



The Death of Lichtenstein Hernioplasty under Local Anesthesia in China

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Dear Editor-in-Chief

Lichtenstein hernioplasty is tension-free repair for inguinal hernias anatomically with the rate of recurrent and complications related to operation less than 1%. It has been widely accepted among several developed countries such as USA, Britain, France, etc (1). The style of anesthesia of this hernioplasty has not been unified. Local anesthesia is a preferred approach in many specialist hospitals while others tend to spinal-epidural anesthesia (2). The number of patients with hernioplasty each year far exceeds 100000 In China. The top four lists concentrates most typical trait of Lichtenstein hernioplasty under local anesthesia.

1. “Less surgery time”

Without time spending on spinal-epidural anesthesia and coordination with various departments, the surgery time was increased efficiency lead to decrease time of at least one hour. This way improves utilization of anesthesiologists and help to relieve stress of lack of operating room in hospitals in china.

2. “Better feeling”

Hospitalization time, lying time and complication of uroschisis are decreased, and satisfaction was improved markedly.

3. “As a kind of out-patient surgery”

It can do-go with, no hospital and give limited beds to someone who needs it more. The

reasonable distribution of medical resources is an important part of hospitals competitiveness in medical system reforms to some degree, which is up to JCI (Joint Commission international) standards.

4. “Have definite therapeutic effect”

There is no distinction at the surgical procedure between under local anesthesia and under spinal-epidural anesthesia. Local anesthesia is used to make a small area of the body lose feeling but not muscle relaxation. However, it still had a higher success rate if operation indications were controlled strictly.

The grassroots level hospital is the first part in treating hernia, and primary care doctors are a main force. This “gold standard” surgery, performed under spinal-epidural anesthesia, though many patients express themselves that the overhead was too high and many others refused to be admitted to hospital on grounds of ward beds tension in several hospitals. In view of these advantages, the primary hospital would have flock to this way where health systems are not well equipped and medical resources are sparse in china, but they have not.

This is due to the formation of multi-faceted. When you ask the decision-makers, they will tell you they do not have the right to criticize the reasonable and legal choice of the anesthesia .The

choices will not hurt patients. When you ask doctors, they will tell you that their reward is closely related to the performance. Compared with spinal-epidural anesthesia, this way reduce the hospitalization expense, drug expense and check expense, operation expense. What's more, most surgeons are not in the best mood when lumbar anesthesia was inadequate during operation under local anesthesia inevitably. With doctor-patient relationship getting worse and worse (3, 4), this way of Lichtenstein hernioplasty is a thankless task, inviting attack from both sides. At last, you ask the beneficiaries, the patient, how can a laparotomy just under local anesthesia and tread as an outpatient, it definitely a slight. Therefore, under the complex pressure, the operation of Lichtenstein hernioplasty under local anesthesia in China is dead with medical resources constantly being wasted.

Ethical considerations

Ethical issues (Including plagiarism, Informed Consent, misconduct, data fabrication and/or falsification, double publication and/or submis-

sion, redundancy, etc) have been completely observed by the authors.

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