

To Print: Click your browser's PRINT button.

NOTE: To view the article with Web enhancements, go to:
<http://www.medscape.com/medline/abstract>

Effects of training and supervision on recurrence rate after inguinal hernia repair.

Br J Surg. 2004; 91(6):774-7 (ISSN: 0007-1323)

Robson AJ ; Wallace CG ; Sharma AK ; Nixon SJ ; Paterson-Brown S
Department of Surgery, Royal Infirmary, Edinburgh, UK. ajackrobson@hotmail.com

BACKGROUND: There is little information about the effects of operative experience and supervision of trainees on outcome in inguinal hernia surgery, one of the cornerstone operations of basic surgical training. **METHODS:** All primary inguinal hernia repairs carried out between 1994 and 2001 were registered prospectively in the Lothian Surgical Audit database. Subsequent problems that required re-referral were identified from this database. Patients who required reoperation for recurrence a median of 3 (range 1-7) years after surgery were identified. **RESULTS:** Some 4406 repairs, including 90 recurrences (2.0 per cent), were identified. Open mesh, open sutured and laparoscopic techniques were employed. Senior trainees (registrars and senior registrars) had similar recurrence rates to consultants; supervision did not affect outcome. Junior trainees (senior house officers) had similar recurrence rates to consultants as long as they were supervised by either a senior trainee or a consultant. Unsupervised junior trainees had unacceptably high recurrence rates (open mesh: relative risk (RR) 21.0 (95 per cent confidence interval (c.i.) 7.3 to 59.9), $P < 0.001$; open sutured: RR 16.5 (95 per cent c.i. 7.2 to 37.8), $P < 0.001$). **CONCLUSION:** Senior trainees may operate independently and supervise junior trainees, with recurrence rates equal to those of consultant surgeons. Junior trainees should be encouraged and given more practice in inguinal hernia repair with appropriate supervision.

PreMedline Identifier: 15164450
