EVALUATION OF THE KNOWLEDGE OF THE POSTERIOR INGUINAL ANATOMY, THE CRITICAL VISION OF SECURITY OF THE MYOPECTINEAL ORIFICE AND THE TAKING OF DECISIONS DURING THE LAPAROSCOPIC INGUINAL HERNIA REPAIR

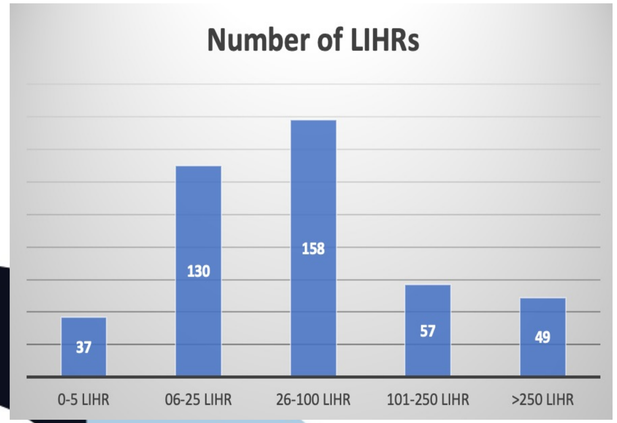
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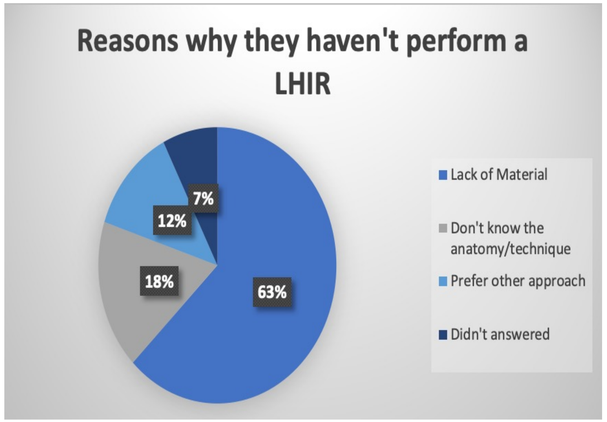
SAGES 2021 Aug 31 - Sept 3, 2021 MGM Grand, Las Vegas, Nevada

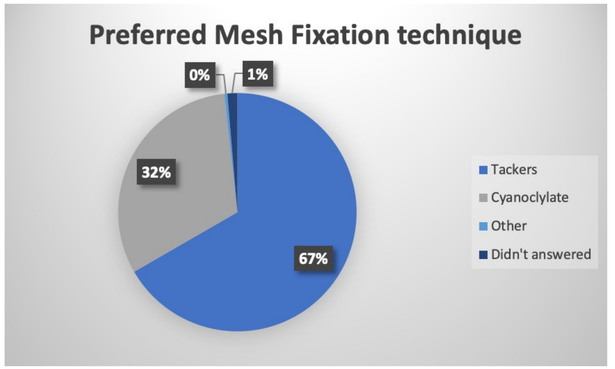
Background: The laparoscopic inguinal hernia repair(LIHR) has proven faster return to activities, less chronic pain compared to open repairs. However, it hasn't been the main approach, mainly because of higher cost, use of general anesthesia, lack of familiarity with the anatomy or prefer other approach. For this reasons, systematization of the technique and anatomy have been postulated, like the critical view of safety(CVS) of the myopectineal orifice(MPO). The aim of our study was to evaluate the knowledge of this concepts and the preferred action in different surgical scenarios.

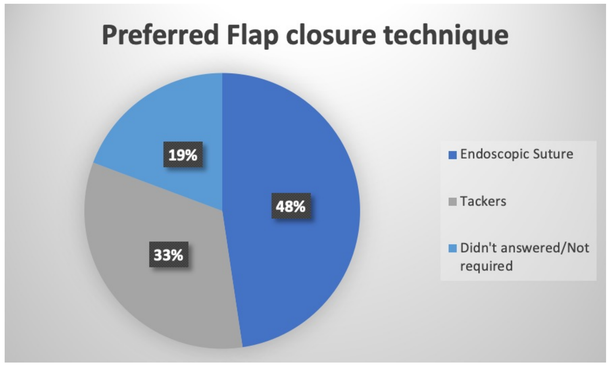
Methods: A multiple choice questionnaire was applied to residents and surgeons from different Hospitals in Mexico City and during different national meetings; the results were presented by frequencies, range and means; univariate logistic regression was used to evaluate the association knowledge of the concepts with the referral of having presented complications.

Results: 741 questionaries were evaluated; 284(38.33%) were residents and 457(61.67%) surgeons with a mean experience of 10.97(1-40)years. 429(57.89%) work mainly in public institutions and 312(42.11%) in private hospitals. 320(43.18%) referred to haven't done any LIHR; the other 421(56.82%) had a mean of 77.29(1-450)LIHRs. The main referred reasons of not performing LIHR was lack of material 443(59.78%), 124 (16.73%) don't know the anatomy/or technique and 88(11.88%) prefer other approach. 543(72.28%) referred to know the posterior inguinal anatomy, 438(59.11%) referred to know the CVS of the MPO; however only 219(29.55%) correctly defined the MPO boundaries. 305(41.16%) mentioned to know the concept of the inverted Y but only 188(61.64%) correctly identified them. 355(47.91%) would prefer a TAPP repair with an anterior open recurrence and 193(26.05%) another open approach. For a recurrence of a laparoscopic approach, 316(42.65%) mentioned to prefer an open approach and 174(23.48%) a TAPP repair. 353(47.64%)preferred the use of tackers for the closure of the peritoneal flap and 245(33.06%) endoscopic suture. For the mesh fixation, 494(66.67%) preferred the use of tackers and, 234(31.58%) cyanoacrylate. 526(71%) have presented complications being 133(29.36%) recurrences, 124(27.37%), hematoma 102(22.52%) and conversion 61(13.47%). The correct knowledge of the inverted Y and five triangles (OR 0.45) and the MPO (OR 0.54) concept were protective factors for presenting complications.









References:
*Daes J, Felix E (2017) Critical View of the Myopectineal Orifice Ann Surg 266(1):e1-e2
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Conclusion: The present study show the lack of dissemination and knowledge of the basic concepts for performing LIHR and the heterogeneity of the surgical decisions. Therefore, it is important to emphasize the dissemination of these concepts and systematize the procedure with the aim of avoiding complications and increase the number of performed procedures.