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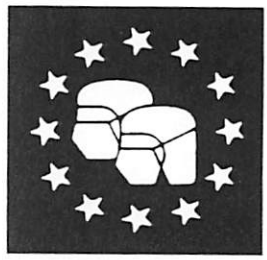

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Contents

Laparoscopic transabdominal preperitoneal (TAPP) technique in the treatment of groin hernias

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There are several techniques for laparoscopic repair of inguinal hernias. Only two of these spread in the clinical practice; implantation of a mesh through transabdominal preperitoneal and total preperitoneal way, all of the others did not become generally used operation because of their complications and unacceptably high recurrence rate. In two departments 200 laparoscopic hernia repair have been performed at 165 patients by TAPP technique for three and a half years. Thirty-three patients (21·2 per cent=35/165) had bilateral hernias, and the indication of surgery was recurrent hernia after traditional herniorraphy in 67 cases (=33·5 per cent). Femoral hernias were operated on at three female patients. There were no intraoperative complications except damage to epigastric vessels in two cases which were easily managed through laparoscopy. Postoperative complications included three (1·5 per cent) hydroceles, nine (4·5 per cent) spontaneously resolving neuralgia and one (0·5 per cent) umbilical trocar hernia. All of the seven (3·5 per cent) recurrent hernias were developed during the first (1–4 months) after surgery, and were able to be explained with the lack of skill. There was only one recurrence from the last 100 cases. The advantages of the operations are the minimal postoperative pain, the lack of wound infections, early return to the normal activity (1–2 weeks after surgery) and in particular the more favourable conditions in the treatment of recurrent and bilateral hernias.

Calibrated inguinal hernioplasty with multiple plugs (variant of Trabucco repair)

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The authors propose to modify the Trabucco repair in the treatment of primary inguinal hernias, using one or more plugs and a standard double layer polypropylene mesh, fitting its hole to the variable distance of the funiculus from the pubic tubercle. From 1994 to 1997 the authors operated on 636 inguinal hernias distributed, according to Gilbert's classification modified by Rutwok and Robbins, as follows: I – 27 (4·2 per cent); II – 268 (42·1 per cent); III – 110 (17·3 per cent); IV – 106 (16·7 per cent); V – 3 (0·5 per cent); VI – 122 (19·2 per cent). A classic Trabucco repair was performed in 420 cases (66 per cent); in the remaining 216, two, three, four plugs were employed respectively (177, 38 and one case). Multiple plugs were used to reduce voluminous hernia sacs, suturing over them the disrupted fascia transversalis to the iliopubic tract. The calibrated repair was immediately assessed by stress test: 629 patients received local anaesthesia (98·9 per cent), three spinal (0·5 per cent) and only four narcosis (0·6 per cent). All the patients operated on under local anaesthesia ambulated immediately, had a meal shortly afterwards and were discharged within 24 hours. The following parameters have been used to value the method: hospital and domiciliary analgesic requirement (293 and 174 patients, 46 per cent and 27 per cent respectively), postoperative complications (10 patients, 1·6 per cent), driving cars and return to work of self-employed patients within five days (207 out of 248 and 76 out of 115 interviewed). During a 0 to 4-year follow-up, only one recurrence has occurred (0·16 per cent). The proposed technique permits a calibrated reconstruction of the posterior wall, with scanty pain, prompt functional rehabilitation and early return to unrestricted work.

Laparoscopic surgery for huge abdominal hernia: a series of 45 cases

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We report a retrospective analysis of 45 elderly and obese patients between 45–75 years who underwent laparoscopic cure of a huge ventral hernia between January 1994 and January 1997. This technique is perfectly adapted to elderly and obese patients. Complications are less frequent and better tolerated than for conventional open surgery. In this series, the success rate was 93·33 per cent with technique-related complications 5·5 per cent. None of the patients is dead. Three patients developed a later recurrence.

Prosthetic repair of incisional hernias

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In this retrospective study, evaluation of 161 cases of primary or incisional hernia operated by prosthetic repair and long term results of 60 cases were presented. In 74 patients mersilene mesh (Group I), in 74 patients prolene mesh (Group II) and in 13 patients steel mesh were applied. One hundred and forty-seven cases were postoperative ventral, primary umbilical or paraumbilical hernias and six cases were postoperative lumbar hernia. 'Strengthened primary repair' was applied in 153 cases. In eight patients the defect could not be closed primarily. In Group I, complication rate of early period was 17·5 per cent and that of late period was 4 per cent. The recurrence rate was 7 per cent and rejection rate was 6·7 per cent. In Group II complication rate of early period was 10·7 per cent and that of period was 2 per cent. The recurrence rate was 3·2 per cent and rejection rate was 2·7 per cent. Apart from surgical procedures used in recurrent hernias of abdominal wall, when indicated, prosthetic repair is especially useful in cases where tissues are not enough and repair is weak. As a result, we thought that in prosthetic materials, prolene mesh has an advantage over mersilene mesh.

Functional subfascial hernioplasty: a new technique in repairing groin hernias

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Aim: Many procedures have been described to repair groin hernias. The lowest rate of recurrences has been achieved with prostetic meshes. We have developed an alternative procedure for repairing inguinal hernias, using a polypropylene mesh, in retrofascial position, without opening the transversalis fascia and with anatomical reconstruction.
Material and methods: From January 1996 to June 1997, 39 patients with uncomplicated unilateral inguinal hernia were operated on. Local anaesthesia was used in nine cases, general anaesthesia in the other 30. According to the Gilbert–Rutkow classification the group included three type II patients, 15 type III, 21 type IV. One dose of Cefminox (2 g) was administered prior to the operation in all cases.

Anterior approach of the inguinal region. External oblique aponcurosis and cremaster muscle are cut longitudinally following their fibres. The sac is dissected, free of the cord elements, being replaced into the abdominal cavity when medium size and transsected when too large. Direct hernias are dissected and reduced through the internal ring. In none of the cases