

HERNIA DEFECT CLOSURE WITH CORRESPONDING MESH SITE FIXATION ONLY IN LAPAROSCOPIC INGUINAL HERNIA REPAIR

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Background: The role of the mesh is very important in hernia repair especially in the endoscopic technique. The fixation by penetrating techniques is associated with a significantly increased risk of developing a post-hernioplasty pain syndrome. Tension free technique is associated with increased risk of mesh bulging or migration and recurrence. We have presented our technique in which the mesh is fixed by one suture at its centre and peripheral tension free.

Methods: This study included 75 male patients, suffering from inguinal hernias. Transabdominal preperitoneal (TAPP) technique was used in which the mesh was fixed by one suture at its centre and leaving peripheral mesh parts free. The intra and post-operative complications were recorded.

Results: The mean hospital stay was 1.2 days. The mean age was 41.3 years. The operative time ranged from 40 to 120 minutes. Mild bleeding was occurred in 9 patients (12%) during hernia sac dissection. Postoperative complications were mild inguinal pain in 5 patients (6.7%) for three weeks, and mild hydrocele in 10 (13.3%). No recurrence or mesh bulging or migration was noticed during the period of follow up (range 3 to 24 months).

Conclusion: Our procedure for mesh fixation during transabdominal preperitoneal laparoscopic inguinal hernia repair is easy, cost effective, associated with good results and free of complications.

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