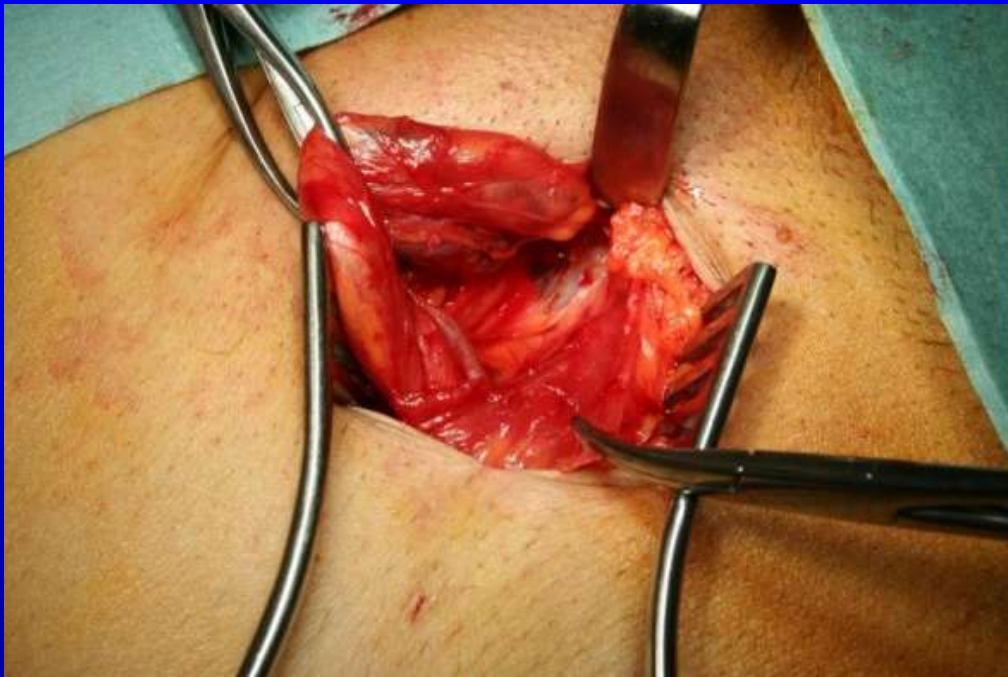


Traditional Surgery: Updated



Simon Marsh MA MD FRCS

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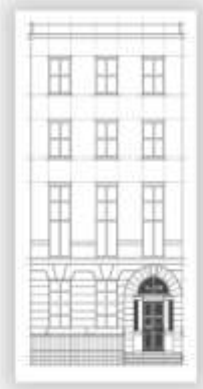
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Traditional Surgery:

Updated

The MK II repair

(Marsh/Kellow)

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Gilmore's Groin – a typical patient

- Young male
- Active sportsman
- Rare over 45
- Rare in women (1%)

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Specific Injuries: 33%

- Overstretching
- Excessive or miskicking
- Abduction
- Eversion

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Symptoms During Exercise

Pain in the groin increases with:

- Running
- Striding
- Sprinting
- Sudden movement
- Twisting and turning
- Side stepping
- Jumping
- Dead ball kicking
- Long ball kicking

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Symptoms After Exercise

Stiff & Sore

Pain in the groin increases with:

- Turning in bed
- Getting out of bed
- Getting out of car
- Sit ups
- Coughing
- Sneezing
- Sudden movement

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Groin Disruption: Physical Signs

(All Elicited via Scrotum)

S.I.R:	Dilated (+/-) Cough Impulse Tender (Palpable Tear)
TENDERNESS:	May be exquisite Diminishes with rest

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Aims

Single operation

Rapid return to full activity

Get back and stay back

Maintain high success rate

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Evolution and Improvements

Prehabilitation

Pain Control and Anaesthesia

Surgery

Rehabilitation

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Prehabilitation



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Pain Control and Anaesthesia



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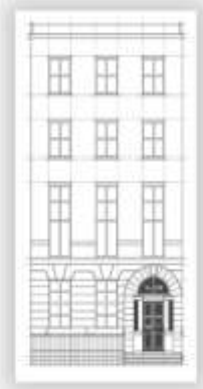
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Surgery



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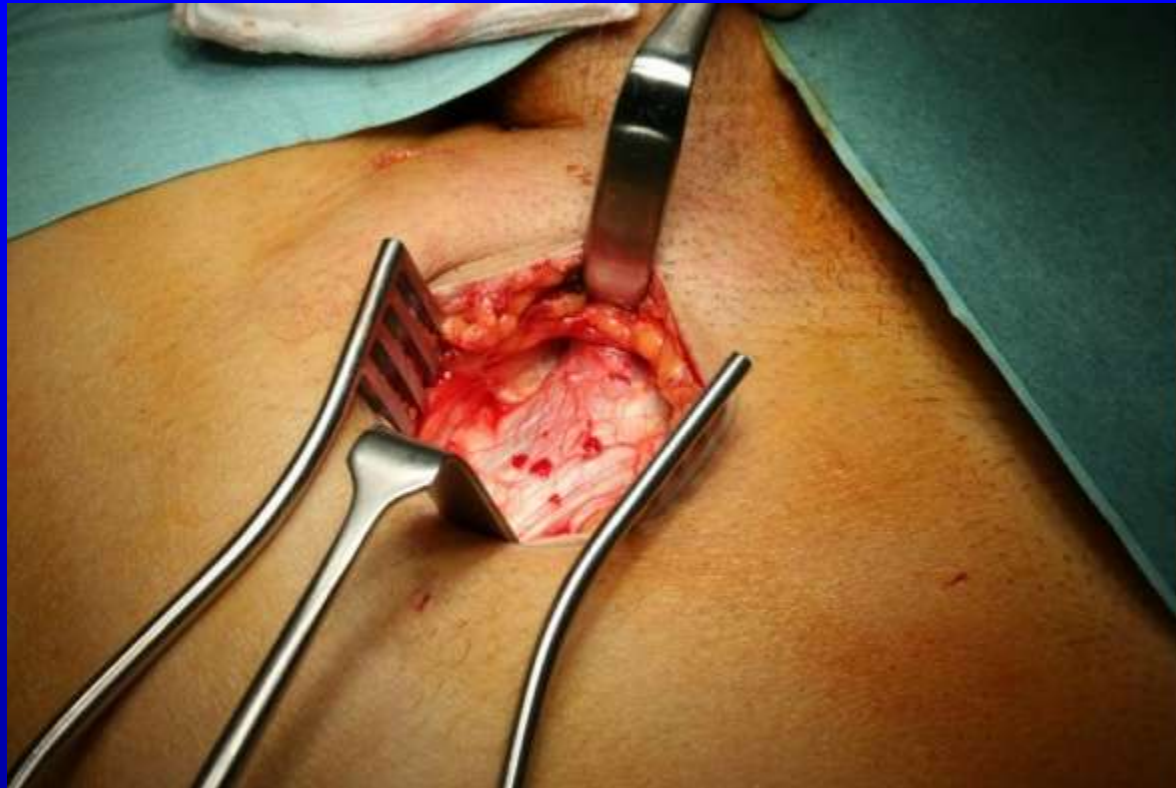
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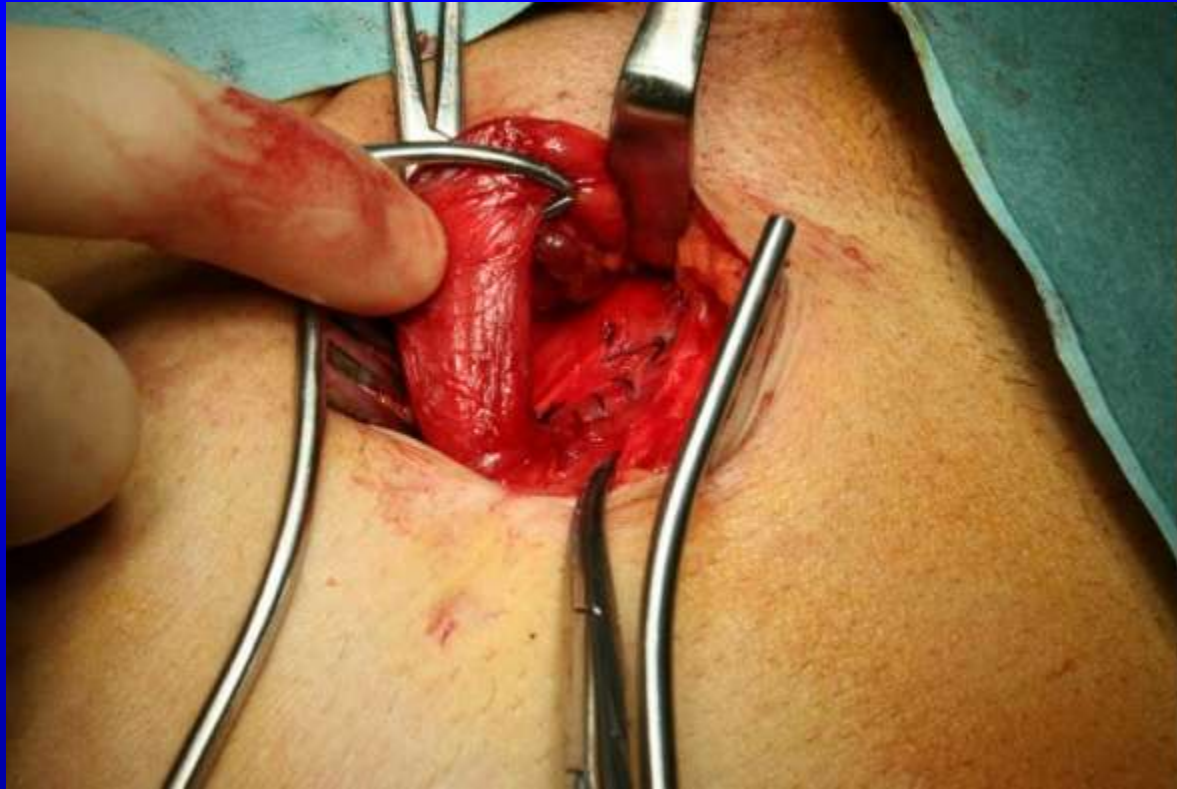


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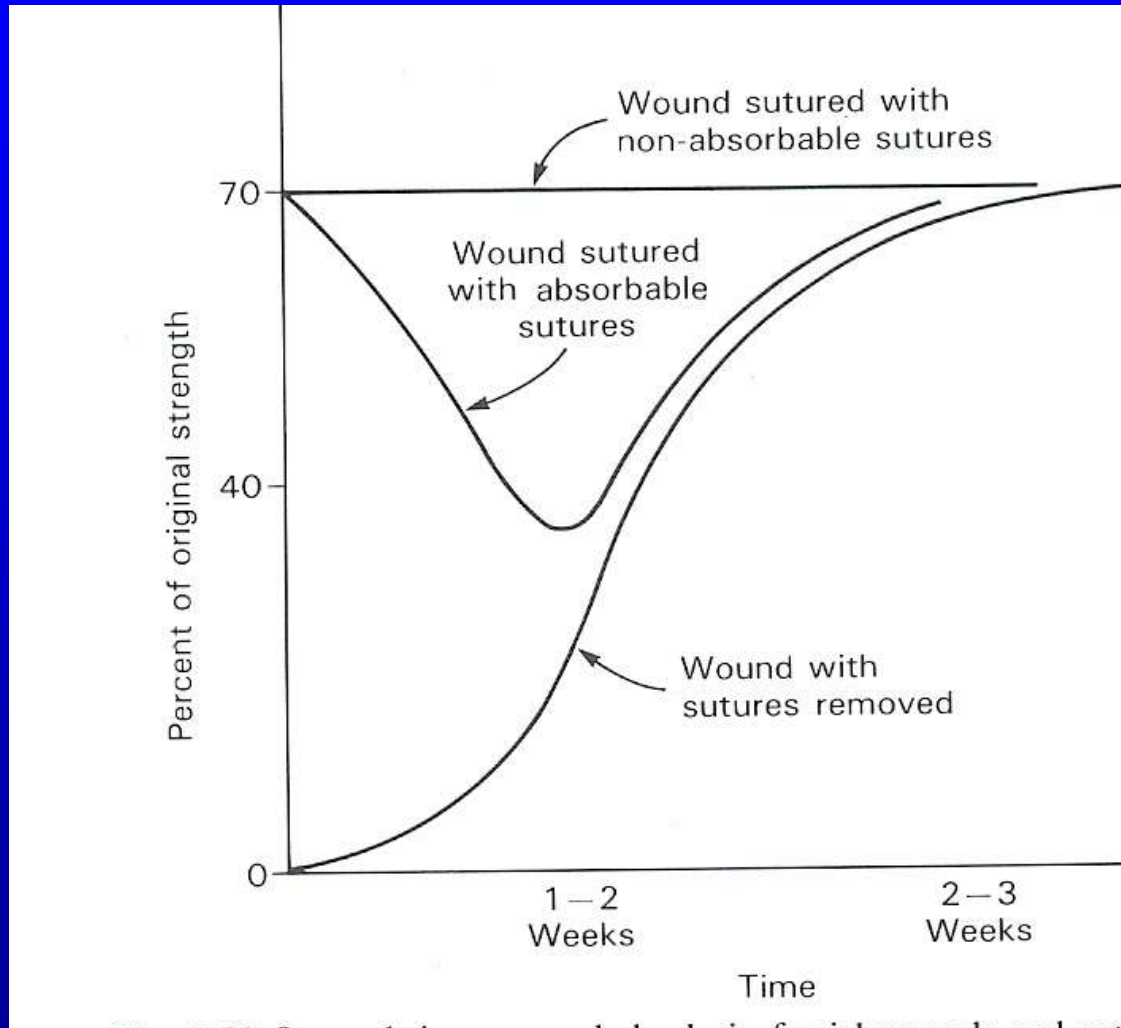


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The Importance of the Nylon Darn



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Rehabilitation

Traditional 4 week program

- Week 1:** walk 4 x day
- Week 2:** jog --- running
adductor exercises
- Week 3:** start sprinting
cycling
- Week 4:** kicking
twist & turn
- Week 5:** play

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Rehabilitation

4 Stages:

Summary:

- Stage 1: Mobility
- Stage 2: Flexibility
- Stage 3: Strength
- Stage 4: Sport Specific

Different requirements for amateurs
and professionals

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Stage 1

Mobility

Straight line activities

Avoid abdominal straining

Treadmill jogging/running

Front crawl swimming

Cross training

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Stage 2

Flexibility

Body weight movements

Lunges

Side lunges

Partial squats

Hip flexion and extension

Begin ball work

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Stage 3

Strength

Increase intensity of core stability work
Change of direction at speed

Box drills

Cutting drills

Figure of eight routines

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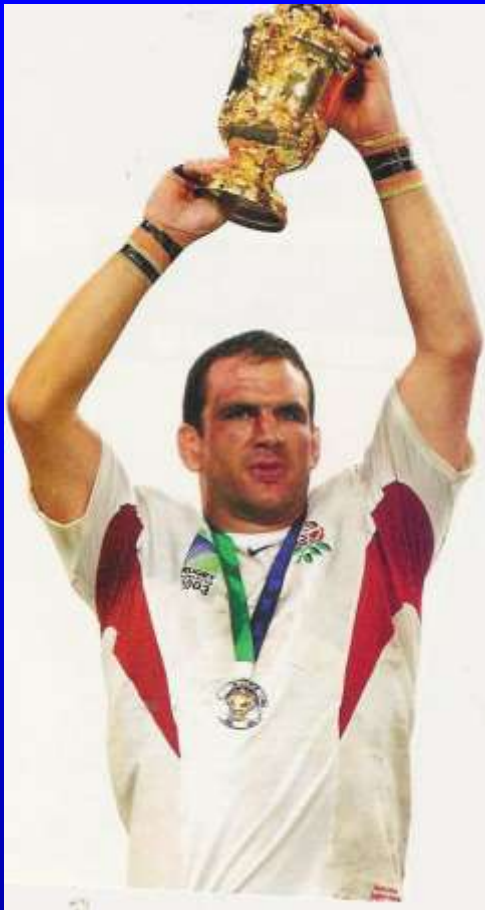
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Rehabilitation

Professional: 3-4 weeks

Amateur: 6-8 weeks



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Traditional Surgery:

Updated

The Mk II repair

(Marsh/Kellow)

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Traditional Surgery

Based on established anatomical
and physiological principles

30 years experience

Established success

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Updated

Prehabilitation

Improved pain control

Proven surgical technique

Individual rehabilitation

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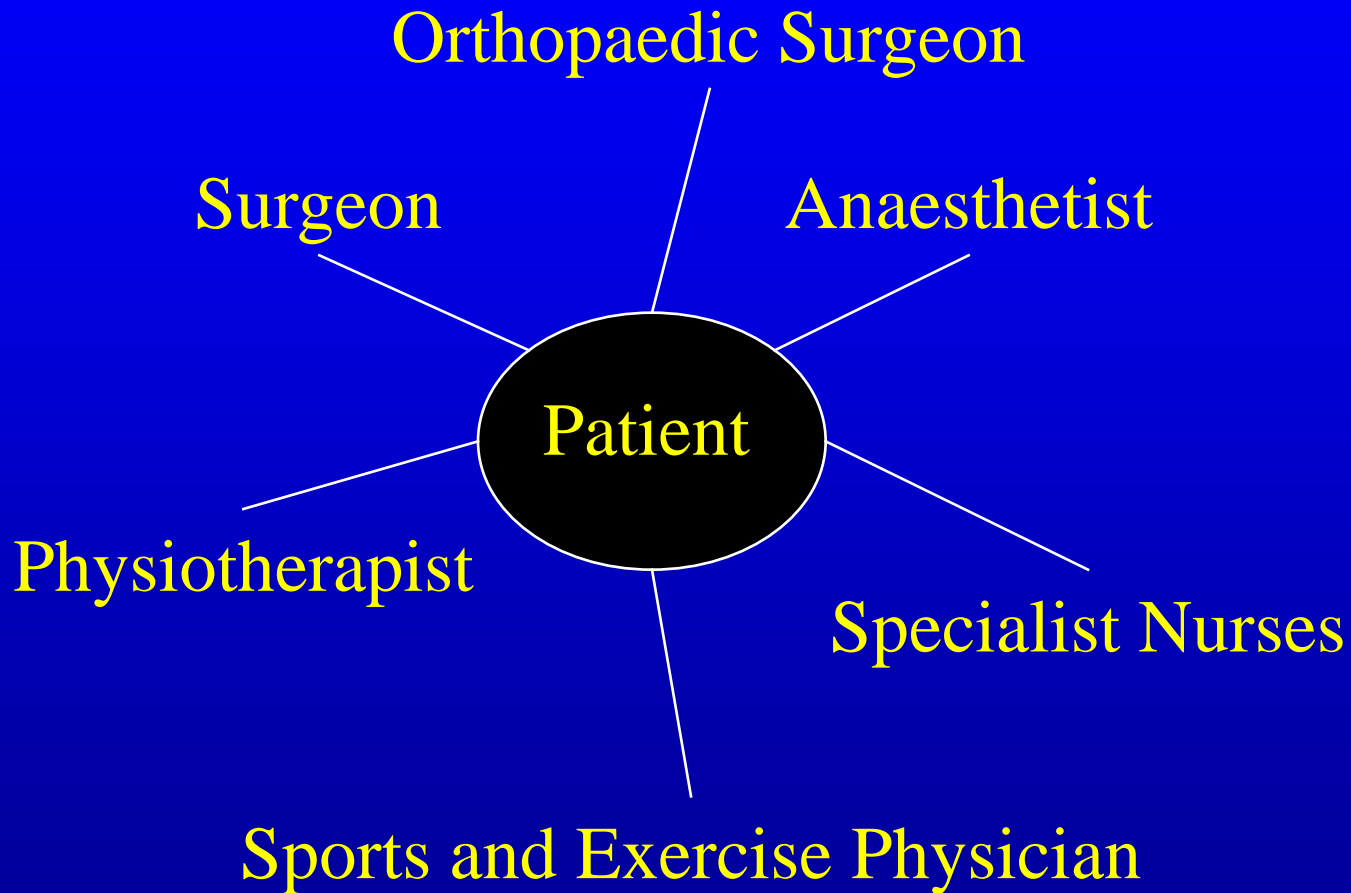
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The Team



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