SAGES

Clevland , Ohio
2024

Retrospective analysis of enhanced view total extraperitoneal repair for ventral and inguinal hernia

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Introduction

- Hernia surgery remains one of the commonest surgeries performed all over the world.
- eTEP technique is advancement in repair of ventral and inguinal hernia.
- Totally extraperitoneal repair avoids complication of pneumoperitoneum
- Economically better as composite mesh with anti –adhesion barrier is not needed unlike in IPOM

Methods

- Retrospective data –electronically maintained database of patient of a prospective study
- Study period- January 2022 to till now
- Data included demographic profile, clinical examination , type of hernia including both inguinal and ventral hernia
- All patient went under eTEP mesh repair
- Post operative data collected, analysed and early outcome assessed

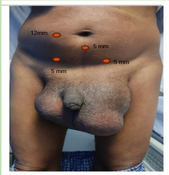
Advantages

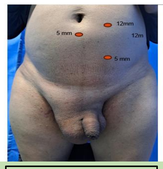
- Large mesh - low recurrence
- Retro-muscular mesh placement
- Highly vascular - reduced infection
- Rapid effortless creation of large extraperitoneal space
- Lower cost –no tacker/no proceed mesh

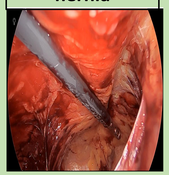
Steps Of surgery

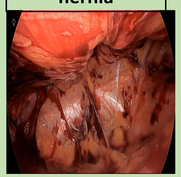
Inguinal Hernia

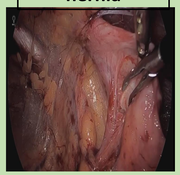

Left Inguinal hernia

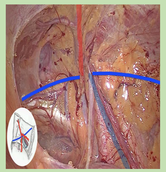

Bilateral inguinal hernia

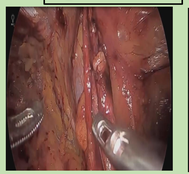

Right inguinal hernia

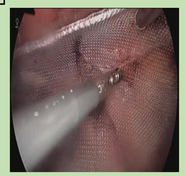

Crossover


Coopers ligament

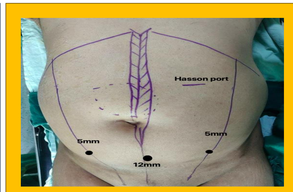

Hernia sac


Mercedes benz sign


Triangle of doom

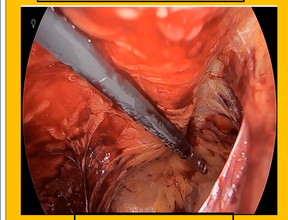

Mesh place

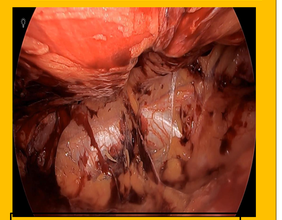
Ventral Hernia

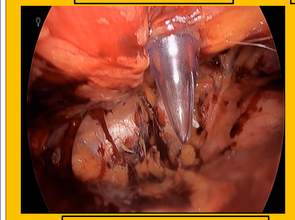


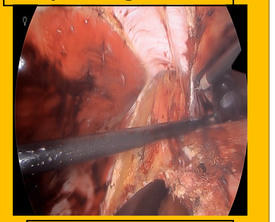
Port position


Table position

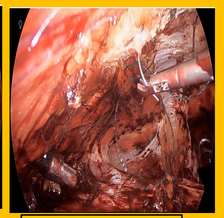

Crossover

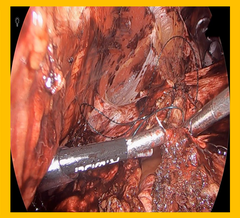

Cooper`s ligament

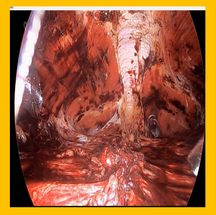

Pelvic Port

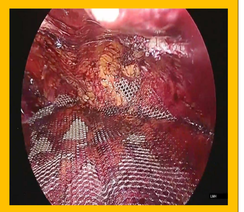

PRS cut medial edge


Defect in ant sheath


Defect closure


PRS closure


PRS closed


Mesh placed

Results

Demographic profile

- N= 42
- Male : Female :: 24:18
- Mean age: 44 years
- Type of hernia
  - Ventral hernia: 31
    - Incisional-7
    - Epigastric-9
    - Umbilical-15
  - Inguinal hernia: 11
    - Unilateal-9
    - B/L-2

Intraop

- Mean duration- 70 minutes
- Inadverent peritoneal tear was seen in 6 cases in which peritoneal cavity was decompressed by inserting veress needle

Post op period

- Pain
  - VAS score
    - 3-4 - 28 patient
    - 6-7 - 11 patient
    - 8-9 – 3 patient
- Reexplore- zero
- Patient discharged with drain-21 due to high output and removed on weekly follow up

Follow up

- At end of 1 month
  - Recurrence- 0
  - Seroma -1
- At 3 month
  - Recurrence-0
  - Seroma- resolved

Conclusion

- Based on our experience on eTEP technique we believe it has the potential to be the ideal technique for inguinal as well as ventral hernia repair with minimal early postoperative complication ,reduced local wound morbidity ,enhanced recovery and early discharge