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Necessary of mesh fixation in laparoscopic inguinal hernia repair

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Laparoscopic inguinal repair with mesh fixation is a faster and widely used procedure now a days. However, chronic groin pain has been thought to be a consequence of mesh fixation. This retrospective analysis of prospective study analyzed the outcome of people who underwent keyhole surgery for inguinal hernia repair using mesh with or without fixation.

Statement of Method:

For all patients who underwent elective laparoscopic inguinal hernia repair for a period of 1 year included, a pre-tested questionnaire included information regarding the patient demographics, operative details including type of repair, fixation method if done, conversion to open, peri-operative complications, recurrence, and follow-up. Summary of the result, 232 LIHR were performed on 214 patients with 18 bilateral inguinal hernia repairs. 208 (91%) were performed on male patients and the median age at operation was 56 (IQR: 46-67). TEP and TAPP techniques were split equally with 116 of each performed. 1/214 patients required conversion to open procedure. The most widely used mesh was Bard 3DMax, 116/232 (50%), followed by Bard 3DMax™ Light, 74/232 (31%). Non-fixation was used in 223/232 (96%) LIHRs. Protac fixation was the most commonly used fixation method, 5/232 (2.3%) followed by Sorbafix, 4/232 (1.9%). Recurrence was seen in 2/232 (0.9%), one following TAPP repair using soft mesh and the other following a TEP repair using Bard 3DMax Light. Chronic pain was reported in 6/214 (2.8%) patients undergoing LIHR, but no difference was noted in type of mesh or fixation method. Testicular atrophy was not reported in any of the patients in this series. Consultants and registrars performed 169(79%) and 45(21%) cases respectively without any difference in outcome.

Conclusion:

This series describes a cohort of patients undergoing LIHR largely without mesh fixation using contour designed mesh using both TEP and TAPP techniques. The outcomes in these patients are in keeping with the reported rates in the literature suggesting that non-fixation is a safe and feasible practice but highlights the need for further research in this topic especially for the TAPP technique.

Biography:

Dr Umer Qureshi has completed his MBBS at age of 24 from Bolan medical College Pakistan and thereafter, finish 4-year fellowship general surgical training FCPS in Pakistan. He continued surgical practice in Pakistan. Now he is currently working in General & Colorectal surgery in The Royal Oldham Hospital (Northern Care Alliance NHS foundation Trust). He has published 2 articles and highly interested in publishing more research publications in the field of general surgery.

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