

Laparoscopic Inguinal Hernia Repair in Modern Era

The Inguinal Hernia Repair is one of the oldest operations. The surgical history dates back to ancient Egypt. Bassini started classical hernia repair which in modern era is replaced by mesh based open and laparoscopic repair. This advancement parallels closely with the evolution in anatomical understanding and development of Laparoscopic techniques in general surgery.^{1,2}

75 % of all abdominal wall hernias are inguinal hernia. There is lifetime risk of 15% in men and 3% in women. Inguinal hernia surgery is one of the commonly performed surgeries in the world.³

In United States inguinal herniorrhaphy accounts for approximately 800,000 cases annually.⁴

Most randomized studies comparing laparoscopic to open repair have confirmed the definite advantage of reduced postoperative pain and earlier return to work. Disadvantages include, increased cost, lengthy operation time, steeper learning curve, higher recurrence and complication rates early in a surgeon's experience.^{5,6}

Tension-free groin hernia repair by laparoscopy in the hands of adequately trained surgeons produces excellent results comparable to those of open repair.^{7,8}

Laparoscopic hernia repair can be carried out by following three ways.

1. Total extraperitoneal [TEP] in which mesh is applied extraperitoneally
2. Transabdominal pre peritoneal [TAPP] In which through abdomen preperitoneal space is exposed and mesh is placed preperitoneally.
3. Intraperitoneal onlay technique [IPOM]. A dual layer mesh is placed over the myopectineal orifices transabdominally and fixed in place.

The most commonly performed techniques are TEP and TAPP repairs.^{5,6,7}

Eklund et al found that at 5 years followup, 1.9% of patients who have undergone laparoscopic hernia repair report moderate to severe pain compared with 3.5% of those in the open repair group.⁹

Poor familiarity with the complex anatomy of the posterior inguinal region is an important contributor to the steepness of the laparoscopic inguinal herniorrhaphy learning curve. The preperitoneal space is contained between the fascia transversalis and the parietal peritoneum. It contains loose areolar tissue and adipose tissue and the inferior epigastric vessels.

We will have to learn adequately about the anatomy of the pre-peritoneal space after that one

will be able to perform laparoscopic inguinal hernia repair.

In developed countries the laparoscopic groin hernia repair is popular and accepted way of treating groin hernias, and it is slowly gaining acceptability in developing world.

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