

A new method of spermatic cord mobilization in herniorrhaphy

Background. Spermatic cord mobilization is a routine procedure during inguinal hernia repair. The method of cord mobilization varies among surgeons. The purpose of this study was to establish an anatomic plane for spermatic cord mobilization.

Methods. The anatomy of the cremasteric fascia was studied in 105 male patients during herniorrhaphy for primary inguinal hernias. The mean age was 44.8 (18–71) years and mean body mass index was 24.1 kg/m² (21.5–27.1 kg/m²). Forty-seven patients had a left hernia, 31 had a right hernia, and 27 had bilateral hernias. The two layers of the cremasteric fascia between the spermatic cord and the inguinal falx were incised to mobilize the cord.

Results. Two layers of the cremasteric fascia surrounding the spermatic cord were consistently present: an anterior layer originated from the internal oblique fascia and a posterior layer from the transversalis fascia. We found that separating the two layers of cremasteric fascia between the spermatic cord and the inguinal falx was simple and safe for spermatic cord mobilization. None of the patients experienced any hemorrhage or nerve

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