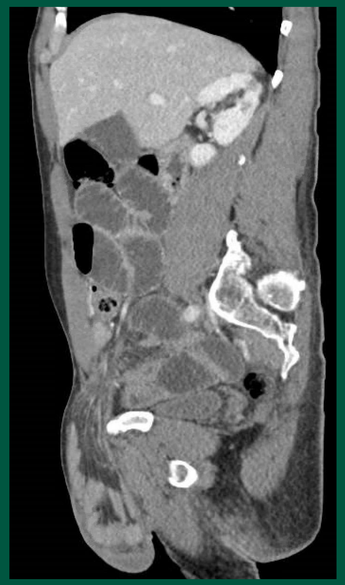
Primary sac abandon technique: Is it a safe way to endoscopically treat inguinoscrotal hernias?

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Introduction

Laparoscopic inguinal hernioplasty is widely accepted as a viable alternative to open hernioplasty. However, the ideal management of inguinoscrotal hernias remains controversial. The extensive dissection required to fully reduce the hernia sac is associated with an increased risk of injury to cord structures, testicular ischemia, hematoma, and seroma. The rates of seroma formation are reported as high as 66% in some inguinoscrotal hernia series. An alternative technique, primary abandon-of-the-sac (PAS), was recently described in the literature in which the hernia sac is divided at the level of the internal inguinal ring and left in situ prior to dissection of the myopectineal orifice and mesh placement. We present our initial experience with the PAS modification to transabdominal preperitoneal hernioplasty (TAPP), comparing these patients to another group in whom the hernia sac is abandoned distally late in dissection due to difficulty in safely isolating it from cord structures.



Results

- 8 male patients with inguinoscrotal hernia underwent laparoscopic TAPP repair between January 2021 and September 2021.
- Follow up period ranging from 4 to 30 weeks
- None of the PAS group patients developed a seroma post-operatively.
- 75% of the distal sac abandon patients developed a seroma and all of them had prolonged post operative pain requiring extra narcotics and loss of work.
- No seroma required intervention

	Primary Sac Abandon	Distal Sac Abandon
N	4	4
BMI (kg / m^2)	28.3	27.5
Operative Time (min)	136	142
Post-operative Seroma	0	3

Method

Data are collected in a prospectively managed database documenting age, gender, BMI, comorbidities, tobacco use, operative and post-operative results. Patients were followed in surgery clinic to assess post operative outcome.

Conclusions

- Further research is needed to determine the true risk of complications and long-term outcomes associated with the PAS technique before it can be widely applied in practice.
- In our small case series, the technique appears safe and reproducible with significant lower risk of post operative seroma and its associated symptoms.

