Early experience of emergency laparoscopic repair of groin hernias within an Emergency Surgical Unit (ESU).

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INTRODUCTION

The majority of emergency groin hernias are still repaired via the open approach.
Laparoscopic repair istill remains uncommon despite being the standard approach for appendicectomies, and cholecystectomies for typical emergency cases.
The ESU presents a unique opportunity whereby a senior surgeon is involved with surgical emergencies early and is available to decide and operate on suitable cases for laparoscopic hernia repair.
We reviewed our institution's outcomes for emergency laparoscopic repair of groin hernia – these cases typically are admitted via the emergency department and are managed by the ESU.

METHODS

STUDY DESIGN A retrospective analysis.
SAMPLE CASES Patients admitted in the last 6 years from June 2016 until June 2022 and underwent emergency laparoscopic repair of groin hernias during the same admission.
MEASURES Patient's demographic details, type of hernia, operative findings, time and type of hernia repair, post operative course, and complications were extracted.

RESULTS

Table 1: Patients characteristics

	All (n=1)
Mean Age (Range)	61 (23 – 94)
Gender (M:F)	28 : 7
Hernia Types	
Unilateral Inguinal	25
Bilateral Inguinal	6
Femoral	1
Obturator	3
Method of Repair	
TAPP (%)	57.14
TEP (%)	40.00
Convert to Open (%)	2.86
Post op Complications	
Post op seroma	4
Mesh infection	0
Mean Length of Stay (Range)	3.11 (1.00 – 14.00)

TAPP: transabdominal pre-peritoneal
TEP: total extra-peritoneal

A total of 35 patients with a mean age of 61 (range 23-94) years old underwent emergency laparoscopic repair of groin hernias.

All cases were reviewed within 12 hours and performed by consultant surgeons with a mean operative time of 101.08 +- 46.89 mins.

2 cases required bowel resection after hernia repair were performed laparoscopically and only 1 case was converted to open repair due to serosal tears during dissection.

There were 3 cases of obturator hernias that were repaired successfully laparoscopically.

Majority of patients (68.6%) tolerated diet by the next post op date.

The mean post-operative stay was 3.11 days.

There were no mesh infection but 4 patients developed post-operative seroma that was treated conservatively. There were no recurrence at short team follow-up.

CONCLUSION

- ❑ Emergency laparoscopic repair of groin hernias is feasible with good outcomes.
- ❑ The benefits of laparoscopic repair includes the ability to assess bowel integrity even after hernia repair, to deal with recurrent, bilateral, and even obturator hernia easily as well as faster post operative recovery.
- ❑ An emergency surgical unit (ESU) allows for careful patient selection with experienced surgeons which are essential for success.
- ❑ Operative time is longer due to cases of bilateral hernias as well as the initial learning curve.