II Congreso
Sociedad Hispanoamericana de Hernia
3, 4 y 5 de mayo de 2018
Aula Magna de la Fundación Jiménez Díaz
Madrid - España

# CIRUGIA MINI INVASIVA EN HERNIA INGUINAL… Por qué ?

Luis Gabriel González Higuera
Hospital Central Policía Nacional
Bogotá-Colombia

# Recurrences After Conventional Anterior and Laparoscopic Inguinal Hernia Repair

## A Randomized Comparison

Mike S. L. Liem, MD,* Eino B. van Duyn, MD,* Yolanda van der Graaf, MD,† and Theo J. M. V. van Vroonhoven, MD* on behalf of the Coala Trial Group

Menor recidiva

Menor dolor POP

Compara técnicas con y sin tensión

Seguimiento a 5 años

Liem MS, van Duyn EB, van Der Graaf Y. Ann Surg 2003; 237(1): 136-141

Meta-analysis

# Meta-analysis of randomized clinical trials comparing open and laparoscopic inguinal hernia repair

M. A. Memon[1], N. J. Cooper[2], B. Memon[3], M. I. Memon[4] and K. R. Abrams[2]

[1]Department of Surgery, Nottingham City Hospital, Nottingham, [2]Department of Epidemiology and Public Health, University of Leicester, Leicester, [3]Bolton Institute, Bolton and [4]Department of Community Health, Preston Primary Care Trust and Multicultural Studies Centre, Bolton Institute, Bolton, UK

*Correspondence to:* Mr M. A. Memon, Astley House, Whitehall Road, Darwen BB3 2LH, UK (e-mail: mmemon@yahoo.com)

- Alta precoz.
- Retorno rápido actividades diarias.
- Menos complicaciones.
- Mayor tiempo operatorio.
- Mínimo aumento de la recurrencia

Memom MA, Cooper NJ, Memom B, Memom MI, Abrams KR. Br J Surg 2003; 90:1479-92

From *The Cochrane Library, Issue 3, 2004*. Chichester, UK: John Wiley & Sons, Ltd. All rights reserved.

# Laparoscopic techniques versus open techniques for inguinal hernia repair (Cochrane Review)

McCormack K, Scott NW, Go PMNYH, Ross S, Grant AM on behalf of the EU Hernia Trialists Collaboration

- Mayor tiempo quirúrgico
- Ligero aumento de complicaciones mayores
- Menor incapacidad laboral
- Rapido retorno a ABC
- Menor DICP
- Menor frecuencia de presentación de parestesias y alodinia
- Menor recidiva que la cirugia abierta con y sin uso de malla

# Laparoscopic surgery for inguinal hernia repair: systematic review of effectiveness and economic evaluation

- 37 evaluación Qx y 14 evaluación económica.
- Rápido retorno a actividades diarias.
- Menos DICP y disestesias.
- Menos complicaciones de la herida.
- Menos seromas y hematomas.
- Recidiva similar.
- Mayor el costo directo...pero, si se considera la < incapacidad = > el costo de cx abierta

McCormack K, Wake B, Perez J, et al. Health Technol Assess 2005;9(14): 1-203

# Laparoscopic surgery for inguinal hernia repair: systematic review of effectiveness and economic evaluation

**UNILATERAL**

- Mayor costo
- Mejor QOL

**BILATERAL**

- Mejor costo-efectividad con LAP.
- Mucho mejor en QOL

**FUNDAMENTAL**: Buen entrenamiento!

McCormack K, Wake B, Perez J, et al. Health Technol Assess 2005;9(14): 1-203

# Randomized Clinical Trial of Total Extraperitoneal Inguinal Hernioplasty vs Lichtenstein Repair

## *A Long-term Follow-up Study*

*Hasan H. Eker, MD; Hester R. Langeveld, MD; Pieter J. Klitsie, MD; Martijne van't Riet, MD, PhD; Laurents P. S. Stassen, MD, PhD; Wibo F. Weidema, MD, PhD; Ewout W. Steyerberg, PhD; Johan F. Lange, MD, PhD; Hendrik J. Bonjer, MD, PhD; Johannes Jeekel, MD, PhD*

660 pacientes

5 años seguimento.

Menor dolor crónico pop, ↓ parestesias (1x22%).

Rápido retorno al trabajo.

Mayor costo directo TEP, Costo total similar.

Mayor satisfacción de los pacientes con TEP.

Menor recurrencia con cirujanos expertos.

Eker HH. Arch Surg 2012; 147: 256-60

# Laparoscopic Versus Open Inguinal Hernia Repair

Leandro Totti Cavazzola, MD, PhD[a,*], Michael J. Rosen, MD[b]

**KEY POINTS**

- The laparoscopic approach to inguinal hernia surgery is a safe and reliable method with a similar recurrence rate as the open tension-free mesh repair.
- Because the laparoscopic approach shows clear advantages with regard to less chronic postoperative pain and numbness, fast return to normal activities, and a decrease in the incidence of wound infection and hematoma, it should be considered an appropriate approach for inguinal hernia surgery.
- The choice between the transabdominal preperitoneal (TAPP) procedure and the totally extraperitoneal (TEP) procedure should be based on patient and surgeon characteristics, because there is no evidence of superiority between either techniques.
- The use of lightweight mesh, with glue fixation (in TAPP procedures) or nonfixation (in TEP procedures), can achieve excellent results in the setting of a proficient surgeon.

Surg Clin N Am 93 (2013) 1269–1279

frontiers in SURGERY

MINI REVIEW ARTICLE
published: 20 June 2014
doi: 10.3389/fsurg.2014.00020

# Tailored approach in inguinal hernia repair – decision tree based on the guidelines

**Ferdinand Köckerling * and Christine Schug-Pass**

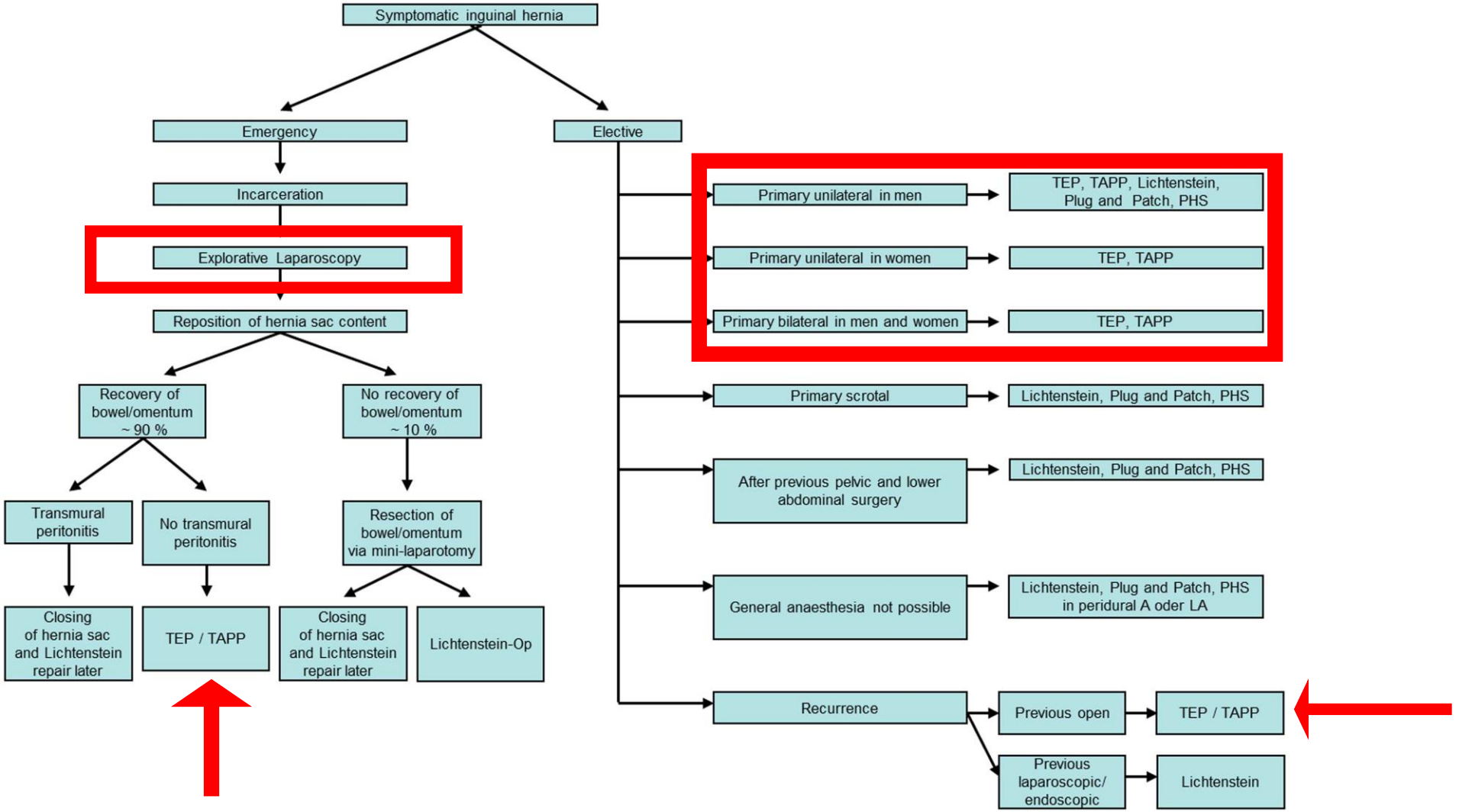
*Department of Surgery, Centre for Minimally Invasive Surgery, Vivantes Hospital Berlin, Academic Teaching Hospital of Charité Medical School, Berlin, Germany*

**Edited by:**
*René H. Fortelny, Wilhelminenspital, Austria*

**Reviewed by:**
*Frederik Helgstrand, University of Copenhagen, Denmark*
*Ulf Gunnarsson, Karolinska Institutet, Sweden*

***Correspondence:**
*Ferdinand Köckerling, Department of Surgery, Centre for Minimally Invasive Surgery, Vivantes Hospital Berlin, Academic Teaching Hospital of Charité Medical School, Neue Bergstrasse 6, Berlin 13585, Germany*
*e-mail: ferdinand.koeckerling@vivantes.de*

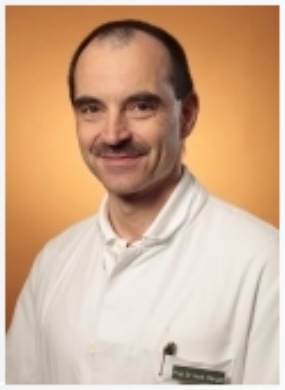
The endoscopic procedures TEP and TAPP and the open techniques Lichtenstein, Plug and Patch, and PHS currently represent the gold standard in inguinal hernia repair recommended in the guidelines of the European Hernia Society, the International Endohernia Society, and the European Association of Endoscopic Surgery. Eighty-two percent of experienced hernia surgeons use the "tailored approach," the differentiated use of the several inguinal hernia repair techniques depending on the findings of the patient, trying to minimize the risks. The following differential therapeutic situations must be distinguished in inguinal hernia repair: unilateral in men, unilateral in women, bilateral, scrotal, after previous pelvic and lower abdominal surgery, no general anesthesia possible, recurrence, and emergency surgery. Evidence-based guidelines and consensus conferences of experts give recommendations for the best approach in the individual situation of a patient. This review tries to summarize the recommendations of the various guidelines and to transfer them into a practical decision tree for the daily work of surgeons performing inguinal hernia repair.


Symptomatic inguinal hernia
Emergency
Elective
Incarceration
Explorative Laparoscopy
Reposition of hernia sac content
Recovery of bowel/omentum ~ 90 %
No recovery of bowel/omentum ~ 10 %
Transmural peritonitis
No transmural peritonitis
Resection of bowel/omentum via mini-laparotomy
Closing of hernia sac and Lichtenstein repair later
TEP / TAPP
Closing of hernia sac and Lichtenstein repair later
Lichtenstein-Op
Primary unilateral in men
TEP, TAPP, Lichtenstein, Plug and Patch, PHS
Primary unilateral in women
TEP, TAPP
Primary bilateral in men and women
TEP, TAPP
Primary scrotal
Lichtenstein, Plug and Patch, PHS
After previous pelvic and lower abdominal surgery
Lichtenstein, Plug and Patch, PHS
General anaesthesia not possible
Lichtenstein, Plug and Patch, PHS in peridural A oder LA
Recurrence
Previous open
TEP / TAPP
Previous laparoscopic/ endoscopic
Lichtenstein

CONTINUING MEDICAL EDUCATION

# Evidence-Based Hernia Treatment in Adults

Dieter Berger



**Head of Department**
**Prof. Dr. med. Dieter Berger**

KLINIKUM
MITTELBADEN

Municipal Clinic Baden-Baden
Dep. of Visceral Surgery
Balger Strasse 50
D-76532 Baden-Baden
Secretary:
Mrs. Marion Weingart
Tel.: +49(0)7221/91-2351

Deutsches Ärzteblatt International
Dtsch Arztebl Int 2016; 113: 150

Accepted on 19 January 2016.

# Hernia inguinal primaria

**TABLE 1**

**Treatment options for primary inguinal hernia**

| | Conserva-tive | Operative | open / anterior approach | laparoscopic / endoscopic |
|---|---|---|---|---|
| Unilateral hernia in a man, asymptomatic, non-progressive | + | + | + | + |
| Unilateral hernia in a man, symptomatic and/or progressive | – | + | + | + |
| Bilateral hernia in a man, asymptomatic, non-progressive | + | + | – | + |
| Bilateral hernia in a man, symptomatic and/or progressive | – | + | – | + |
| Hernia in a woman, unilateral/bilateral/asymptomatic/ symptomatic/non-progressive/progressive | – | + | – | + |

# Hernia inguinal recurrente

**TABLE 1**

**Treatment options for primary inguinal hernia**

| | Conserva-tive | Operative | open / anterior approach | laparoscopic / endoscopic |
|---|---|---|---|---|
| Unilateral hernia in a man, asymptomatic, non-progressive | + | + | + | + |
| Unilateral hernia in a man, symptomatic and/or progressive | – | + | + | + |
| Bilateral hernia in a man, asymptomatic, non-progressive | + | + | – | + |
| Bilateral hernia in a man, symptomatic and/or progressive | – | + | – | + |
| Hernia in a woman, unilateral/bilateral/asymptomatic/ symptomatic/non-progressive/progressive | – | + | – | + |

Hernia (
https://d

ORI

Inte

The H

Receive
© The

ssMark

## Statements and Recommendations

| | | | |
|---|---|---|---|
| *Statement* | When the surgeon has sufficient experience in the technique, laparo-endoscopic techniques do not take longer than Lichtenstein operations. | ☒☒☒☐ | |
| *Statement* | When the surgeon has sufficient experience, no significant differences are observed in the perioperative complications needing reoperation between the laparo-endoscopic and Lichtenstein techniques. | ☒☒☒☐ | |
| *Statement* | Laparo-endoscopic techniques have less chronic pain and a faster recovery than the Lichtenstein repair. | ☒☒☒☐ | |
| *Statement* | The direct operative costs for laparo-endoscopic inguinal hernia repair are higher. That difference decreases when the total community costs are taken into account and the surgeon has sufficient experience. | ☒☒☒☐ | |
| *Statement* | The learning curve for laparo-endoscopic techniques (especially TEP) is longer than for Lichtenstein. There are rare but severe complications mainly described early in the learning curve. It is imperative that laparo-endoscopic techniques be learned in a properly supervised manner in order to minimise complications.. | ☒☐☐☐ | |
| *Recommendation* | For male patients with primary unilateral inguinal hernia, a laparo-endoscopic technique is suggested because of a lower postoperative pain incidence and a reduction in chronic pain incidence, provided that a surgeon with specific expertise and sufficient resources is available. However, there are patient and hernia characteristics that warrant a Lichtenstein as first choice. (see chapter 7 on individualization) | ☒☒☒☐ | Weak downgraded |

EXPERTICIA!!!

# ¿Por que Herniolap?

| | | | |
|---|---|---|---|
| Menor DICP | Menor dolor agudo. | Mejor evaluación por los pacientes (Q-alis). | Menor incapacidad laboral. |
| Mas rápido ABC. | Menor tasa de complicaciones de la herida. | Se puede hacer con costo mínimo casi igual al de la cx abierta. | A mayor difusión de la técnica mejores resultados (<recidiva). |

¡Porque SÍ!

# ¡Gracias!

lugagonzalezh@hotmail.com

Especialista Cirugía General/Cirugía de Hernia