each drug for any change in indications and dosage and for added warnings and precautions. This is particularly important when the recommended agent is a new and/or infrequently employed drug.

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Contents X

Preface

Inguinal hernia repair is the most common surgical procedure. Worldwide more than ten hernia repairs are performed every minute by numerous surgeons using thousands of different techniques. Since the standards set by Bassini in 1881, a continuous flow of 'technical innovations', retrospective analyses, case reports, and personal experiences fill the literature on hernia surgery. Only very few controlled prospective trials offer guidance through this jungle of personal emotions, subjective attitudes, and historical traditions. Quality control, however, is of foremost importance in this field of everyday surgery. The outcome of hernia repair, like no other operation, can be followed up with ease during an average period of more than 20 years. Differences regarding higher recurrence rates, increased postoperative pain, extended loss of working time, and restricted physical activity may be of merely minor importance for the individual patient. Multiplied by the figure of about 15 million annual operations worldwide, however, even minor disadvantages have an astronomical impact on the socioeconomic costs of hernia repair. Therefore, standards for indication, classification, technique, follow-up and return to activity must be defined.

The obvious need for standardization gains further momentum within the scope of the development of laparoscopic hernia surgery. The new methods have to be evaluated against the conventional procedures regarding costs, results and benefit for the patients. Subjective attitudes and emotional reactions do not offer
any help in this comparison of old versus new surgical techniques.
The generation gap between the traditional surgeons and the `revolutionary youth' in hernia repair should be closed by objective analyses and academic discussions. The patients do not benefit from emotional arguments, they are only interested in the most atraumatic technique and the best long-term results.

The idea to find a path out of this jungle and to end the emotional discussion prompted the invitation of 32 renowned specialists in hernia surgery to a remote place in the Swiss Alps for a 4-day closed workshop. Neither press, nor company or audience were allowed to a family-type setting. The sole purpose of these `Swiss peace talks' was to find reliable truths and to define standards of inguinal hernia repair.

The results of this meeting were overwhelming for each of the participants. Gaps closed, knowledge increased, and emotions vanished. In the end, former combatants had become friends and hernia surgery had gotten a new start based on exact techniques, proven results, comparable classifications and well-defined indications. We all experienced the feeling that hernia repair is best prepared for the future by these measures.

We thank the Karger family and the staff of Karger publishers, particularly Dr. Angela Weber, for the production of this book with its scientific articles and lively discussions. We sincerely hope that this book may represent a little bit of that `Suvretta House spirit' which made this meeting so unique for all participants.

Volker Schumpelick
George E. Wantz