**METHOD OF SURGICAL PROCEDURE:**

1. A vertical incision of about 20cm was made through the skin in middle of the right paralumbar fossa with a scalpel.
2. The subcutaneous tissue was dissected with the scalpel until the cutaneous trunci muscle was reached. This muscle was sharply incised and the dissection was continued until the external oblique muscle was encountered. Bleeding vessels were immediately crushed with haemostats on dissection.
3. The external oblique was recognised by caudal ventral orientation in the muscles fibres. Brown- Adson forceps were used to tent the muscle before a small incision was made through the entire muscle layer. This muscle layer was then bluntly dissected away from the underlying internal oblique muscle. The incision was then extended with scissors.
4. The internal oblique muscle was then dissected in the same manner.
5. The transverse muscle was tented and then a small incision through the muscle was made.
6. On completion of the laparotomy, the transverse muscle and the peritoneum were sutured using 2-0 vicryl in a simple continuous pattern.
7. Then the internal and external oblique muscles were opposed using 2-0 vicryl in again, simple continuous pattern. The subcutaneous tissues along with the cutaneous trunci muscle were opposed similarly.
8. The skin was sutured using 2-0 proline in a Ford interlocking pattern from the dorsal part of the incision leaving 3 inches at the end of the incision to place simple interrupted sutures in the event a drain was needed to be established.