

## Views & Reviews

### Medical Classics

# Hernia Repair without Disability

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In 1964 Irving Lichtenstein, a Californian surgeon, presented a new way of dealing with inguinal hernias at the American Medical Association meeting in San Francisco. He encountered a mixture of disbelief and outrage and was bombarded by so many angry questions that the moderator suggested continuing the discussion outside the hall. "I was shocked," he recalled. "So many people followed. Physicians were shouting questions at me, criticising me, challenging me. There was a great deal of confusion and disorganisation."

The routine at that time was to keep the patient in hospital for as long as a week and to forbid work or strenuous physical activity for about two months. The thinking was that if the patients exerted themselves too soon, the hernia would recur. Lichtenstein believed that both the prolonged bed rest and general anaesthesia were not only unnecessary but counterproductive; he operated with local anaesthesia and mobilised patients immediately.

In 1970 he published *Hernia Repair without Disability*, in which he outlined his views that suture line tension was the main reason for failed hernia repairs and emphasised the importance of meticulous technique, the use of local anaesthesia, and early mobilisation. He also said that he was starting to use a "mesh screen" in some patients. The book was beautifully illustrated by Daniel Garcia with line drawings of relevant anatomy and operative technique.

In the second edition (1986) the chapter on inguinal hernia repair now had the additional subtitle "including a new concept, introducing a tension free repair." Lichtenstein described the "mesh screen, tension free" technique in detail and reported a two year follow-up of 300 consecutive repairs using mesh. Lichtenstein's follow-up was assiduous, and he was an honest and observant clinician. He continued to use this new method and in 1989 published the results of 1000 consecutive cases with minimal complications, no infections, and a zero recurrence rate (*American Journal of Surgery* 1989;157:188-93, doi:10.1016/0002-9610(89)90526-6). These concepts flew in the face of the perceived wisdom of the time, and he was castigated by his peers. One wrote: "Lichtenstein and his colleagues . . . wish us to believe that in their last 1000 patients there were no recurrences . . . Moreover patients were encouraged to return to full unrestricted activity as soon as possible. I challenge these statements. The results as presented are laughable" (*American Journal of Surgery* 1990;160:139).

Despite this early opposition from the surgical establishment the method was adopted by many surgeons in the United States and throughout the rest of the world. The results have since been validated in meta-analyses of large randomised controlled trials, and the "Lichtenstein method" is now the gold standard for inguinal hernia repair. This book, a thoughtful monograph by an innovative and brave surgeon, is a medical classic that marked a turning point in modern hernia surgery.

## Notes

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