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ASSISTED TOTALLY EXTRAPERITONEAL (ATEP) LAPAROSCOPIC HERNIOPLASTY: A NEW TECHNIQUE INNOVATED FOR LARGE INGUINAL HERNIAS

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Background: The most difficult and tedious step in total extraperitoneal (TEP) laparoscopic hernia repair is the dissection of the sac from the cord structures especially in large inguinal hernias reaching the bottom of the scrotum. The possibilities of bleeding, vas injury and missing part of the sac lie mostly in this step. We introduced this modification to the procedure to accomplish this step through a small incision at the neck of the scrotum while sparing the second operator port.

Aim: The aim of this study is to evaluate this new technique of assisted totally extraperitoneal laparoscopic hernioplasty in management of patients with large inguinal hernias.

Patients & Methods: This study was conducted on 124 male patients with large inguinal hernias who were randomly arranged into two equal groups: group I included 62 patients who underwent the classical TEP laparoscopic hernioplasty and group II included 62 patients who underwent the new modification assisted total extraperitoneal (ATEP) laparoscopic hernioplasty. The two groups were compared regarding the operative time, intra-operative and extra-operative complications, postoperative pain and cosmetic results.

Results: There were statistically significant reduction in the operative time, the incidence of intra-operative bleeding, vas injury and incomplete sac excision and post-operative shoulder pain in group II compared to group I with more or less similar cosmetic results.

Conclusion: ATEP laparoscopic hernioplasty is a safe and effective procedure to manage patients with large inguinal hernias and achieved better control with lower morbidity than the classic TEP laparoscopic hernioplasty.

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