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QUICK AND SAFE RETURN TO SPORTS AFTER SPORT HERNIA REPAIR

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Groin Pain in athletes is a common problem and can have extensive consequences for the professional athlete. The differential diagnostic can be a challenge and asks for special attention. Many medical specialties are involved, such as sports medicine specialists, orthopedists and general surgeons.
Sportsmen groin is not only a problem for athletes, also other patients can suffer from these complaints. But for professional athletes the time of sick leave, the drop out time, is important... a quick and safe return after therapy crucial. After all the prevalence for acute pain in professional soccer player is around 10%.
The definition of sportsmen´s groin remains under discussion, for some experts it is still a diagnosis of exclusion only. But we understand sportsmen´s groin as an own entity, with typical complaints and clinical findings. It is not a hernia but a local weakness of the posterior wall of the inguinal canal that can be proven and verified by ultrasound. This weakness leads to a local swelling with protrusion and compression of nerves in the inguinal canal, usually the genital branch of the genito-femoral nerve. In some patients the complaints are accompanied by a cranial and medial displacement of the rectus abdominis muscle that leads to increasing tension at the pubic bone, perceived by the patient as pubalgia.
Though the definition and explanation for the complaints of sportsmen´s groin might differ, the surgical therapy, the approach seems similar: it is the reinforcement of the posterior wall of the inguinal canal. This can be achieved by laparoscopic posterior approach via Trans-Abdominal Pre-Peritoneal (TAPP) and Totally Extra-Peritoneal (TEP) or via open anterior approach usually with mesh implantation.
In 2010 Morales-Conde et al. (1) have searched through the literature to look at the aspect of recovery time after surgery for sportsmen´s groin and return to normal activity. Independent of the surgical therapy the mean time was between 82-100 days. In this study the open Minimal Repair Technique was not mentioned. This technique was first described and mentioned in 2002 (2). It is a local suture repair of the posterior wall of the inguinal canal without enlarging the defect and destroying sound fascia, with the possibility to explore the nerves and to reduce the tension on the rectus muscle. Also a mesh implantation can be avoided, preserving the slide bearing function of the abdominal wall. And it can be performed under local anesthesia avoiding possible complications of a general anesthesia.
After surgery in the Minimal Repair Technique there is no need for a long term rest, the physical strain only reduced for a short time because of the wound healing. The patients are encouraged to pick up physical activity directly after surgery with light running after 2 days, and bicycling after 3-4 days. The return to full activity is reached after 10 - 14 days. In a recent performed follow - up investigation of our patients five years after Minimal Repair Technique more than 95% were free of pain.
If a conservative therapy does not lead to a return to full activity after 6 to 8 weeks, the Minimal Repair Technique as an open mesh-free procedure performed in local anesthesia in day care provides an ideal long term solution that facilitates a safe and quick return for the athlete back into his game.

References

1. Morales-Conde S, Socas M, Barranco A. Sportsmen hernia: what do we know? Hernia 2010; 14: 5-15
2. Muschaweck U, Berger L. Minimal Repair technique of sportsmen’s groin: an innovative open-suture repair to treat chronic inguinal pain. Hernia. 2010; 14: 27-33