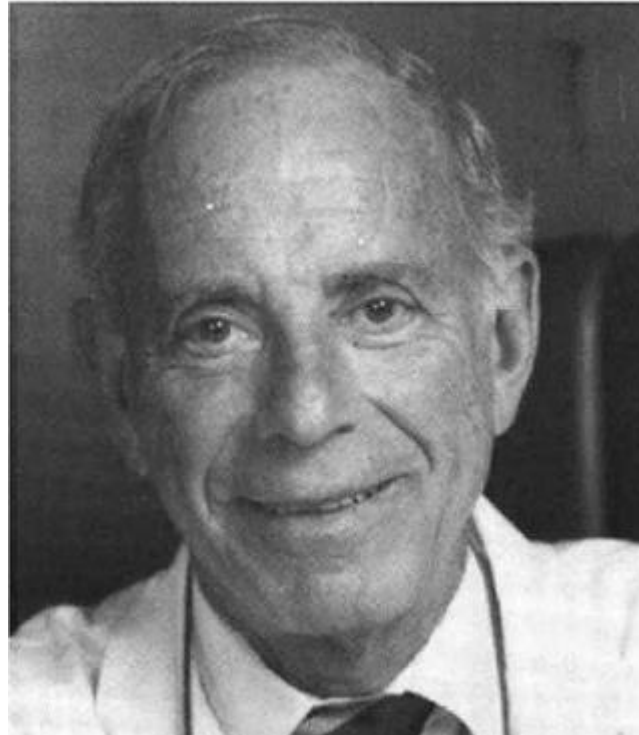


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1920-2000



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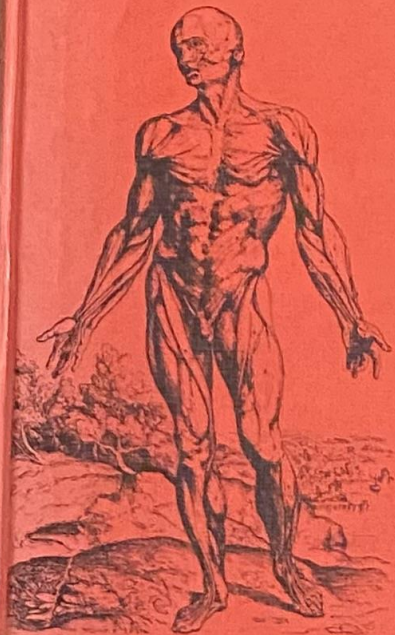
1964 advocated no restrictions after hernia surgery Bassini repair. Also advocated not using general anesthesia. Very controversial

1984 pioneered tension free inguinal hernia repair with mesh. Inversion (not excision) of hernia sac. Transection of scrotal hernia sacs.

Plug repair of femoral hernias

Published series of 4,000 repairs with 0.1% recurrence rate under local anesthesia

Fierce advocate for civil rights and the ACLU



**Hernia repair without
disability** (Second Edition)

Irving L. Lichtenstein

ISHIYAKU EUROAMERICA, INC.

ST. LOUIS • TOKYO









Minimal Impact Hernia Surgery

“Win-win for patients and surgeons”

- | | |
|--|---------------|
| 1. General Anesthesia/intubation/paralysis | NEVER |
| 2. Bladder catheterization | NEVER |
| 3. Operative time | 25-35 minutes |
| 4. Need for postoperative opiates | NEVER |
| 5. Pain on discharge home | Minimal/None |

Minimal impact and “win-win”

6.	Work or lifting restrictions	NEVER
7.	Recurrence rate	
	<1%	
8.	Risk of bowel injury, peritoneal entry	NEVER
9.	Supplies cost	+/- \$60
10.	Discharge after procedure	45 minutes
11.	Need for skilled assistant (MD, PA)	NEVER
12.	Difficult with scrotal/incarcerated hernias	NO
13.	Suitable for ASC	ALWAYS

Minimal impact and “win-win”

- | | |
|--|-------|
| 14. Affordable for self-pay or high deductible pts | YES |
| 15. Combine with vasectomy | YES |
| 16. Bilaterals, umbilical repair | YES |
| 17. Femoral? | PLUG! |
| 18. Easy learning curve | YES |
| 19. Quick turnover time between cases | YES |
| 20. Issues with prior pelvic or prostate surgery | NEVER |
| 21. Scarring/cosmesis | ??? |
| 22. Secondary hernias from access ports | 😊 |
| 23. Reimbursement | ⊠ |

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