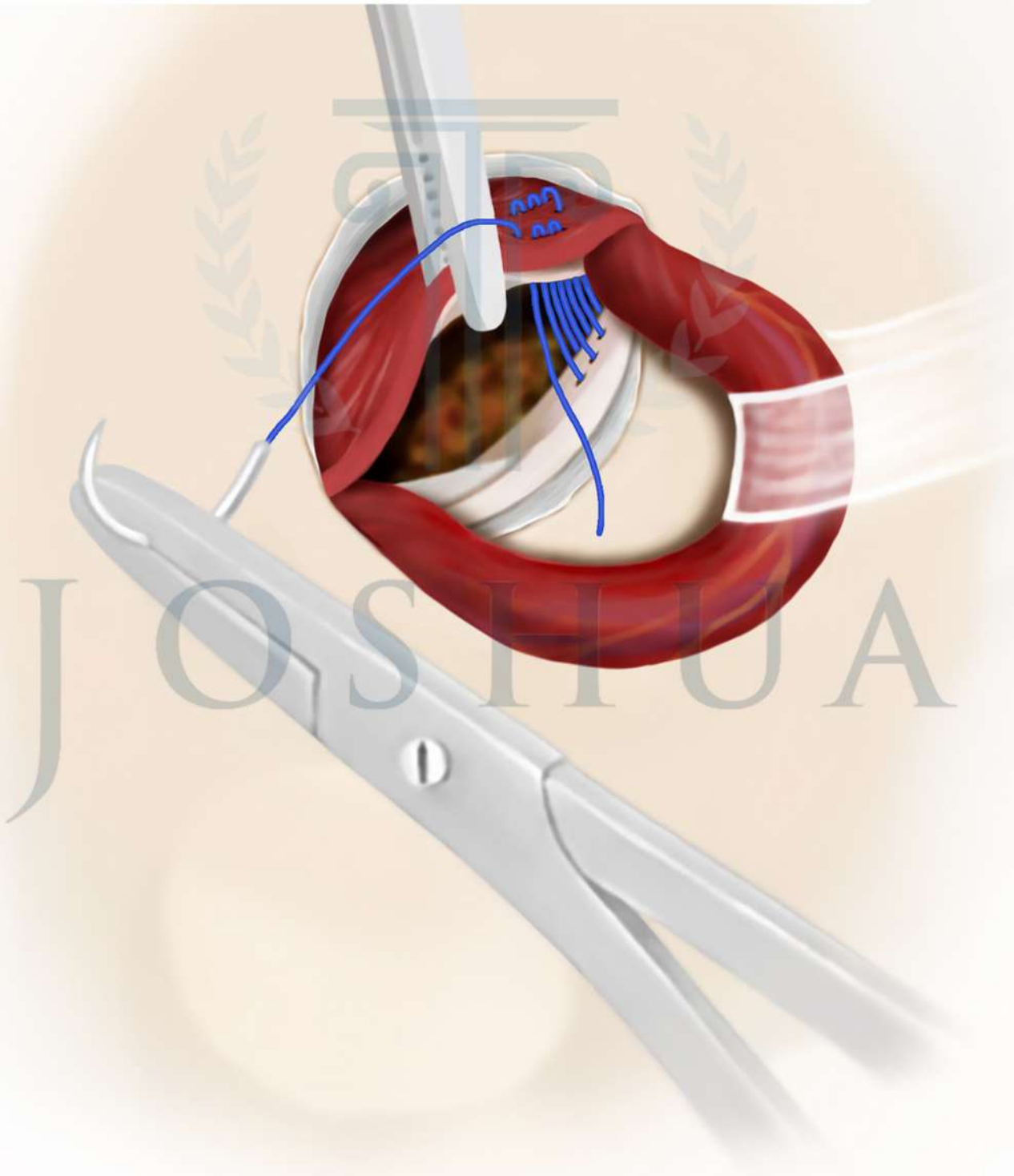


Internal ring reconstruction, below part.

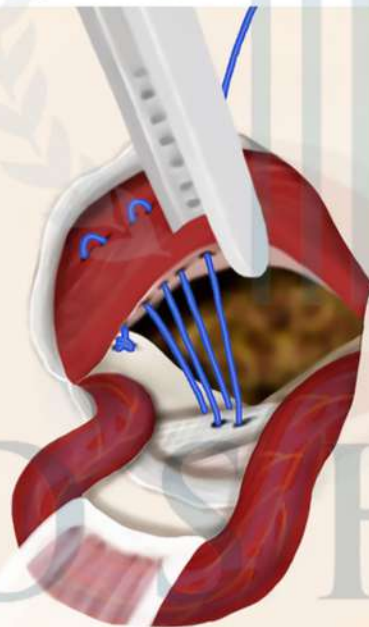
Suturing the conjoint tendon to the inguinal ligament.



Reconstruction of post wall of groin region

Step 1: Deep Foundational Repair (McVay and Shouldice Principles)

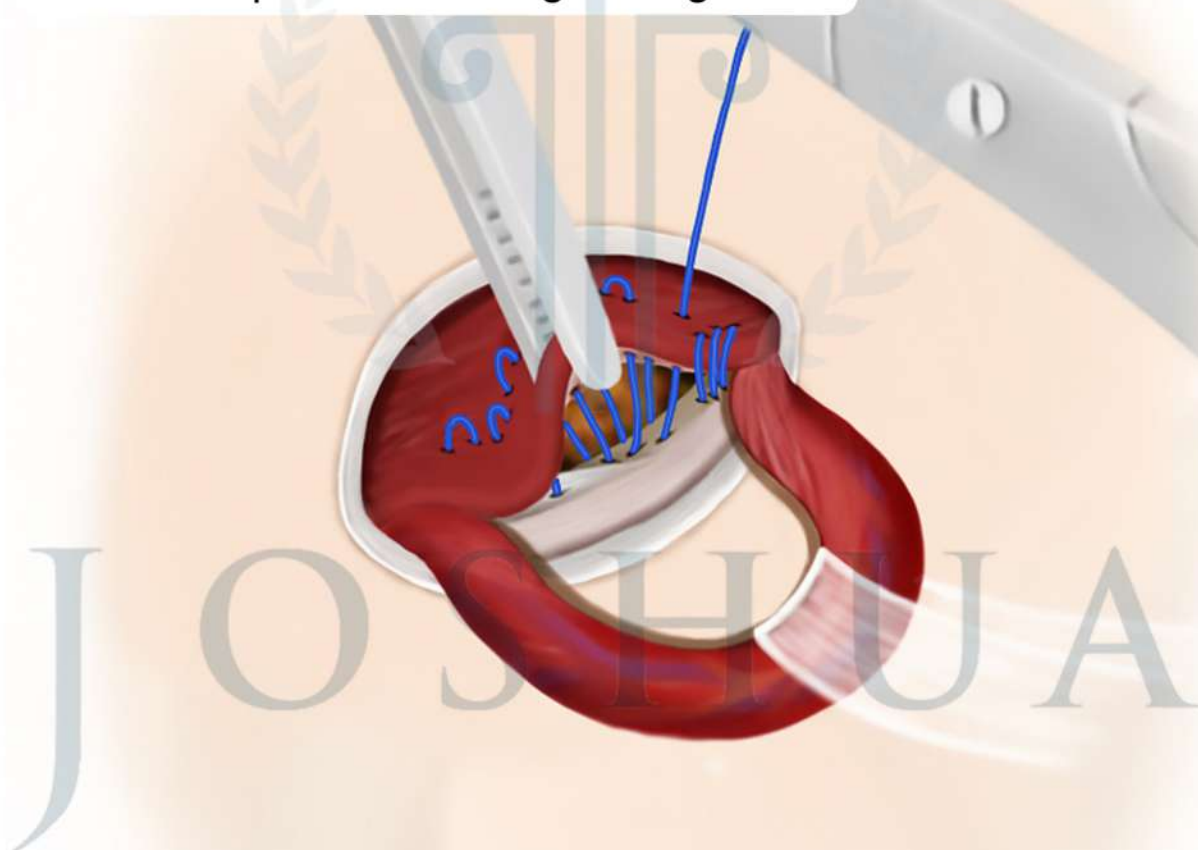
- This step combines the McVay principle of using Cooper's ligament as an anchor with the Shouldice principle of using a continuous suture.
- Action: The conjoint tendon is anchored to Cooper's ligament using a continuous suture for approximately 3-4 throws.



Reconstruction of post wall of groin region

Step 2: First Layer of Posterior Wall (Shouldice Principle)

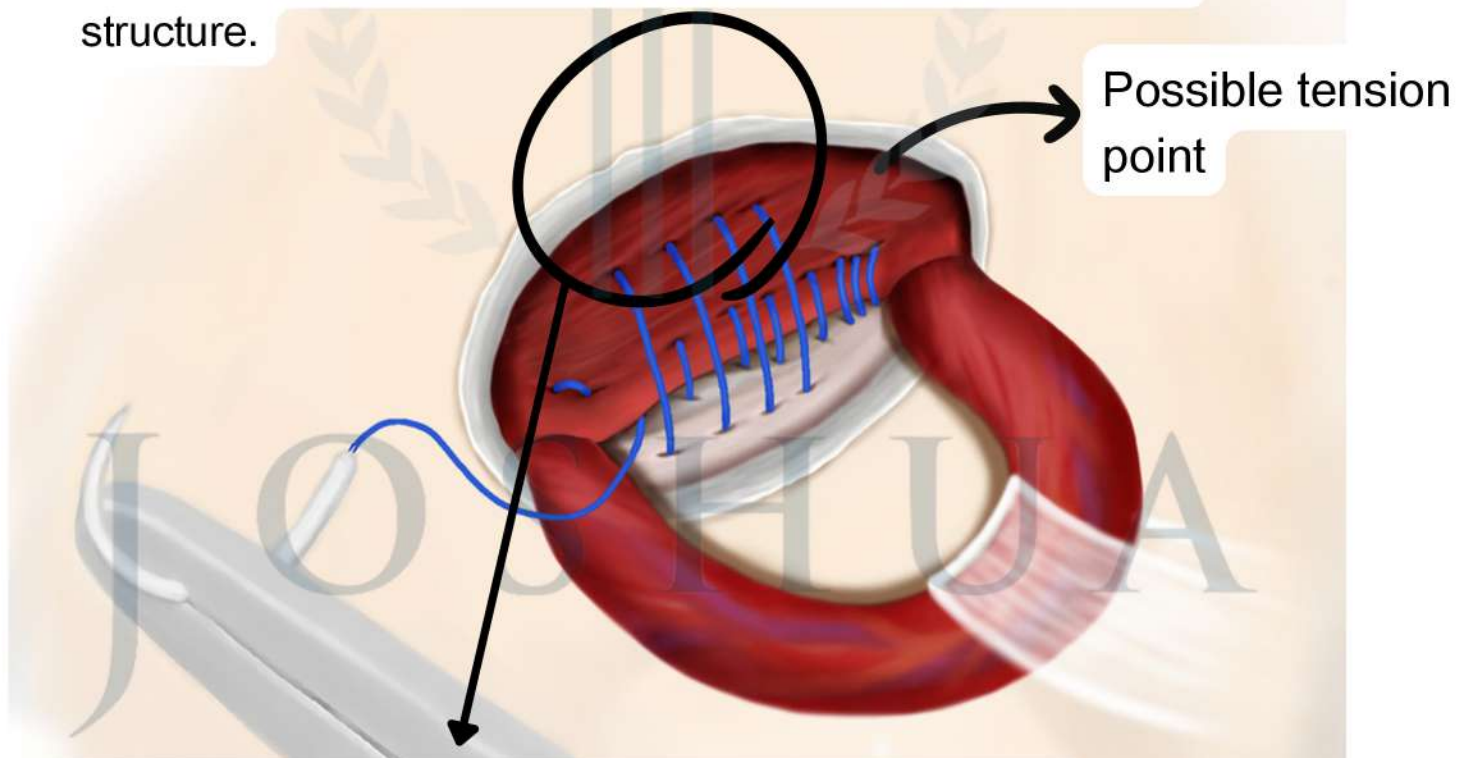
- This initiates the first of two imbricated (overlapping) layers characteristic of the Shouldice repair.
- Action: Using a continuous suture, the conjoint tendon is sutured to the deep shelf of the inguinal ligament.



Reconstruction of post wall of groin region

Step 3: Second Layer and Internal Ring Reconstruction (Shouldice Principle)

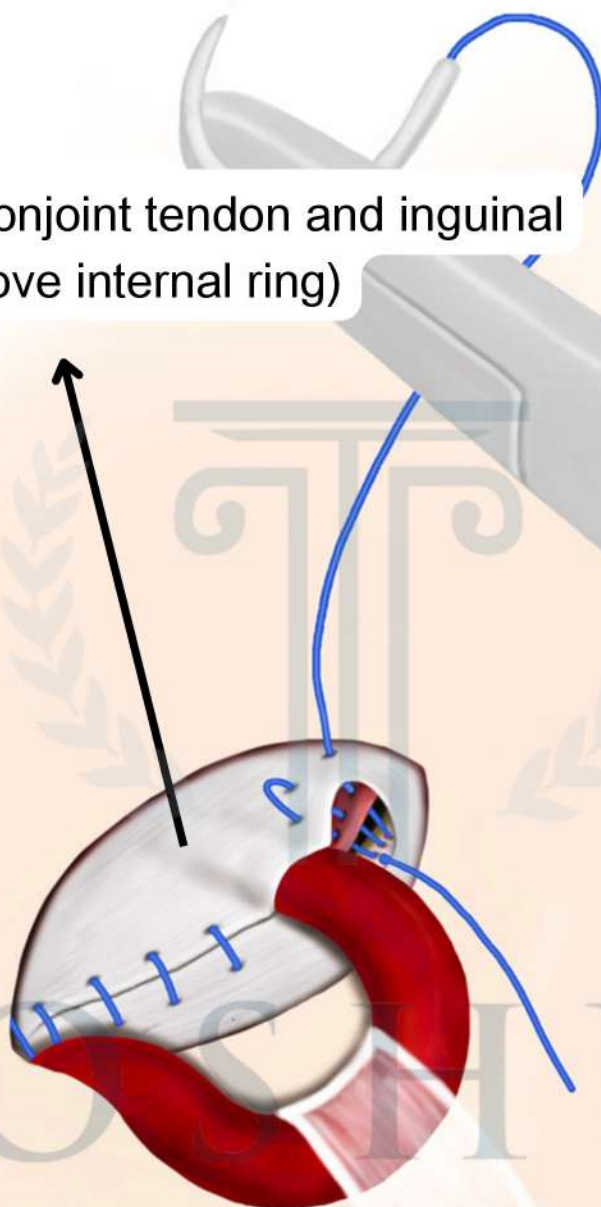
- This completes the posterior wall imbrication and reconstructs the internal ring.
- Action: A second continuous suture line is used to suture the conjoint tendon to the superficial (upper) edge of the inguinal ligament. This action imbricates the first layer and narrows the fascia superior to the internal ring, effectively reinforcing its structure.



In Ben's case of umbilical displacement—a rare clinical phenomenon—the proposed solution might be removing the causative sutures and performing adhesiolysis.

Internal ring reconstruction

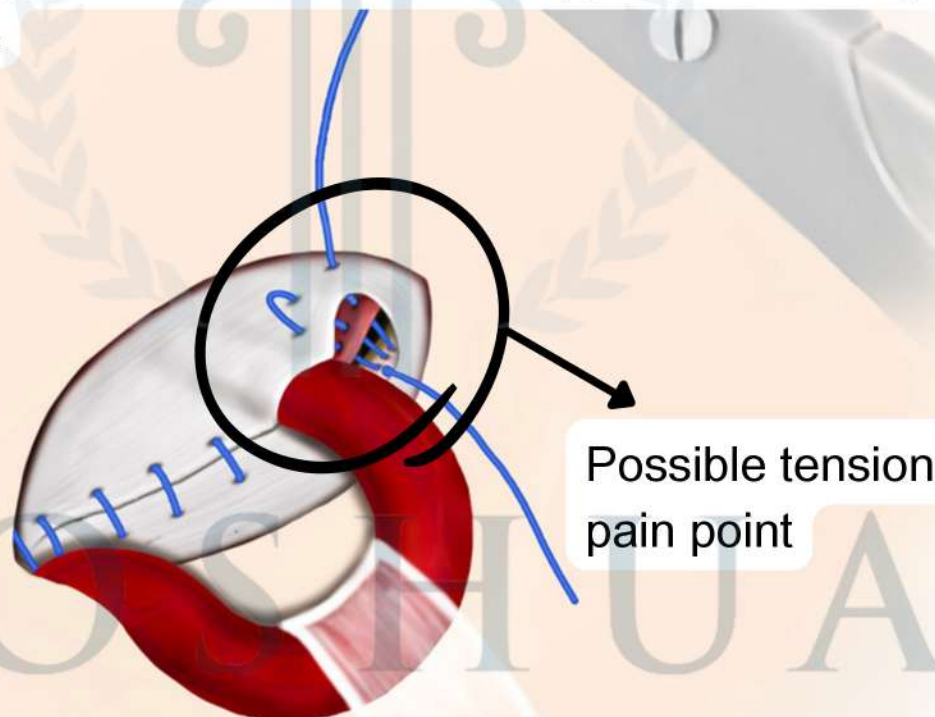
By sewing conjoint tendon and inguinal ligament(above internal ring)



Reconstruction of post wall of groin region

Step 4: Final Reinforcement (Halsted Principle)

- The final layer provides an external reinforcement over the deep repairs.
- Action: In accordance with the Halsted method, the external oblique aponeurosis is sutured to the upper part of the inguinal ligament.



Potential for nerve entrapment by sutures is a key consideration. To mitigate this risk, we utilize a low-tension suturing technique, ensuring the sutures are not overly tightened.

Furthermore, a comprehensive reconstruction of the abdominal wall, both superior and inferior to the internal inguinal ring, is performed to address the hernia defect and minimize the risk of recurrence.