Effectiveness of mesh inguinal hernia repair. A systematic review [Uso versus no uso de malla en hernioplastía inguinal: ¿existe un rol para la reparación sin malla? Revisión global de la evidencia]

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There is controversy about the effectiveness of mesh techniques for inguinal hernia repair (IHR) when compared with non-mesh procedures. The aim of this study was to systematically review the available evidence on the effectiveness of mesh compared to non-mesh IHR techniques. Cochrane Central and MEDLINE databases and the TRIP Database engine were reviewed looking for systematic reviews (SR) and clinical trials (CT) published from 1990 to 2012, comparing the effectiveness, in terms of operative time, postoperative pain, morbidity, hospital stay, return to work, costs and recurrence, of mesh and non-mesh IHR techniques. We retrieved 3,069 articles, 17 of which met the selection criteria (3 SR and 14 RCT), representing a population of 15,124 subjects (7361 mesh and 7763 non-mesh IHR). According to these studies, mesh IHR techniques are associated with less surgical time, pain, hospital stay, recurrence and sooner return to work than non-mesh techniques. It is concluded that mesh techniques are more effective than those not using a mesh.

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