OUR TAILORED LAPAROSCOPIC APPROACH TO LARGE GROIN HERNIAS INCORPORATING OUR NOVEL SURGICAL TECHNIQUES

AUTHORS

Mehak Mahipal, Clement Loh, Lydia Tan, Sean Lee, A/Prof Sujith Wijerathne, Prof Davide Lomanto

AFFILIATIONS

Department of Surgery, National University Hospital
Advanced Surgery Training Centre, National University of Singapore

METHODOLOGY

TEP/TAPP+: direct hernia defect closure with incorporation of the pseudosac (No. of patients = 241)

mTEP: division of arcuate line and posterior sheath beyond ASIS to incorporate larger mesh, and closure of indirect hernia defect with obliteration of the hernia sac (No. of patients = 18)

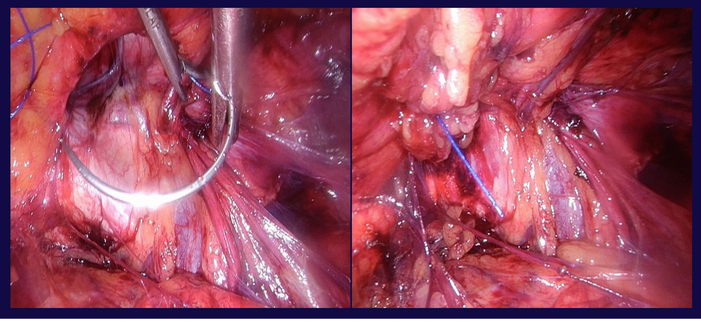
NATURE (Nerves And Transversalis-fascia Using RopivacainE): infiltration of local anaesthesia at specific anatomical locations during laparosocpic hernia surgery. (No. of patients = 97)

Groin hernia repair is one of the most commonly performed surgeries in the world and has evolved dramatically from the days of primary suture repairs and the subsequent revolutionary “tension-free” anterior approach. In recent times, the laparoscopic approach to the repair of groin hernias has been extensively adopted worldwide owing to faster recovery times and lower risk of chronic pain. However, this approach in large and complex inguinal hernia is still an evolving paradigm due to some related complications like seroma formation and higher recurrence rates.

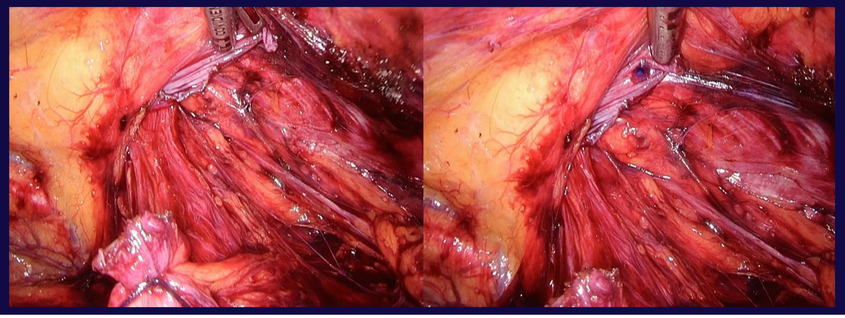
Based on our two decade experience, in our Hernia Centre, we have adopted a modified and tailored approach for adult large groin hernia repair (reducible and non-reducible, inguinal, inguino-scrotal and femoral).

Two novel techniques: TEP/TAPP PLUS (for large direct hernias) and modified TEP (mTEP for large indirect hernias) in combination with a preoperative nerve block named NATURE (intra-operative analgesic control)

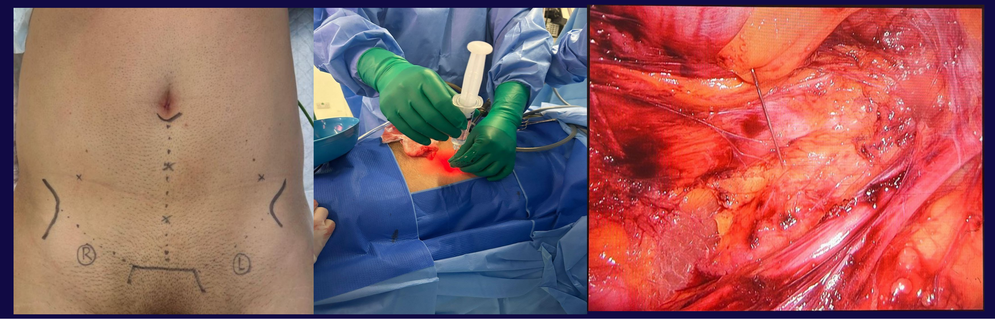
TEP/TAPP PLUS



modified TEP



NATURE



CONCLUSION

Our tailored approach utilising our novel endo-laparoscopic techniques (TEP+ , mTEP , NATURE) minimizes morbidity (pain, seroma formation) and recurrence associated with repair of large groin hernias (inguinal, inguino-scrotal and femoral).

