

Inguinal Approach

The inguinal approach (see Figure 34-1) is used in conjunction with a ventral midline incision when performing surgeries on stallions with inguinal or scrotal hernias. The inguinal approach usually does not allow a thorough exploration and decompression of the prestenotic and poststenotic bowel. The inguinal herniorrhaphy is often combined with unilateral castration and closure of the external inguinal ring with USB 2/3 (Metric 5/6) absorbable suture material in a simple-continuous or simple-interrupted pattern with sutures placed 1.5 cm apart. An abdominal testis can also be removed by a lengthened inguinal incision. Generally, after skin incision over the superficial inguinal ring, blunt dissection through the inguinal soft tissue is performed to prevent damage to the large veins around the inguinal ring. At this point, the gubernaculum can be used to retrieve the testis from the abdomen. If this is not successful, the dissection is carried down to the annulus vaginalis, which is perforated with a finger to enter the abdominal cavity. After bluntly dilating the peritoneal opening, the whole hand can be inserted into the abdomen. Closure of this approach is completed by suturing the superficial inguinal ring, followed by suturing two to three inguinal fascia layers and an intradermal skin suture pattern.

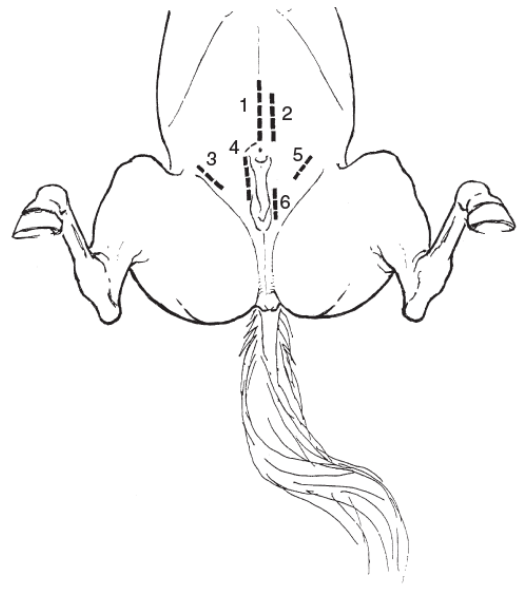


Figure 34-1. Abdominal approaches through the ventral abdominal wall: ventral midline (1), paramedian (2), inguinal (3), combination of a ventral midline and ventral paramedian (4), parainguinal (5), suprapubic paramedian (6).

Auer, J. and Stick, J. (2012). *Equine surgery*. St. Louis, Mo: Elsevier, pp. 408 -409