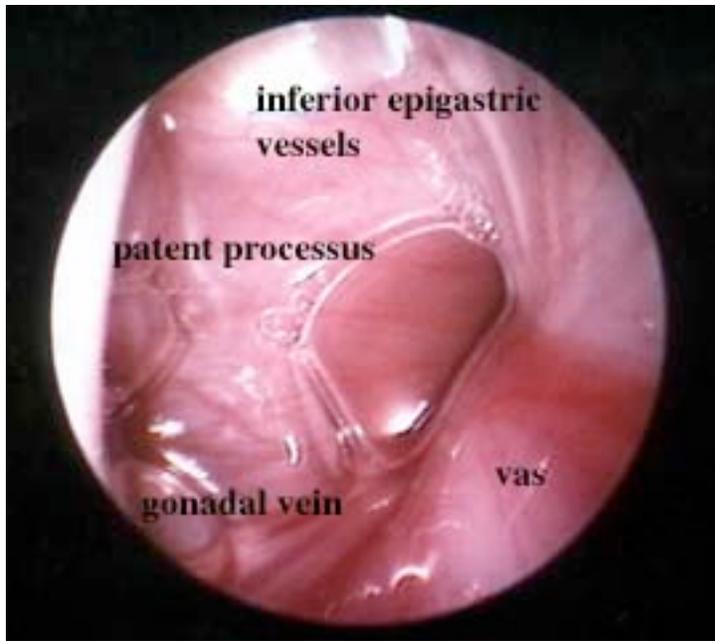


PEDIATRIC SURGERY

Inguinal Herniorrhaphy

Preference Card

1. Prep with green towels--prep genitals in field then cover with a towel--5 towels total.
2. Define the inguinal ligament then plan incision within a skin fold. Bovie down to fat then spread perpendicular to wound with a snap to Scarpa's then pick it up with adsons, cut with tonotomy scissor, then spread perpendicular to wound with scissor down to external oblique. Take care not to get Scarpa's and external oblique at the same time in young baby.
3. Place S-retractors. Define the inguinal ligament, dissecting with tonotomy scissor perpendicular to inguinal ligament--spreading, not cutting.
4. Incise external oblique with knife then cut with tonotomy scissor--go through the external ring.
5. Dissect external oblique off of cremasteris, reposition retractors, then tear cremasterics apart over the sac aggressively and grasp sac.
6. Dissect cremasterics down until the "inverted V" is visible below the sac. Place a pickup under the sac. Then dissect vas and vessels off of the sac. Don't touch vas and vessels, instead pick up the tissue next to them. Stay in one area with triangulation from assistant so you can get under the sac at the apex. Put a vessel loop around the vas and vessels and retract.
7. Clamp the sac twice and cut.
8. Dissect the proximal sac down to the level of the internal ring. Don't put tension of the sac. Instead, grasp the internal spermatic fascia in two places with pickups and tear--to avoid tearing the sac.
9. If doing a laparoscopic exploration of the contralateral side, put a Potts-tied vessel loop around the base of the sac. Place the Innerdyne trocar, put the patient in Trendelenburg, and insufflate to 8 cm H₂O. Put in the 70 degree laparoscope and look at the other internal ring.



Laparoscopic view of patent left processus vaginalis

10. Twist sac then ligate if twice with 3-0 PDS, 4-0 if <1 year.

11. Just fillet open the distal sac, don't try to excise it.

12. If floor needs to be closed, place a single 3-0 maxon between internal oblique and shelving edge just medial to the internal ring. In a girl close the internal ring with a figure of eight stitch.

13. Close EO with running 4-0 PDS. Inject marcaine deep to external oblique and in sub-Q.

14. Place one 4-0 vicryl in SQ then dermabond on skin.