



**GUARNIERI**  
HERNIA  
CENTER

**The Italian Center of Excellence  
for Hernia Surgery**

## **A NEW VARIANT OF THE GUARNIERI'S TECHNIQUE FOR INGUINAL HERNIA REPAIR**

**Presented by Francesco Guarnieri**

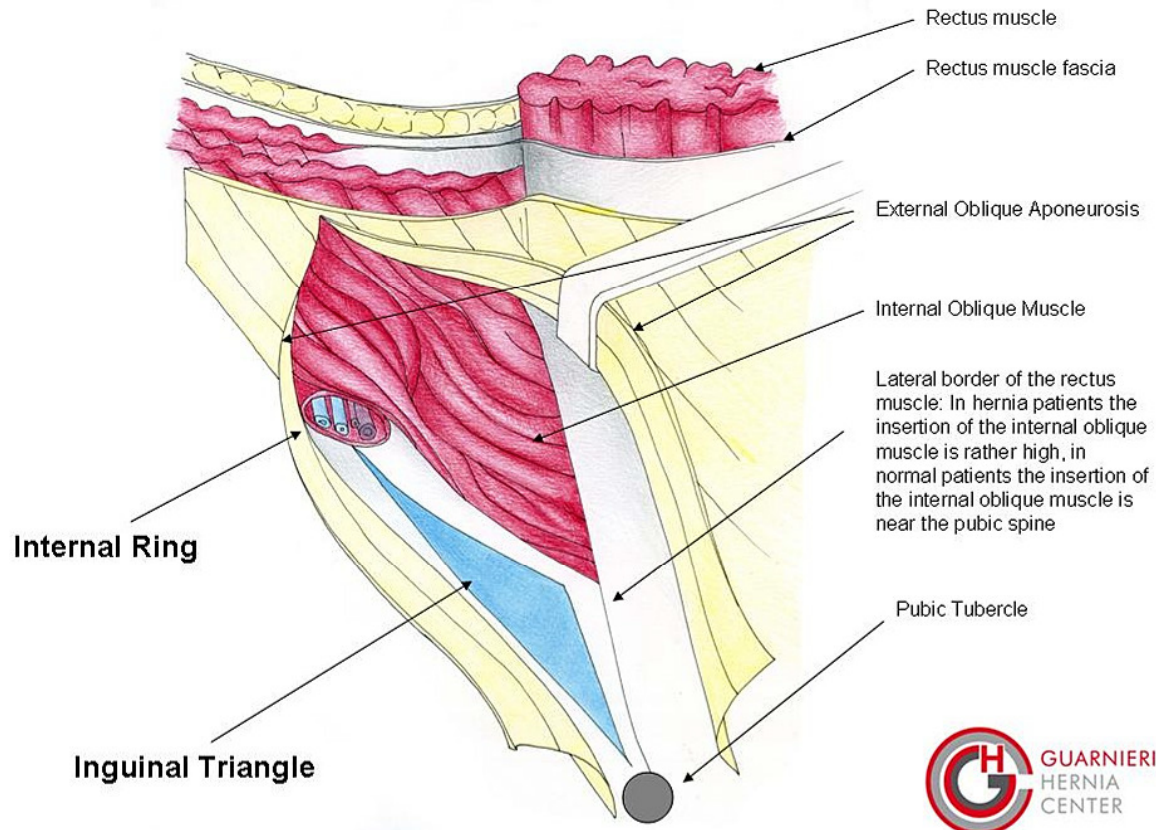
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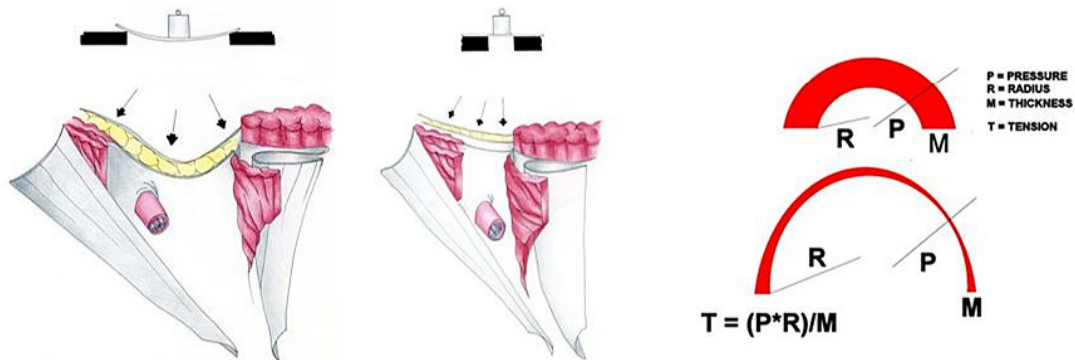
## Right Inguinal Canal

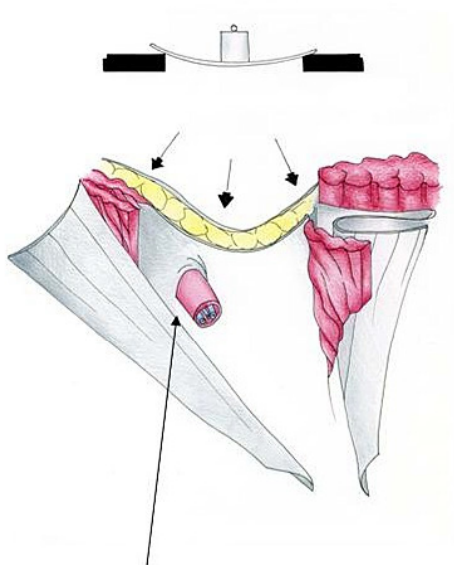


## The new variant

Why use this technical variant:

according to the Lapace law of physics we have to reduce and reinforce the inguinal triangle. With this new variant we do not use any mesh for treating inguinal primary hernia. We have now a recurrence rate of 0.5 %.

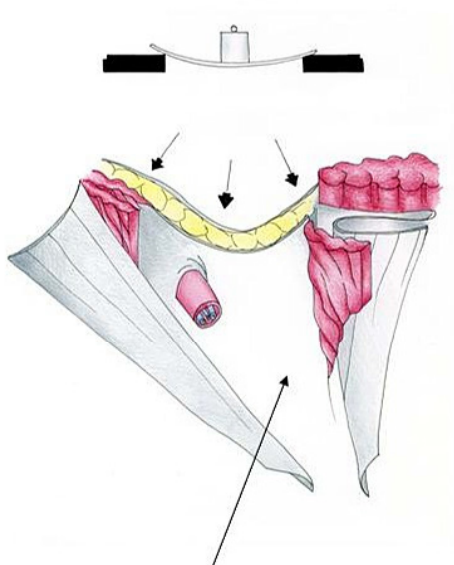




The internal ring is involved in External Oblique Hernia

The internal ring must be:

- Calibrated
- Reinforced



The inguinal triangle is involved in Direct hernia

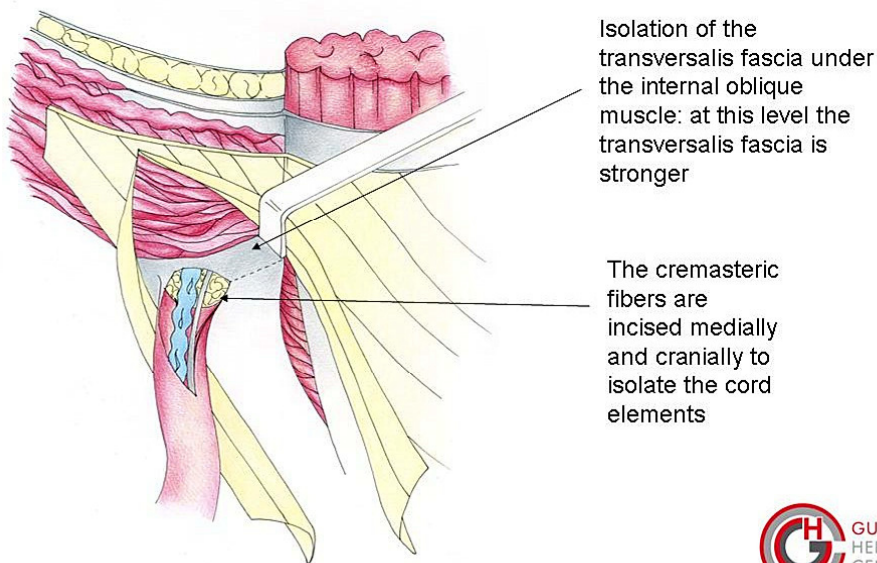
The inguinal triangle must be:

- Reduced
- Reinforced

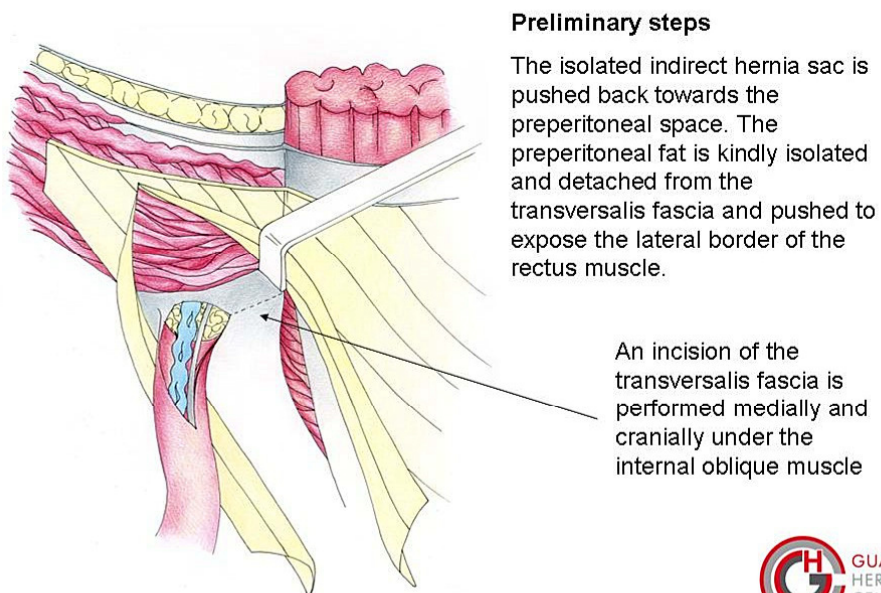




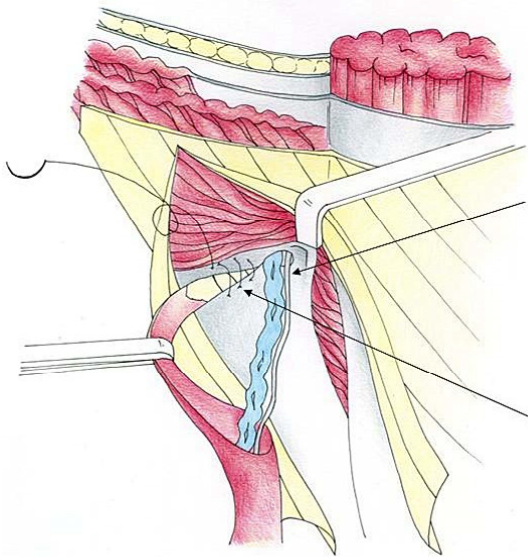
## Treatment of the internal ring (indirect hernia)



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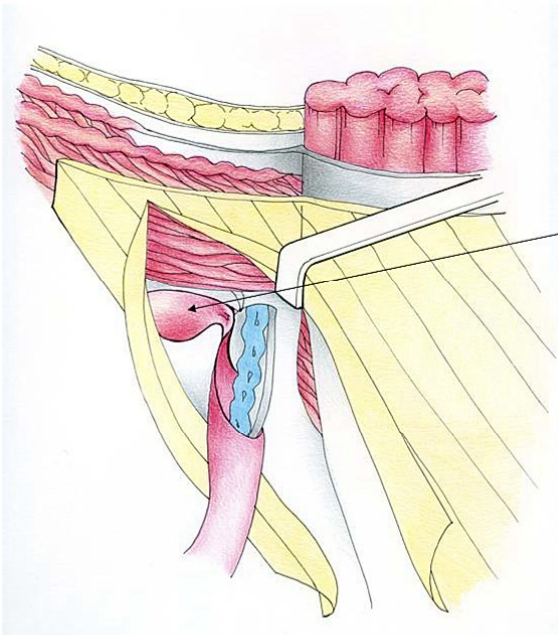


The cord elements are brought to the medial angle of the incision and are then transposed medially and cranially under the internal oblique muscle.

The original internal ring, surrounded by weak tissue, is closed with a running suture.



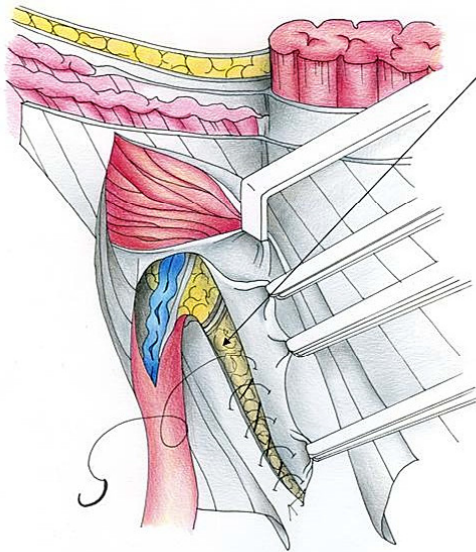
### Treatment of the internal ring (indirect hernia)



Keeping the previous running suture the cremaster is overlapped to reinforce and completely close the old internal ring



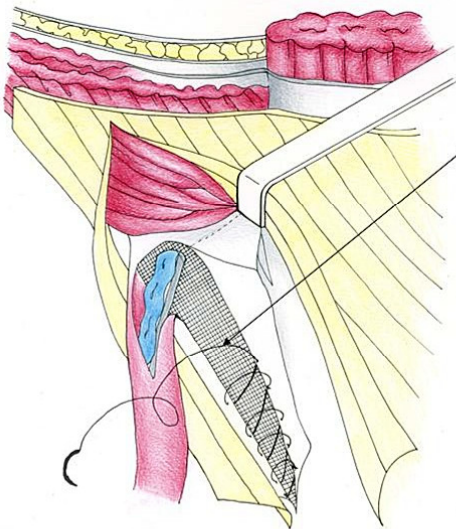
### Treatment of the inguinal triangle (direct hernia)



An incision of the transversalis fascia is performed from the internal ring toward the pubic tubercle. The preperitoneal fat is kindly pushed and detached from the lateral border of the rectus muscle and isolated from the transversalis fascia



### Treatment of the inguinal triangle (direct hernia)

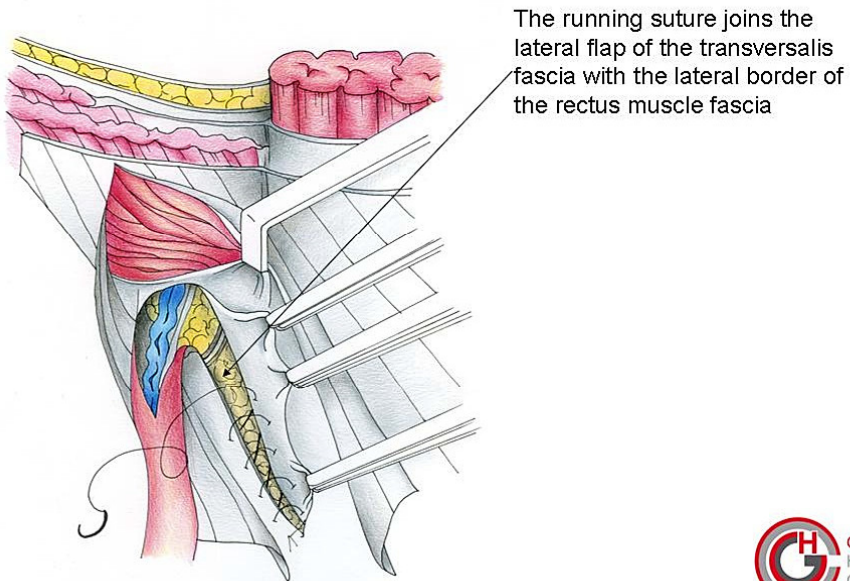


It is possible to place a fenestrated mesh over the preperitoneal fat before starting the running suture of the transversalis fascia.

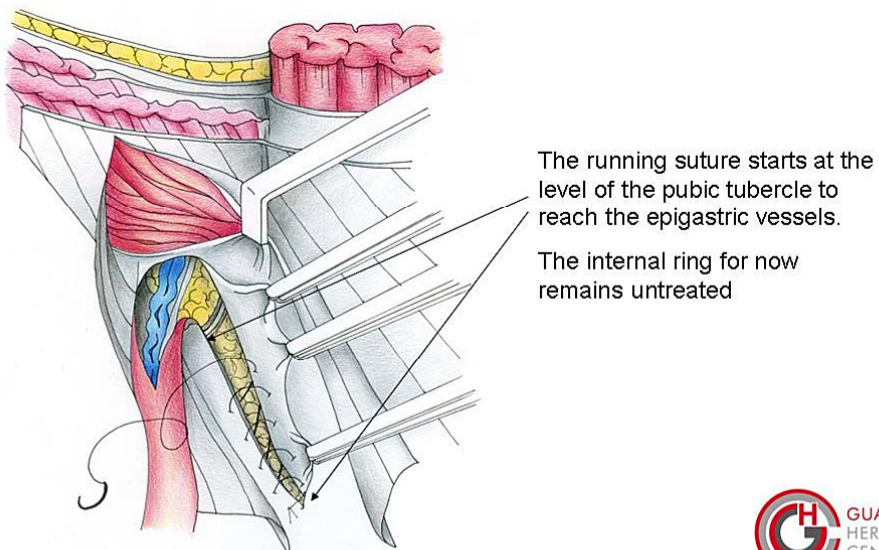




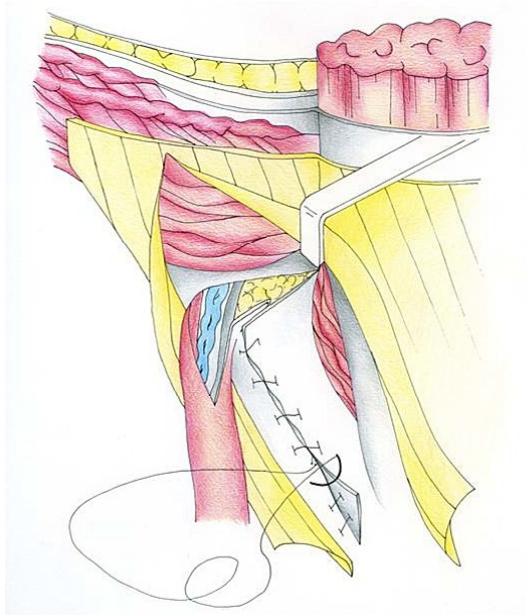
### Treatment of the inguinal triangle (direct hernia)



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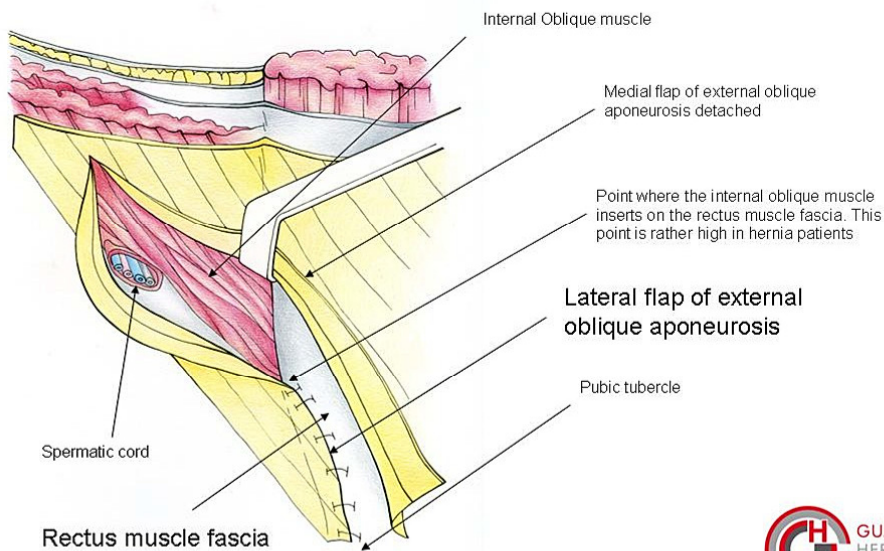
On the way back, the running suture joins the medial flap of transversalis fascia over the lateral one. We do not take the inguinal ligament in the suture.

The transversalis fascia is now double breasted

Now it is possible to treat the internal ring as previously described

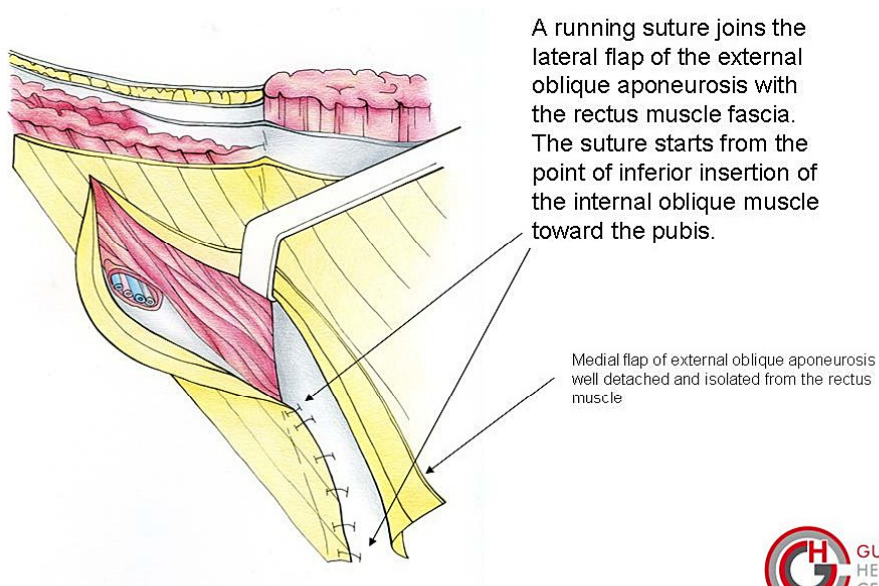


## Treatment of the superficial layer

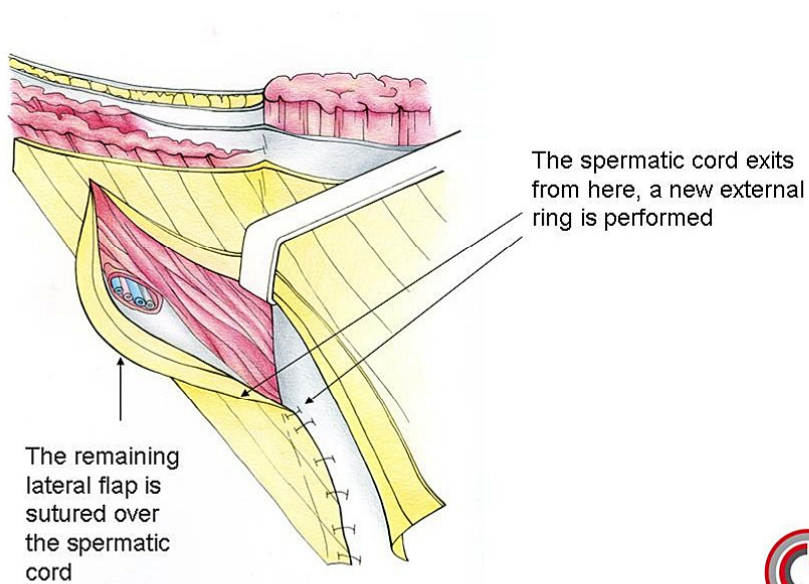




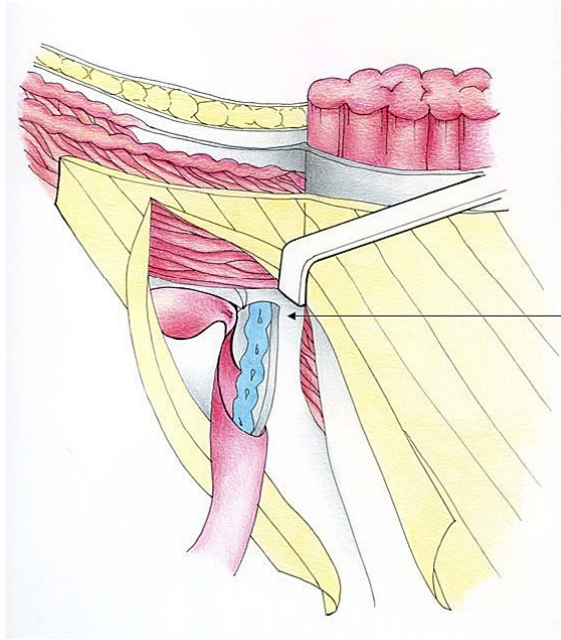
## Treatment of the superficial layer



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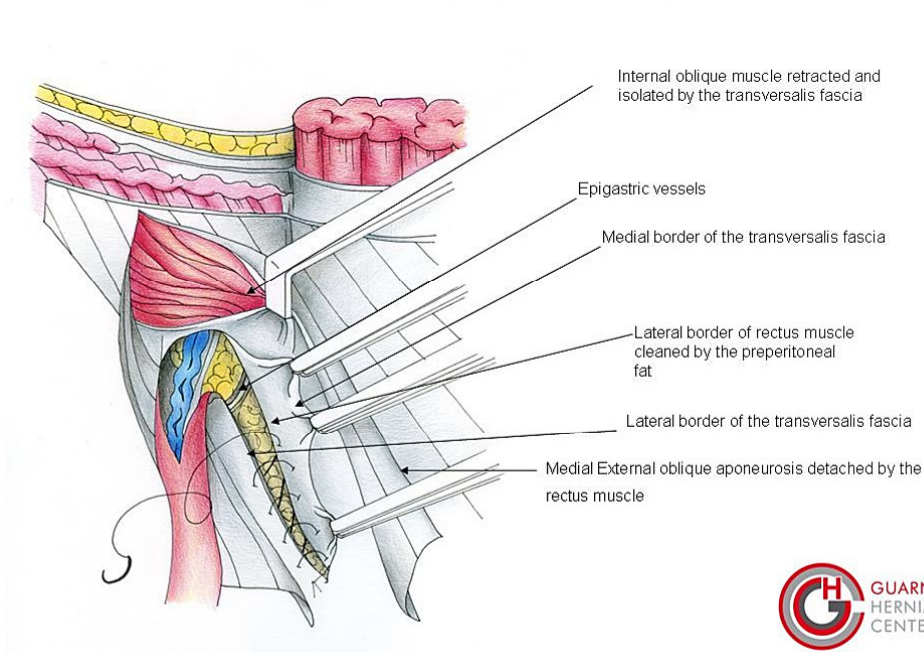
### Treatment of the internal ring (indirect hernia)



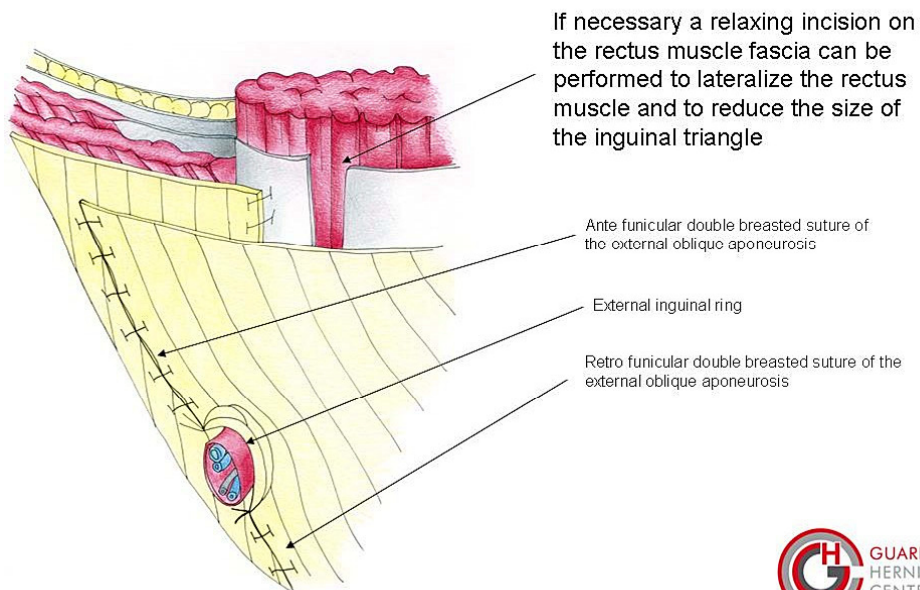
The internal ring is now calibrated, reinforced and placed in a stronger area of the transversalis fascia under the internal oblique muscle



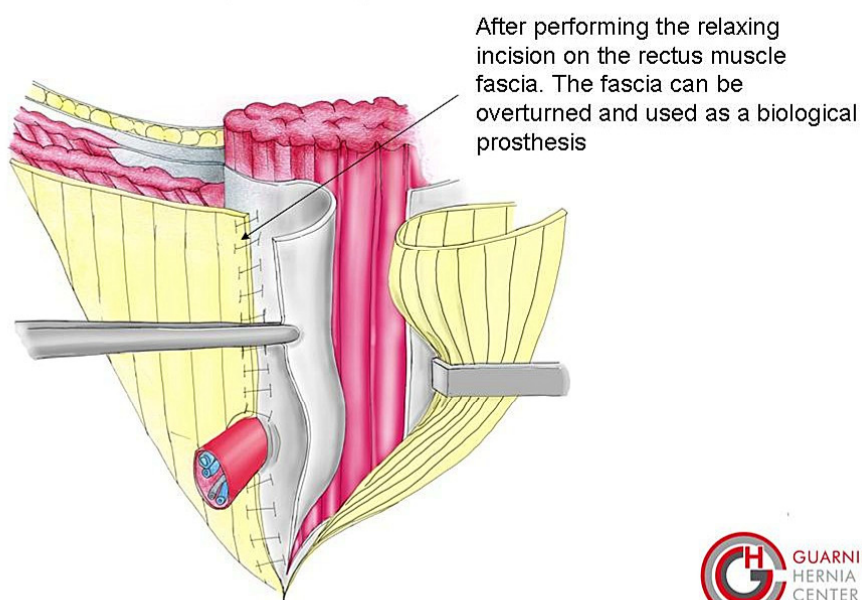
### Treatment of the inguinal triangle (direct hernia)



## Treatment of the superficial layer

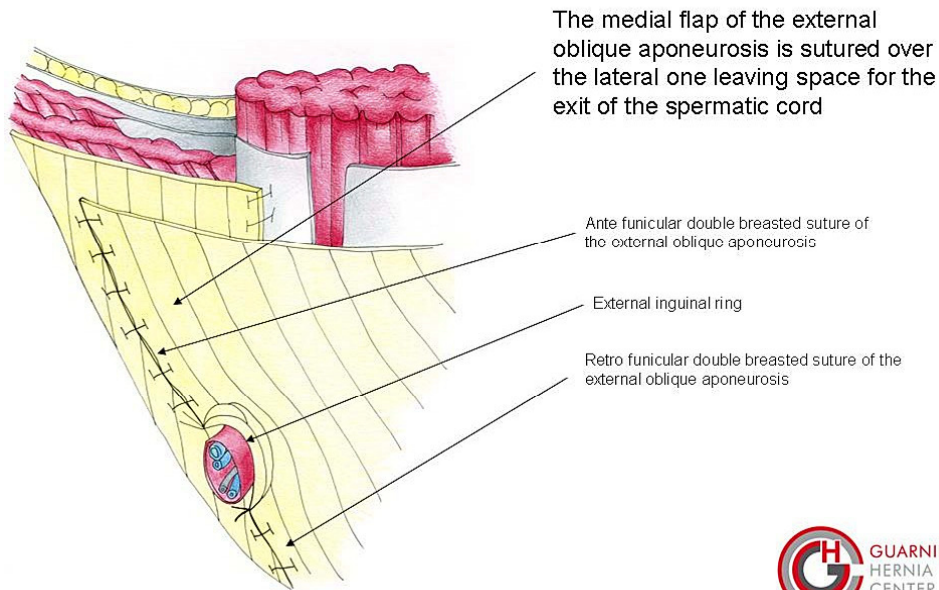


## Treatment of the superficial layer: The new variant

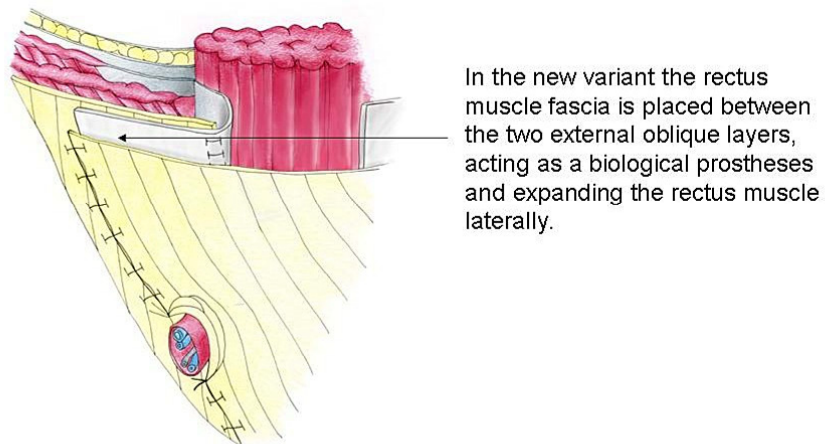




## Treatment of the superficial layer

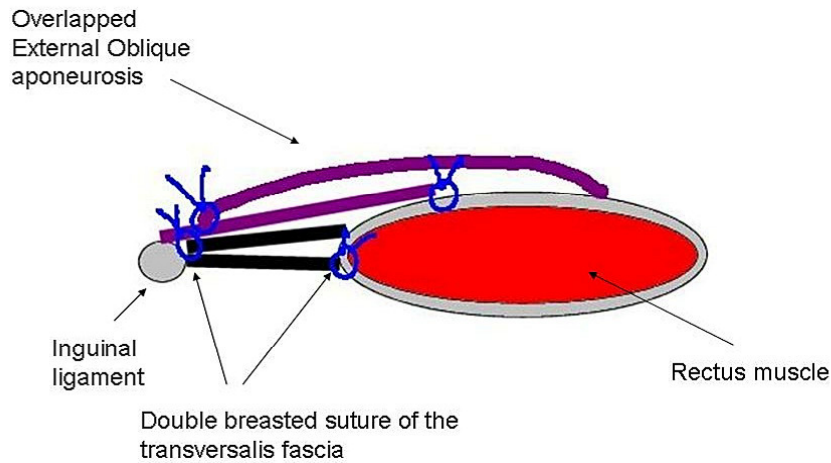


## Treatment of the superficial layer: The new variant



### The new variant

This is a section of the Guarnieri's classic technique

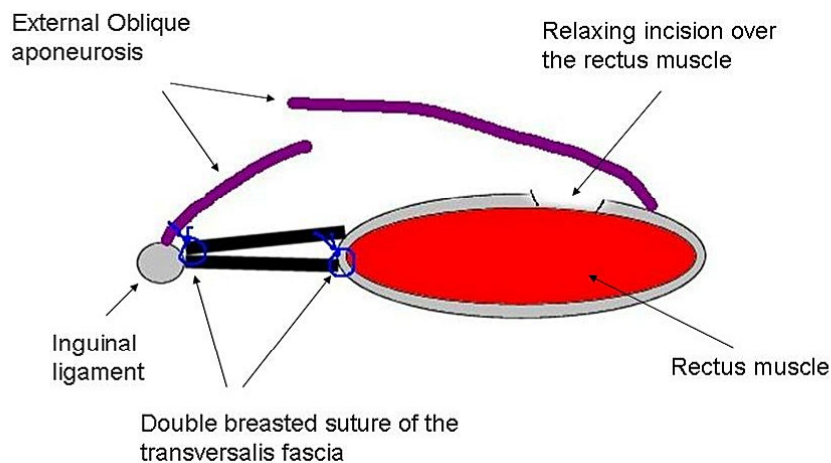


### Guarnieri's classic technique



### The new variant

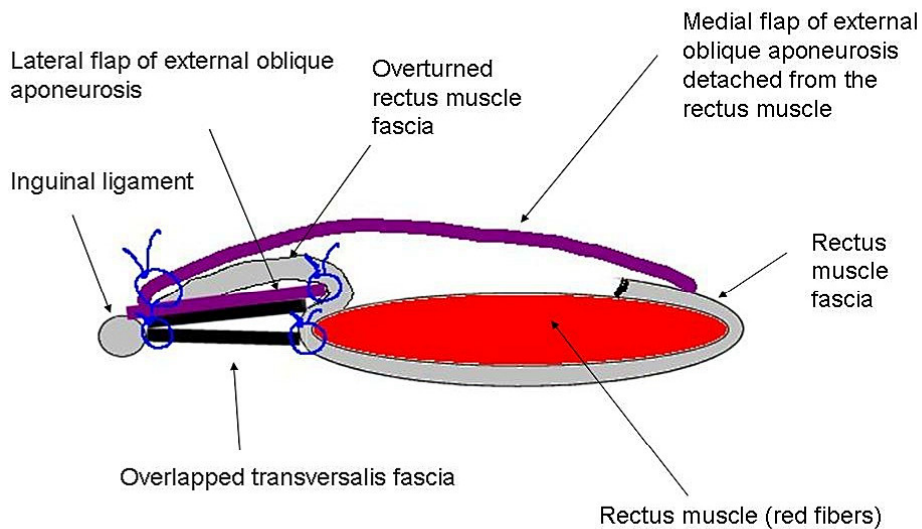
The relaxing incision of the rectus muscle fascia expands the rectus muscle towards the inguinal ligament reducing suture tension and reducing the passive area (the area without musculature of the inguinal triangle).



### Guarnieri's classic technique: section of the deep floor treatment



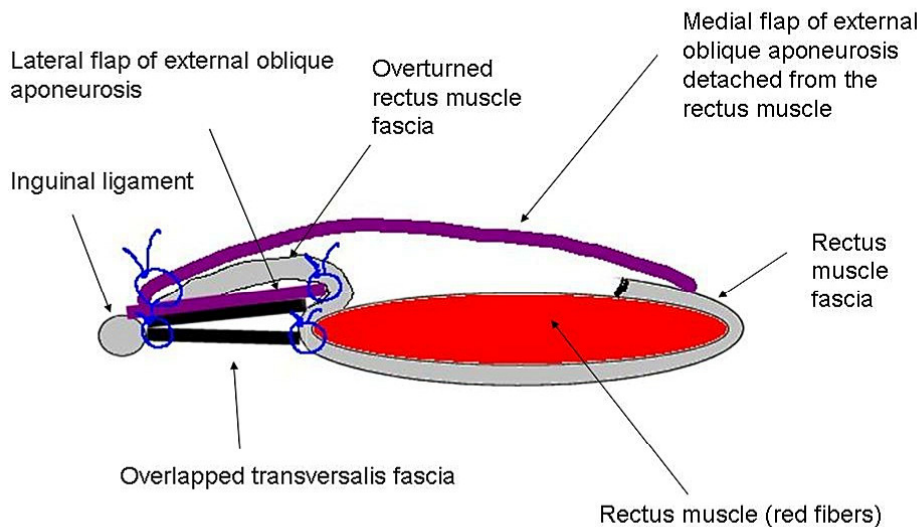
### The new variant: reinforcement of the inguinal triangle



**The Guarnieri's new technical variant:** the incised rectus muscle fascia is overtured over the lateral external oblique aponeurosis



### The new variant: reinforcement of the inguinal triangle



**The Guarnieri's new technical variant** expands the rectus muscle, reinforce the inguinal triangle, reduce suture tension, reduce the extension of the inguinal triangle

