ABSTRACT

AIM OF THE STUDY:

The aim of this study is to understand the intraoperative and postoperative complications of laparoscopic inguinal hernia repair (TEP, TAPP) and formulate methods to prevent them.

MATERIALS AND METHODS:

This is a observational study consists of 50 patients who underwent laparoscopic inguinal hernia repair (TEP, TAPP) in our institution during 2012 to 2014. With the patient consent all their intra operative and postoperative complications were documented. Exclusion criteria includes other abdominal wall hernias, femoral hernia and patients who require emergency exploration.

OBSERVATIONS:

The following factors were taken into account,

1. Type of hernia
2. Type of hernia Vs complications
3. Operation time.
4. Operation time Vs complications.
5. Postoperative hospital stay.

Our observations were,

✓ Overall 50 patients were operated-5 u/l direct, 29 u/l indirect, 7 b/l direct and 7 b/l indirect.

✓ All were operated under general anesthesia.

✓ The mean operative time was 66.8 minutes

✓ There was no major complications

✓ Minor complications rate were 46% (23 patients)

✓ There was 4 minor complications namely, 1. surgical emphysema
  2. groin pain, 3. shoulder pain, 4. scrotal edema

✓ Surgical emphysema (21 patients, 42%) depends upon operation time

✓ Groin pain (11 patients-22% all are indirect) depends upon type of hernia mainly in indirect type, because of the dissection carried out for separating indirect sac.

✓ Shoulder pain (6 patients-12%) is directly proportional to the time of surgery (all were >90 minutes) probably due to retention of CO2 which lead to diaphragmatic intervention.
✓ Scrotal edema (6 patients - 12%) depends upon the type of hernia as it occurred only in indirect hernias due to the dissection for indirect sac

✓ All these minor complications were subsided with supportive care without any surgical intervention.

✓ Mean operation time in our study is 66.8 minutes.

✓ Mean Post operative hospital stay - 2.6 days.

✓ Laparoscopic hernia repair has a steep learning curve and time consuming in its initial phase but in later stage it can be done with shorter duration without any complications and with early postoperative recovery.

✓ Laparoscopic inguinal hernia repair also has the advantage of identifying contralateral and occult hernias.

CONCLUSION:

Laparoscopic hernia repair has a steep learning curve and fearsome complications but once mastered, it is the safest and efficacious technique with reduced operative time and early postoperative recovery. In our study (TEP) we encountered only minor complications all those complications were managed conservatively.
KEY WORDS

- TEP-TOTAL EXTRAPERITONEAL REPAIR.
- TAP-TRANSABDOMINAL PREPERITONEAL REPAIR.
- TRANSIENT GROIN PAIN.