

REVIEWER'S REPORT

Manuscript No.: IJAR-59441

Title: A STUDY TO COMPARE DESARDA TECHNIQUE WITH LICHTENSTEIN TECHNIQUE FOR INGUINAL HERNIA REPAIR.

Recommendation:

Accept as it is

Accept after minor revision...

Accept after major revision

Do not accept (*Reasons below*)

Rating	Excel.	Good	Fair	Poor
Originality		Good		
Techn. Quality	Excellent			
Clarity	Excellent			
Significance	Excellent			

Reviewer's ID: Dr. Sumathi

Detailed Reviewer's Report

1. An inguinal hernia happens when fatty tissue or a part of the intestine pushes through a weak spot in the lower abdominal wall into the inguinal canal in the groin.
2. An inguinal hernia occurs when abdominal tissue—such as intra-abdominal fat or a loop of the small intestine—protrudes through a weak spot in the lower abdominal muscles, typically within the inguinal canal in the groin.
3. It is the most common type of hernia, accounting for roughly 75% of all abdominal wall hernias, and is significantly more prevalent in men, who face a 27% lifetime risk compared to 3% for women. While not inherently dangerous, an inguinal hernia does not heal on its own and requires medical evaluation to prevent life-threatening complications.
4. The Desarda repair is a modern, mesh-free and tension-free surgical technique used primarily to treat inguinal (groin) hernias. Developed in 2001 by Dr. Mohan Desarda, this "pure tissue" approach rejects the use of synthetic plastic meshes. Instead, it utilizes the patient's

REVIEWER'S REPORT

own native, live muscle tissue to rebuild and strengthen the weakened inguinal floor.

5. A Lichtenstein repair is an open surgical procedure used to fix an inguinal hernia (a hernia in the groin). First introduced in 1984 by Dr. Irving Lichtenstein, it is widely considered the global gold standard for open inguinal hernia surgery due to its reliability, low complication rates, and rapid recovery time.
6. Mesh hernioplasty is a highly effective surgical procedure used to repair a hernia by reinforcing the weakened abdominal wall with a sterile, specialized medical mesh. Unlike a traditional herniorrhaphy—which simply stitches the torn muscle layers back together under tension—a hernioplasty uses the mesh as a permanent scaffold. Your body's natural tissue grows into the pores of this mesh over time, creating a strong, supportive layer of scar tissue that drastically minimizes the likelihood of the hernia returning.
7. Post-operative pain is a normal response to tissue damage from surgery, and it is most effectively managed using a multimodal approach that combines non-opioid medications, anti-inflammatories, nerve support, and physical care rather than relying solely on narcotics.
8. Postoperative pain is a complex physical and emotional response to tissue damage resulting from a surgical procedure. Managing this pain effectively is crucial, as it not only improves comfort but also accelerates physical recovery, prevents respiratory or cardiovascular complications, and lowers the risk of developing chronic post-surgical pain syndromes.
9. Modern medicine relies heavily on multimodal analgesia, which combines different classes of medications and therapies to target pain through multiple biological pathways. This technique provides superior relief while minimizing the side effects and dependency risks associated with high doses of a single drug, such as opioids.
10. Key words are good.
11. Pictures are given very impressive.
12. Significant points are appreciable.
13. Summary points can be included.
14. Abstract are meaningful.

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REVIEWER'S REPORT

15. **References can be given in alphabetical order.**
16. **After those changes good to publish in your journal.**