

The Desarda Inguinal Hernia Repair: An Update: Narrative Review Article

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Abstract: Inguinal hernia repair is one of the most common surgical procedures performed worldwide. Although mesh-based techniques such as the Lichtenstein repair have become the standard treatment due to their low recurrence rates, concerns regarding mesh-related complications, chronic groin pain, infection, foreign body sensation, and cost have stimulated interest in non-mesh alternatives. The Desarda technique, first described by Mohan P. Desarda in 2001, is a tissue-based, tension-free repair that utilizes an undetached strip of the external oblique aponeurosis to reinforce the posterior wall of the inguinal canal. This method seeks to combine the advantages of a tension-free repair with the avoidance of prosthetic materials. Current evidence suggests that the Desarda repair provides recurrence rates, postoperative pain outcomes, and recovery profiles comparable to those of mesh-based repairs in selected patients. This review examines the clinical outcomes, advantages, limitations, and contemporary role of the Desarda repair in inguinal hernia surgery.

Keywords: “Desarda”, “Open Hernia Repair”, “Tension Free Repair”, “Non-Mesh”, “Inguinal Hernia”, “Chronic Pain”, and “Recurrence”.

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INTRODUCTION

This method of open inguinal hernia repair was introduced by Mohan P. Desarda, whereby a piece of the external oblique aponeurosis is used to strengthen the posterior wall of the inguinal canal. The procedure involves the use of a strip of the external oblique aponeurosis, which is partially separated from its medial leaf while keeping its continuity intact at either end. The strip of the detached external oblique aponeurosis is sutured to the inguinal ligament below and the arch of muscles (internal oblique and transversus abdominus) above to reinforce the posterior wall of the inguinal canal. A total of 400 repairs were performed by Desarda, and there were no postoperative complications and there was only one recurrence following a follow-up of 8 years (Desarda, 2001). Desarda then conducted a prospective study on 229 patients who had undergone this repair, and there were minimal complications and no recurrence after follow-up of 24 months (Desarda, 2008). Desarda performed this repair in his next series of patients with inguinal hernia. There were 860 patients in

this study, and a total of 920 repairs. A total of 851 patients had undergone the procedure under local anesthesia, and a wound hematoma was observed in one patient. After a follow-up of 7 years, there was no recurrence following the procedure (Desarda, 2006).

The HerniaSurge guidelines for the management of inguinal hernia by the Australasian Hernia Society note that the Desarda repair is new. However, the reported recurrence rate is 1.9%; it was obtained from non-randomized studies, and therefore formal recommendations on its use in the management of inguinal hernia could not be made. Further investigations into the Desarda repair should be made (Tran, 2018).

This review article aims to examine the Desarda repair method in the surgical management of inguinal hernias in adults. We compare the Desarda hernia repair with other mesh-based repairs like Lichtenstein, focusing on complications, chronic pain, and recurrence

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rates. A comprehensive literature review was conducted using PubMed, Google Scholar, Semantic Scholar, and Cochrane databases to identify original research studies, observational studies, clinical trials, clinical reviews, review articles, systematic reviews, and meta-analyses from 2000 to 2026. The search employed the following keywords: "Desarda," "Open hernia repair," "tension-free repair," "Non-mesh," "Inguinal hernia", "chronic pain," and "recurrence." All articles were in English, and additional articles were identified through manual cross-checking. Case reports, commentaries, and editorials were excluded, while all articles involving adult patients were included in this review.

DISCUSSION

The Desarda Repair for Inguinal Hernia in Adults

Gurgenidze *et al.*, performed the Desarda repair for 118 patients with inguinal hernia, with 88 of these patients having an indirect inguinal hernia and 26 patients having a direct inguinal hernia. There were no severe complications, with 3.4% of cases of wound hematoma and 4.2% of seroma. There were no recurrences after a follow-up of 5 years(Gurgenidze, 2018). Bashir *et al.*, prospectively assessed the Desarda repair for inguinal hernia in adults. There were 50 patients in this study; 14% developed postoperative wound infection, and 8% developed chronic pain. There was no recurrence reported among all the patients who underwent the Desarda repair(Bashir *et al.*,2015). Mitura *et al.*, conducted a retrospective study on the Desarda repair for inguinal hernia in adults and looked at the long-term results after 15 years. A total of 341 patients were included in this study, and follow-up was successful in 251 patients. Postoperative complications were seen in 5.6% of the cases, and the recurrence rate was 1.5%(Mitura *et al.*, 2021).

Mohamed *et al.*, looked at the long-term outcomes of patients who had undergone the Desarda inguinal hernia repair. A total of 179 patients were included in this retrospective study, and the surgical site infection rate was 3.9%; the hematoma rate was 3.9%, and the seroma rate was 5%. The recurrence rate was 1.7% after 5 years of follow-up(Mohamad *et al.*, 2024). Rashid *et al* looked at the outcomes of the Desarda repair for inguinal hernia in adults. 150 patients were included in this study, and the mean operative time of the Desarda procedure was 34.86 minutes, and severe postoperative pain was seen in 10.67% of cases on day 1(Rashid *et al.*, 2022).

Comparison of the Desarda Repair with the Open Mesh-Based Inguinal Hernia Repairs

Ge *et al.*, conducted a systematic review comparing the Desarda repair with the Lichtenstein repair for the treatment of inguinal hernia in adults. There were 8 studies with 1014 patients in this study, with 500 patients undergoing the Desarda repair and 514 patients undergoing the Lichtenstein repair. There were no differences regarding the operative time, postoperative

complications, seroma formation, chronic pain, and recurrence between the procedures(Ge *et al.*, 2018). Moghazy *et al.*, conducted a prospective comparative study comparing the Desarda repair versus the Lichtenstein repair for the management of inguinal hernia in adults. A total of 50 patients were included in this study, and they were divided into 25 patients who underwent the Desarda repair and 25 patients who underwent the Lichtenstein repair. There were no differences regarding the postoperative complications, seroma formation, chronic pain, and recurrence rate between the procedures(Moghazy *et al.*, 2022).

A systematic review and meta-analysis comparing the Desarda repair versus the Lichtenstein repair in the management of inguinal hernia in adults was conducted by Pereira *et al.*, There was a total of 5 studies with 536 patients in this study, with 310 patients undergoing the Desarda repair and 226 patients undergoing the Lichtenstein repair. There were no differences regarding postoperative complications between the procedures (RR-0.62,95%CI,0.47-0.81). There were also no differences regarding the recurrence rate between the procedures (RR- 1.24,95%CI,0.34-4.56)(Pereira & Varghese, 2022). A randomized clinical trial comparing the Desarda repair versus the Lichtenstein repair for the treatment of inguinal hernia in adults was conducted by Szopinski *et al.*, A total of 208 patients were included in this study, with 105 patients undergoing the Desarda repair and 103 patients undergoing the Lichtenstein repair. There were no differences regarding postoperative complications, chronic pain (4.8% vs 2.2%), and recurrence between the procedures(Szopinski *et al.*, 2012). Another systematic review and meta-analysis comparing the Desarda repair versus the Lichtenstein repair for inguinal hernia repair was conducted by Mohamedahmed *et al.*, There were 8 studies with 3177 patients, with 1551 patients undergoing the Desarda repair and 1626 patients undergoing the Lichtenstein repair. There were no differences regarding postoperative complications, seroma, chronic pain, and recurrence rates between the procedures(Mohamedahmed *et al.*, 2020).

A systematic review and meta-analysis of randomized controlled trials comparing the Desarda repair versus the Lichtenstein repair for primary inguinal hernia was conducted by Emile *et al.*, A total of 6 trials with 2159 patients were included in this study, with 1099 patients undergoing the Desarda repair and 1155 patients undergoing the Lichtenstein repair. The overall complication rate was higher in the Lichtenstein repair (12% vs 7.2%, OR: 1.86, 95% CI, 1.36-2.55), but there were no differences regarding the recurrence rates between the procedures (OR: 0.946, 95% CI, 0.35-2.55)(Emile & Elfeki, 2018). A systematic review and meta-analysis on the postoperative outcomes of the Desarda repair and the Lichtenstein repair for inguinal hernia was conducted by Saeed *et al.*, A total of 23 studies with 2425 patients were included in this study,

and the Desarda repair was associated with reduced scrotal oedema (RR=0.52, 95% CI, 0.34-0.78), reduced seroma formation (RR=0.68, 95% CI, 0.47-0.99), and reduced chronic pain (RR=0.26, 95% CI, 0.15-0.45) (Saeed *et al.*, 2025). A meta-analysis of randomized controlled trials comparing the Desarda repair and Lichtenstein repair for inguinal hernia was conducted by Pompeu *et al.*, A total of 18 studies with 1756 patients were included in this study, with 861 patients undergoing the Desarda repair and 895 patients undergoing the Lichtenstein repair. The Desarda repair was associated with lower seroma rates (OR=0.55, 95% CI, 0.35-0.89), reduced chronic pain (OR=0.32, 95% CI, 0.12-0.88), and reduced operative time (MD=-8.6 min, 95% CI, 14.5- 2.8). The recurrence rates were 1.4% for the Desarda and 2.1% for the Lichtenstein repair (Pompeu, 2024).

Zulu *et al.*, conducted a retrospective study comparing the Desarda repair with the Lichtenstein repair for inguinal hernia repair. The study included 35 patients: 23 underwent Lichtenstein repair, and 12 underwent Desarda repair. There were no differences regarding the postoperative complications, chronic pain, and the recurrence rates between the procedures. The Desarda repair was associated with a shorter operative time when compared to the Lichtenstein repair (Zulu *et al.*, 2016). A prospective cohort study comparing the Desarda repair with the Lichtenstein repair in the treatment of inguinal hernia was conducted by Gedam *et al.*, A total of 187 patients were included in this study, with 92 patients undergoing the Desarda repair and 95 patients undergoing the Lichtenstein repair. There were no differences regarding postoperative pain and recurrence rates between the procedures (Gedam *et al.*, 2017). Comparative studies by Moghe *et al.*, Kumar *et al.* and Ibrahim *et al.*, comparing the Desarda repair and the Lichtenstein repair also concluded that the outcomes between both procedures were similar (Ibrahim *et al.*, 2024; Kumar *et al.*, 2025; Moghe *et al.*, 2022).

Jain *et al.*, conducted a randomized controlled trial comparing the Desarda repair with the Lichtenstein repair for inguinal hernia management. This study included 77 patients: 39 underwent the Desarda repair, and 38 underwent the Lichtenstein repair. The incidence of chronic pain was higher in the Lichtenstein repair, but the recurrence rate was similar between the groups (Jain *et al.*, 2021). Another randomized trial comparing the Desarda repair and the Lichtenstein repair for inguinal

hernia repair was conducted by Rodriguez *et al.*, There were 1382 patients in this study, with 678 patients undergoing the Desarda repair and 704 patients undergoing the Lichtenstein repair. The Lichtenstein repair was associated with increased morbidity (7.5% vs 3.4%), but there were no differences regarding chronic pain, and the recurrence rate after 6 years of follow-up was similar between the groups (Rodríguez *et al.*, 2013).

Pathak *et al.*, looked at the long-term outcomes of the Desarda repair for inguinal hernia management. This retrospective cohort study included 624 patients, with 240 patients undergoing the Desarda repair and 384 patients undergoing the Lichtenstein repair. There were no significant differences regarding the postoperative complications between the procedures, and the incidence of chronic pain was similar between the procedures. There were also no differences regarding the recurrence rates between the procedures after follow-up of 3 years (Pathak *et al.*, 2024). A randomized clinical trial comparing the Desarda repair with the Lichtenstein repair for primary inguinal hernia treatment was conducted by Youssef *et al.*, There were 168 patients in this study who were randomized, with 85 undergoing the Desarda repair and 83 undergoing the Lichtenstein repair. There were no differences regarding the chronic pain and recurrence rates between the procedures, but the Desarda repair was associated with a shorter operative time (Youssef *et al.*, 2015). Manyillirah *et al.*, conducted a double-blind randomized controlled trial comparing the Desarda repair with the Lichtenstein repair for inguinal hernia among African patients. A total of 101 patients were randomized, with 50 undergoing the Desarda repair and 51 who underwent the Lichtenstein repair. There were no differences regarding postoperative complications and recurrence rates between the procedures, but the Desarda repair was associated with a shorter operative time (Manyillirah *et al.*, 2012).

Philipp *et al.*, conducted a retrospective study on the quality of life following the Desarda repair for inguinal hernia. There were 366 patients in this study, with 120 patients undergoing the Desarda repair and 246 patients undergoing the transabdominal preperitoneal (TAPP) repair. The patients in the Desarda repair had a mean operative duration of 50 minutes, and the length of hospital stay was 2 days. After a follow-up of 18 months, the recurrence rate was 0.8% (Philipp *et al.*, 2023).

Table 1

Study	Study Type	Postoperative Complications	Chronic Pain	Recurrence
Ge <i>et al.</i> , 2018	Systematic review	No significant difference in overall postoperative complications between Desarda and Lichtenstein repairs. Desarda showed favorable early recovery.	Lower early postoperative pain with Desarda; no significant difference in long-term pain outcomes.	No significant difference between groups
Emile, 2018	Systematic review and meta-analysis	Overall complications significantly higher with Lichtenstein (OR 1.86, $p < 0.001$). Seroma and surgical site	Postoperative pain was comparable between techniques.	No significant difference in

Study	Study Type	Postoperative Complications	Chronic Pain	Recurrence
		infection were significantly more frequent after Lichtenstein repair.		recurrence (OR 0.946, $p=0.91$).
Pereira, 2022	Systematic review and meta-analysis	Postoperative complications were significantly more frequent with Lichtenstein repair; seroma rate was significantly lower following Desarda repair ($p=0.02$).	Chronic pain was not identified as significantly different between techniques in the included studies.	No significant difference in recurrence ($p=0.74$).
Saeed <i>et al.</i> , 2025	Systematic review and meta-analysis	Desarda was associated with significantly lower rates of seroma (RR 0.68), scrotal edema (RR 0.52), and foreign-body sensation (RR 0.61).	Chronic postoperative pain was significantly lower with Desarda (RR 0.26; 95% CI 0.15-0.45; $p<0.00001$).	Recurrence rates were lower than with Desarda, but the difference was not statistically significant.

Table showing the complication rates, chronic pain and recurrence rates between the Desarda repair and Lichtenstein repair

CONCLUSION

The Desarda technique represents an innovative tissue-based approach to inguinal hernia repair that seeks to provide the benefits of tension-free surgery without prosthetic materials. Available evidence demonstrates recurrence rates, postoperative pain outcomes, and overall complication profiles comparable to those of Lichtenstein repair in selected patients. The technique is particularly attractive in resource-limited settings, for patients wishing to avoid mesh implantation, and in situations where prosthetic materials may be contraindicated. Although current results are promising, additional high-quality multicenter studies with long-term follow-up are required to further define its role in contemporary hernia surgery. At present, the Desarda repair should be considered a valuable option within the armamentarium of inguinal hernia surgeons rather than a complete replacement for established mesh-based techniques.

Conflict of Interest: There is no conflict of interest

REFERENCES

- Bashir, S. H. E. H. Z. A. D., Afzal, M. O., & Rafi, Y. A. S. E. E. N. (2015). Desarda technique for inguinal hernia repair, a multicenter experience. *Pak J Med Health Sci*, 9(1), 311-3.
- Desarda, M. P. (2008). No-mesh inguinal hernia repair with continuous absorbable sutures: a dream or reality? (A study of 229 patients). *Saudi Journal of Gastroenterology*, 14(3), 122-127.
- Desarda M. P. (2001). New method of inguinal hernia repair: a new solution. *ANZ journal of surgery*, 71(4), 241-244. <https://doi.org/10.1046/j.1440-1622.2001.02092.x>
- Desarda, M. P. (2006). Physiological repair of inguinal hernia: a new technique. *Hernia*, 10, 143-146. <https://doi.org/10.1007/s>
- Emile, S. H., & Elfeki, H. (2018). Desarda's technique versus Lichtenstein technique for the treatment of primary inguinal hernia: a systematic review and meta-analysis of randomized controlled trials. In *Hernia* (Vol. 22, Number 3, pp. 385-395). Springer-Verlag France. <https://doi.org/10.1007/s10029-017-1666-z>
- Ge, H., Liang, C., Xu, Y., Ren, S., & Wu, J. (2018). Desarda versus Lichtenstein technique for the treatment of primary inguinal hernia: A systematic review. In *International Journal of Surgery* (Vol. 50, pp. 22-27). Elsevier Ltd. <https://doi.org/10.1016/j.ijssu.2017.11.055>
- Gedam, B. S., Bansod, P. Y., Kale, V. B., Shah, Y., & Akhtar, M. (2017). A comparative study of Desarda's technique with Lichtenstein mesh repair in treatment of inguinal hernia: A prospective cohort study. *International Journal of Surgery*, 39, 150-155. <https://doi.org/10.1016/j.ijssu.2017.01.083>
- Gurgenidze, M., & Datuashvili, G. (2018). DESARDA TECHNIQUE FOR INGUINAL HERNIA REPAIR. *Georgian Medical News*, (280-281), 7-10.
- Ibrahim, B. N. B., Reyad, H. A., Eweis, M. K., & Elnabi, M. H. (2024). When and why Desarda repair: Evaluation of the efficacy of Desarda technique in the management of inguinal hernia. *The Egyptian Journal of Surgery*, 43(4), 1492-1500. <https://doi.org/10.21608/ejsur.2024.293933.1093>
- Jain, S. K., Bhatia, S., Hameed, T., Khan, R., & Dua, A. (2021). A randomised controlled trial of Lichtenstein repair with Desarda repair in the management of inguinal hernias. *Annals of Medicine and Surgery*, 67. <https://doi.org/10.1016/j.amsu.2021.102486>
- Kumar, S., Sarkar, S., Bakshi, A., & Mukhopadhyay, M. (2025). A comparative study between Desarda's technique and Lichtenstein's mesh repair for the treatment of inguinal hernia. *Asian Journal of Medical Sciences*, 16(6), 142-146. <https://doi.org/10.71152/ajms.v16i6.4520>
- Manyilirah, W., Kijambu, S., Upoki, A., & Kiryabwire, J. (2012). Comparison of non-mesh (Desarda) and mesh (Lichtenstein) methods for inguinal hernia repair among black African patients: A short-term double-blind RCT. *Hernia*, 16(2), 133-144. <https://doi.org/10.1007/s10029-011-0883-0>
- Mitura, K., Rzewuska, A., Skolimowska-Rzewuska, M., & Wyrzykowska, D. (2021). Desarda technique

- as a valuable alternative for inguinal hernia patients refusing mesh implantation: long-term results fifteen years after a pure tissue repair in 198 patients. *Mini-Invasive Surgery*. <https://doi.org/10.20517/2574-1225.2021.19>
- Moghazy, T. A., Zayed, Y. H., & Farid, M. M. (2022). Desarda repair versus Lichtenstein repair for treatment of inguinal hernia. *International Surgery Journal*, 9(6), 1119. <https://doi.org/10.18203/2349-2902.isj20221399>
 - Moghe, D., Prajapati, R., Banker, A., & Khajanchi, M. (2022). A Comparative Study of Desarda's Versus Lichtenstein's Technique for Uncomplicated Inguinal Hernia Repair. *Cureus*. <https://doi.org/10.7759/cureus.23998>
 - Mohamedahmed, A. Y. Y., Ahmad, H., Abdelmabod, A. A. N., & Sillah, A. K. (2020). Non-mesh Desarda Technique Versus Standard Mesh-Based Lichtenstein Technique for Inguinal Hernia Repair: A Systematic Review and Meta-analysis. In *World Journal of Surgery* (Vol. 44, Number 10, pp. 3312–3321). Springer. <https://doi.org/10.1007/s00268-020-05587-y>
 - Mohamed, A. G., Elareaf, H. E., Shaban, M. A., & Abostate, A. M. (2024). Long-Term Outcome of Desarda Technique in Elective Inguinal Hernia Repair. A 10Year Multicenter Experience. *Egyptian Journal of Hospital Medicine*, 96, 2337.
 - PATHAK, A. A., FOUZDAR, A., KUMAR, K., AGRAWAL, V., SHARMA, N., & AGGARWAL, V. (2024). Long Term Outcomes after Surgery for Inguinal Hernia: A Retrospective Cohort Study Comparing Outcomes of Desarda and Lichtenstein Repairs with Three Years of Follow-Up. *Maedica - A Journal of Clinical Medicine*, 19(3). <https://doi.org/10.26574/maedica.2024.19.3.573>
 - Pereira, C., & Varghese, B. (2022). Desarda Non-mesh Technique Versus Lichtenstein Technique for the Treatment of Primary Inguinal Hernias: A Systematic Review and Meta-Analysis. *Cureus*, 14(11), e31630. <https://doi.org/10.7759/cureus.31630>
 - Philipp, M., Leuchter, M., Lorenz, R., Grambow, E., Schafmayer, C., & Wiessner, R. (2023). Quality of Life after Desarda Technique for Inguinal Hernia Repair—A Comparative Retrospective Multicenter Study of 120 Patients. *Journal of Clinical Medicine*, 12(3). <https://doi.org/10.3390/jcm12031001>
 - Pompeu, B. F., Pasqualotto, E., Marcolin, P., Delgado, L. M., Ponte Farias, A. G., Pigossi, B. D., Guedes, L. S. S. P., & Poli de Figueiredo, S. M. (2024). Desarda versus Lichtenstein inguinal hernia repair: A meta-analysis of randomized controlled trials. *World journal of surgery*, 48(11), 2615–2628. <https://doi.org/10.1002/wjs.12360>
 - Rashid, J., Aslam, R. S., Hassan, M., Arshid, A., Afzal, M. F., & Malik, A. A. (2022). Outcome of Desarda Technique in Inguinal Hernia Repair. *Pakistan Journal of Medical and Health Sciences*, 16(7), 235–238. <https://doi.org/10.53350/pjmhs22167235>
 - Rodríguez, P. R. I., Herrera, P. P., González, O. L., Alonso, J. R. C., & Blanco, H. S. R. (2013). A Randomized Trial Comparing Lichtenstein Repair and No Mesh Desarda Repair for Inguinal Hernia: A Study of 1382 Patients. *East & Central African Journal of Surgery*, 18(2), 18.
 - Saeed, J., Jamal, Z., Siddiqui, A., Muawaz, M., Saeed, T., & Jain, R. K. (2025). Postoperative Outcomes of the Desarda Technique Versus Lichtenstein Mesh Repair for Inguinal Hernias: A Systematic Review and Meta-Analysis. *Cureus*, 17(9), e91388. <https://doi.org/10.7759/cureus.91388>
 - Mohamed, A. G., Elareaf, H. E., Shaban, M. A., & Abostate, A. M. (2024). Long-Term Outcome of Desarda Technique in Elective Inguinal Hernia Repair. A 10Year Multicenter Experience. *Egyptian Journal of Hospital Medicine*, 96, 2337.
 - Szopinski, J., Dabrowiecki, S., Pierscinski, S., Jackowski, M., Jaworski, M., & Szuflet, Z. (2012). Desarda versus lichtenstein technique for primary inguinal hernia treatment: 3-Year results: of a Randomized Clinical Trial. *World Journal of Surgery*, 36(5), 984–992. <https://doi.org/10.1007/s00268-012-1508-1>
 - Tran, H. (2018). Endorsement of the HerniaSurge guidelines by the Australasian Hernia Society. In *Hernia* (Vol. 22, Number 1, p. 177). Springer-Verlag France. <https://doi.org/10.1007/s10029-017-1673-0>
 - Youssef, T., El-Alfy, K., & Farid, M. (2015). Randomized clinical trial of Desarda versus Lichtenstein repair for treatment of primary inguinal hernia. *International Journal of Surgery*, 20, 28–34. <https://doi.org/10.1016/j.ijsu.2015.05.055>
 - Zulu, H. G., Mewa Kinoo, S., & Singh, B. (2016). Comparison of Lichtenstein inguinal hernia repair with the tension-free Desarda technique: a clinical audit and review of the literature. *Tropical Doctor*, 46(3), 125–129. <https://doi.org/10.1177/0049475516655070>