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TOTAL EXTRAPERITONEAL APPROACH FOR INGUINAL HERNIA REPAIR IN CAMBODIA

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Inguinal hernia can be repaired through open or endo-laparoscopic technique. Total extraperitoneal (TEP) inguinal hernia repair requires a proper training in order to be mastered with low recurrence and complications. As all Endolap techniques including hernia repair faces a higher cost due to the equipment, mesh, fixation devices and training; this is a challenge and limitation in the adoption in developing countries like Cambodia. Based on our experience with laparoscopic cholecystectomy and appendectomy, our aim was to start endolaparoscopic hernia repair using the totally extraperitoneal (TEP) approach. Before starting, we attended ELSA OP basic and advanced suturing course and MESDA hernia workshop in Thailand. From Apr' 2016 till Mar' 2018, a total of 12 patients (11 Male and 1 Female) underwent TEP repair. We performed eight unilateral repairs and four bilateral repairs. The laparoscopic hernia repair was performed under GA using standard 3-port technique on the midline below the umbilical. A 10x15 polypropylene mesh was used without fixation. The mean age was 30 yrs (range 25-60). The overall mean operative time was 90 min (range: 45-165 min); bilateral repairs took 60% longer than unilateral repairs. Four patients (33%) had conversion to open surgery, seven patients (58%) had peritoneal tear, two patients developed scrotal haematoma and one patient (8.3%) had recurrence at one year. The mean in-patient hospital stay was two days. Laparoscopic inguinal hernia repair is a relatively new approach in our country and surgical experience and training is mandatory to achieve an acceptable recurrence and complication rate. An adequate anatomical dissection together with a correct mesh size placement and eventually fixation are the key factors. Cost reduction is important for a wider utilization and this can be achieved in developing countries with simple polypropylene mesh and selective fixation. Laparoscopic approach remains a good alternative and feasible method to open hernia surgery also in developing countries and can be adopted with minimum morbidity and good clinical outcome.

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