

Hernia Infections: Pathophysiology - Diagnosis - Treatment - Prevention

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Hernia Infections


Pathophysiology • Diagnosis • Treatment • Prevention

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0 of 0 people found the following review helpful. [...] Book ReviewBy Spicy MammaMedical Science Books Medical Book Review:In the forward of the book, Dr. Robert Bendavid quotes, "Hernias present us with the unusual paradox that a cure exists, but this cure can be fickle and elusive." This statement has special meaning for all that have struggled to repair hernias with the hope of restoring our patients to normal activities. This book focuses on hernia infections. In the United States alone, more than 700,000 inguinal hernias and more than 50,000 ventral hernias are repaired. Most of these repairs are done with a prosthetic mesh reinforcement of the hernia defect. Infection rates are between 1 and 4

%, therefore, more than 20,000 hernia patients this year will suffer from an infection. Some infections may cause severe disability leading to further surgery for repair and possibly mesh removal. The cost to the individual patient can be significant, in terms of time off from normal activities, time off from normal work and surgical/hospital fees. This book is well written and easy to read. Master surgeons from around the world authored each chapter and are relevant to the practicing surgeon. The book gives practical advice on how to prevent postherniorrhaphy infections. Chapters 1 - 3 describe the importance of aseptic techniques, clearly defines what a surgical site infection (SSI) is and explains how to diagnosis a superficial or deep incisional infection after hernia repair. Chapters 4 - 6 discuss the importance of the wound environment and the effect different mesh products have on wound healing, bacterial colonization and possibly mesh infection. These chapters are interesting in that they describe the normal host reaction to the foreign material and how this "substratum" can become infected. Mesh is usually infected from the outer edges where the knots of the suture are applied to secure the mesh in place. The type of mesh material used, the mesh's pore size, as well as the type of sutures used in the repair of hernias all have an effect on the rate of wound infection. Chapter 7 describes the current diagnostic techniques used to identify infections from physical exam to the liberal use of ultrasound and CT scans. These modalities are relied upon to diagnosis patients with both acute and chronic wound infections. Chapter 8 explains the use of diagnostic techniques after open repairs and chapter 9 describes the techniques after laparoscopic hernia repairs. The last few chapters 10 through 12, describe the treatment of post operative hernia infections. The advice is practical and gives the surgeon options for management of these complicated patients. Chapters 10 and 11 discuss the treatment of infected patients after hernia repair. The authors offer advice on when infected mesh should be removed and how it may possibly be saved. They expand on the definitions and science that was presented in the first half of the book. Chapter 12 discusses the use of absorbable mesh in closing infected abdominal wound defects. These chapters again highlight the importance of diagnosis of infection and identification of the bacterial source. The importance of wound ultrasound (after having surgically removed a piece of infected mesh several months previously) in identification of fluid collections and techniques of draining and treating these fluid collections can reduce the incidence of infection of the subsequent hernia repair. The last chapter summarizes the basic principles of surgery in order to prevent and reduce the incidence of wound infections. Overall, this is a well-written book with current references. The book is practical for the everyday-practicing surgeon. The goal of this book, to decrease and potentially eliminate post herniorrhaphy infection, will be met if readers apply the principles discussed. This book is highly recommended.

This title advocates new surgical practices that will allow the performance of mesh hernia surgery with virtually no infections. It considers the utilization of bio-active prosthetic materials for hernia repair in infected fields and the prevention of mesh infection during the operation.