Introduction & Aim of the work

Introduction

Inguinal herniation presented as a bulge in the groin area ***(Read, 1995).***

The overall incidence in adults in the western hemisphere varies between 10 and 15 percent **(Abrahamson, 1997).** The inguinal hernia is the most common external abdominal hernia (73%). The oblique is the most common of all forms of hernias. It can appear at any age. It is seen more frequently in men than in women . The hernia is bilateral in nearly 30% of cases. Between 10 and 15% of inguinal hernias are direct. Over half of these are bilateral. It occurs only in males and it is most common in old age ***(Rains et al, 1992).***

Hernias are responible for considerable economic loss to the patient, the family and the nation ***(Abdel-Moti et al., 1980).***

It is therefore, important to perform a good hernia repair which will last the patient for the rest of his life, no matter what his age at the time of operation ***(Abrahamson, 1997).***

A patient undergoing herniorrhaphy expects the repair to last him for the rest of his life. Unfortunately, more than 10 of primary inguinal hernias repaired today will recur ***(Abrahamson, 1997).***

Safe reconstruction of the inguinal floor is the goal of any operation for repair of groin herniation. Operation by using a mesh-plug technique has lowered markedly the incidence of testicular complications ***(Rutkow and Robbins, 1995).***

With the use of the mesh-plug technique, it is now possible to repair all hernias without distortion of the normal anatomy and with no suture line tension. The technique is simple, rapid, less painful, and effective, allowing prompt resumption of unrestricted physical activity ***(Lichtenstein et al., 1993).***

It must be stressed for the value of the following points concerned with the improvement of groin hernia surgery : a good knowledge of regional anatomy & pathophysiology, good understanding of the technique, and a careful execution of the techniques ***(Stoppa et al., 1998).***