

Abstract citation ID: znac122.445

**OUR RESULTS OF RETROPUBIC PROSTATECTOMY AND  
SIMULTANEOUS PREPERITONEAL INGUINAL HERNIA REPAIR  
IN PATIENTS WITH BENIGN PROSTATIC HYPERPLASIA AND  
INGUINAL HERNIA**

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The article presents the treatment results of 170 patients with benign prostatic hyperplasia who were treated in 2020–2023 years. All individuals were divided into two groups. The general group consisted of 50 (29.4%) patients with benign prostatic hyperplasia and inguinal hernia, who underwent one-stage retropubic prostatectomy and simultaneous preperitoneal inguinal hernia repair with mesh. The comparison group — 120 (70.6%) patients. The average age of men in the comparison group was  $68.0 \pm 7.2$  years, in the general group —  $67.7 \pm 6.8$  years; the average prostate volume in the comparison group was  $94.4 \pm 42.3$  cm<sup>3</sup>, in the general group —  $93.2 \pm 32.7$  cm<sup>3</sup>. The inguinal hernia was found in all 50 patients of the general group, among them in 6 men – on both sides (right side hernia — 32 patients, left side – 24). The average time of prostatectomy in the general group and in the comparison group was the same ( $82.8 \pm 25.6$  and  $80.8 \pm 17.4$  minutes) as an intraoperative blood loss ( $516.2 \pm 39.2$  and  $524.5 \pm 44.3$ ). The simultaneous inguinal hernia repair on the one side lasted  $55.0 \pm 17.4$  minutes. Nonurological complications in the general group — in 3 (6%) patients, in the comparison group — in 9 (7.5%); urological complications according Clavien-Dindo took place in 15 (30%) and 40 (33.3%), respectively. The average postoperative inpatient stay in the general group was  $9.5 \pm 1.8$ ; in the comparison group —  $9.8 \pm 2.6$ .

**Conclusion:** Retropubic prostatectomy and simultaneous preperitoneal inguinal hernia repair with mesh don't increase immediate urological and nonurological complications that is why these two operations must be combined.