

TAPP laparoscopic repair for inguinal hernia using glue fixation – our initial experience

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INTRODUCTION

TAPP laparoscopic repair is gaining wide acceptance in the last years. There are several concerns regarding this technique, such as dangerous anatomical areas, postoperative pain, and recurrence rate. To overcome those aspects we used glue fixation with a novel device (Fix 8).

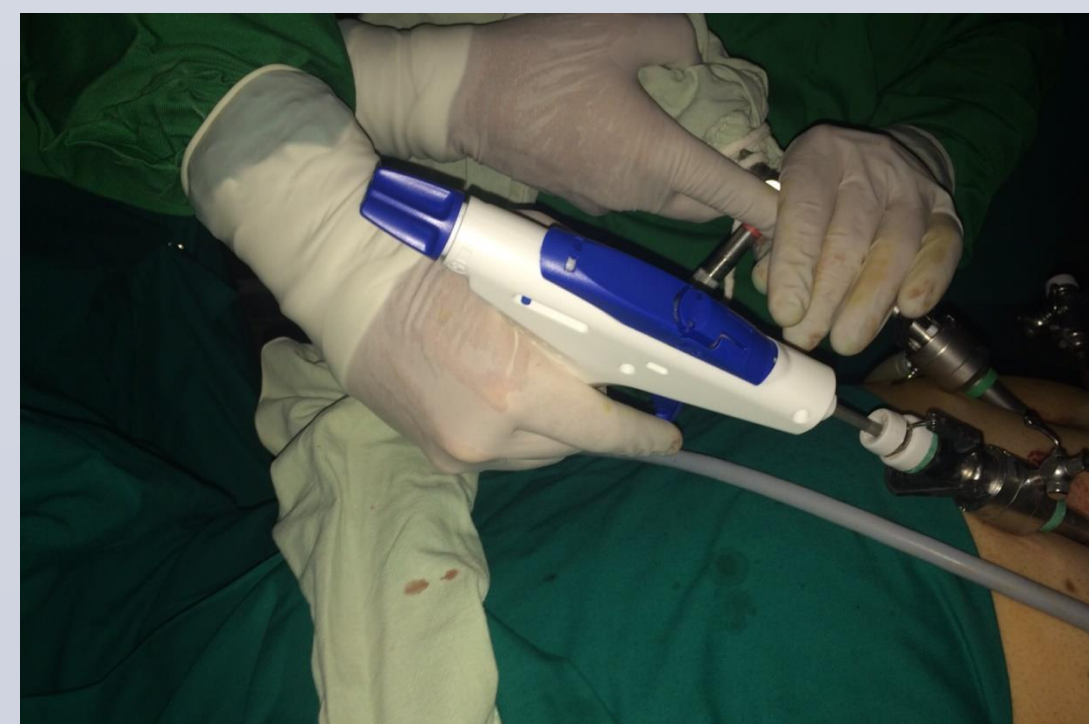
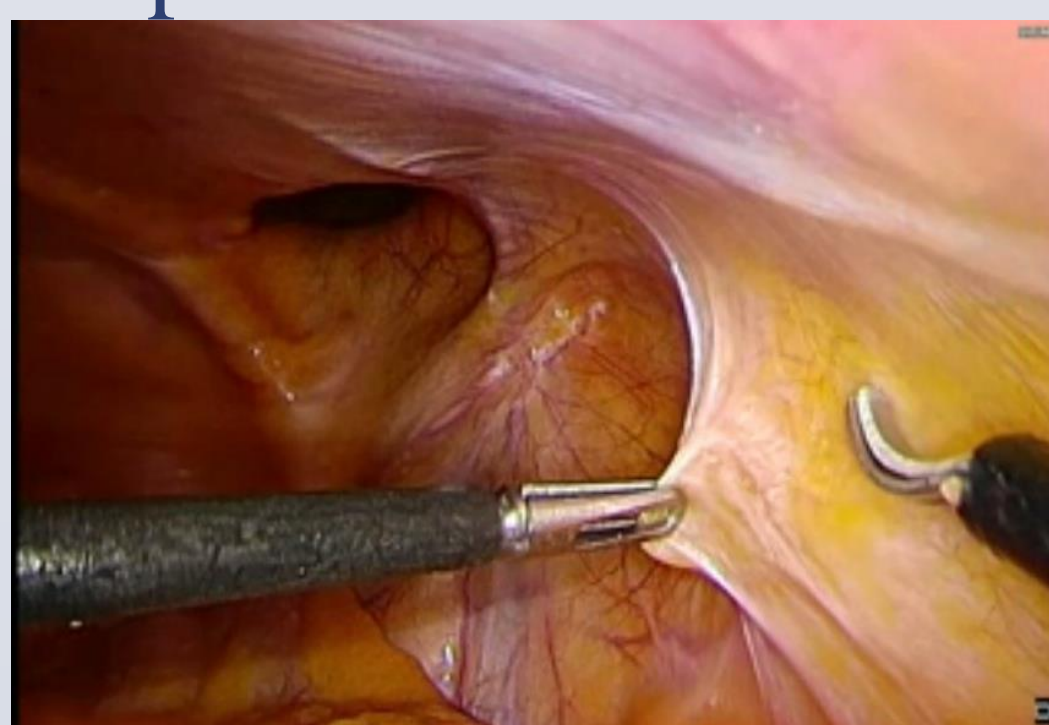
STUDY

We performed a retrospective study of our initial experience of TAPP with glue fixation.

A group of 13 patients were operated during 2015. All subjects were male, age between 26 – 59 y.o. Most of them (12 pts.) had unilateral hernia.

RESULTS

- A proper and safe fixation was obtained in all cases, with no recurrence encountered so far.
- The operating time was not prolonged, due to the design of the device.
- There was no postoperative pain. (VAS Score).
- Patients were able to resume normal activity after 2 weeks.
- No allergic reactions, deep pelvic infections or other complications were observed.



DISCUSSIONS

Hernia (2009) 13:343–403
DOI 10.1007/s10029-009-0529-7

EDITORIAL

European Hernia Society guidelines on the treatment of inguinal hernia in adult patients

M. P. Simons · T. Aufenacker · M. Bay-Nielsen · J. L. Bouillot · G. Campanelli · J. Conze · D. de Lange · R. Fortelny · T. Heikkinen · A. Kingsnorth · J. Kukleta · S. Morales-Conde · P. Nordin · V. Schumpelick · S. Smedberg · M. Smietanski · G. Weber · M. Miserez

Grade A All male adult (>30 years) patients with a symptomatic inguinal hernia should be operated on using a mesh technique.

The open Lichtenstein and endoscopic inguinal hernia techniques are recommended as the best evidence-based options for the repair of a primary unilateral hernia, providing the surgeon is sufficiently experienced in the specific procedure.

Surg Endosc
DOI 10.1007/s00464-013-3001-9

CONSENSUS STATEMENT

EAES Consensus Development Conference on endoscopic repair of groin hernias

M. M. Poelman · B. van den Heuvel · J. D. Deelder · G. S. A. Abis · N. Beudeker · R. R. Bittner · G. Campanelli · D. van Dam · B. J. Dwaars · H. H. Eker · A. Fingerhut · I. Khatkov · F. Koeckerling · J. F. Kukleta · M. Miserez · A. Montgomery · R. M. Munoz Brands · S. Morales Conde · F. E. Muysoms · M. Soltes · W. Tromp · Y. Yavuz · H. J. Bonjer

Endoscopic repair in the young individual

15. Groin hernias in young, active adults are preferably repaired with an endoscopic technique. (LoE: 1a; LoC: consensus, 112 of 148 = 76 %)
29. Tacker or suture fixation for groin hernia (with the exception of large direct inguinal hernias) should be avoided. (LoE: 5; LoC: majority, 104 of 158 = 66 %)

Hernia (2014) 18:151–163
DOI 10.1007/s10029-014-1236-6

REVIEW

Update with level 1 studies of the European Hernia Society guidelines on the treatment of inguinal hernia in adult patients

M. Miserez · E. Peeters · T. Aufenacker · J. L. Bouillot · G. Campanelli · J. Conze · R. Fortelny · T. Heikkinen · L. N. Jorgensen · J. Kukleta · S. Morales-Conde · P. Nordin · V. Schumpelick · S. Smedberg · M. Smietanski · G. Weber · M. P. Simons

Conclusions

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| Level 1A | Traumatic mesh fixation (non-resorbable devices) in TEP (with heavyweight mesh) is unnecessary in most cases. |
| Level 1B | There is possibly a short-term benefit (postoperative pain) of atraumatic mesh fixation in the Lichtenstein procedure and in endoscopic procedures (TAPP). It offers no benefit with respect to chronic pain. |
| Grade B | When using heavyweight meshes, traumatic mesh fixation in TEP endoscopic repair should be avoided (with exception for some cases like large direct hernias).
Atraumatic mesh fixation in the Lichtenstein technique and in TAPP endoscopic repair can be used without increasing the recurrence rate at 1 year. |

CONCLUSIONS

Glue fixation seems to offer a proper and safe mesh fixation during TAPP repair, without any concerns regarding dangerous areas and no postoperative pain. This allows a faster recovery and return to normal activity for the patients.