The Sumet Technique for Inguinal Hernia Repair
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Introduction
The Sumet technique for inguinal hernia repair was designed to prevent failures that are commonly seen in areas of previous repairs and is based upon decades of experience using all other types of mesh and techniques. The repair was designed to transfer force to fixed points using a strong truss (coiled polypropylene mesh) that enables a triply buttressed repair. The outward forces of intrabdominal pressure are further taken up by an onlay mesh to distribute and balance the load. The repair is particularly suited for patients with large hernias, recurrent hernias, and patients who are overweight or obese.

Anesthesia
Most of the repairs can be done under local anesthesia and sedation, however, general or spinal anesthesia may be required for excessively large hernias or other health factors. The procedure lasts about one hour with a similar amount of time in the recovery period.

Recovery
Most patients will leave the hospital a few hours after the surgery; however, patients with complex medical problems may need to spend the night. There are usually no restrictions on lifting or walking after the surgery. We do not allow vehicle or machinery operations until 24-hours after the last pain pill, which for most patients is 3-4 days. You may return to work as soon as you are able, ideally within one to two weeks.

Risks
Overall, the procedure is very safe and effective. Nonetheless, complications can occur.

1. Bleeding and hematoma: A rare complication. Patients who are on blood thinners are at an increased risk. Most of the time the body will absorb the collection, however, some patients will need evacuation of the blood. Bruising and swelling of the groin, thigh, penis, and scrotum are common and will go away within 3-4 weeks.
2. Hernia recurrence: We have not seen any failures with this technique.
3. Pain post-surgery: Early in the postoperative course, the pain can be controlled with the prescribed pills and may last several days. Every patient is different and will experience a different level of pain, even if given identical situations.
4. Chronic pain: Nerve injury or entrapment is rare and occurs in less than 1-2% of hernia repairs. Redo hernia repairs are at an increased risk secondary to scar tissue and possible damage during the previous repair(s).

5. Injury to the sperm cord or testicle: Very rare except in redo operations. The risk of injury depends on preexisting conditions and the presence of significant scarring.

6. Numbness: Skin numbness in the groin or side of the scrotum can occur and may be permanent. It has no effect on sexual function as the nerves are of a different origin.

Is this repair right for you?
Your doctor will help you to choose the most appropriate method of repair. We perform laparoscopic and non-mesh hernia repairs as well. The procedure is tailored to each patients needs.

About Us
Dr. Sumet Silapaswan and Dr. Michael Jacobs perform the operation. They have presented the research and technique nationally and internationally.