

**INGUINAL HERNIOPLASTY OUTCOMES IN DEVELOPING COUNTRY: A RETROSPECTIVE MONOCENTRIC STUDY**

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Background: Inguinal hernia is a common medical condition worldwide. Information surrounding this subject, as well as their surgical outcomes, isn't fully described. Objective: The proposal of this study is to report the outcomes of inguinal hernioplasty procedures performed in Hospital de Clínicas de Porto Alegre (HCPA), and analyze the statistical significant associations with baseline patient characteristics and with hernia and repair characteristics. Patients and Methods: Data of adult inguinal hernioplasties that took place in HCPA in 2006 were collected – 298 patients were included. Simple descriptive analysis was performed to describe the population. Statistical difference was determined by Chi-square with Yates correction and Fisher's test for qualitative variant. Results and Conclusion: The medium age was 54,79 years (range 18-87 years). American Society of Anesthesiology (ASA) grade I or II risk for general anesthetic were 29.2% (n = 87) and 65.4% (n = 195), respectively. The outcomes pain and "discomfort or pain" were associated to previous repair. Actively smoking at the period of surgery was protective to "discomfort or pain" related to the hernia - 31% of patients who were actively smoking at the surgery period had discomfort or pain, and more than 45% of patients who were not actively smoking had discomfort or pain related to the hernia, with  $p < 0.05$ . Bulging sensation was associated to bilateral simultaneous repair (13% vs 3%) and videolaparoscopy repair (13% vs 3%). We conclude that the risk of unfavorable outcomes following inguinal hernioplasty in HCPA is significant in the presence of previous repair history, concomitant bilateral repair and laparoscopic repair, defining either similarities or differences when compared to literature.