

*Comparative study of complications following laparoscopic TEP versus TAPP
versus open hernioplasty in inguinal hernia repair*

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INTRODUCTION

Inguinal hernia can be repaired by any of the three methods of Lichtenstein open hernioplasty, Laparoscopic TEP or TAPP. The most scientific way to come to conclusion over superiority of one method over other is evidence-based medicine. Here we compare the intra-operative and immediate post-operative complications of 25 cases of primary unilateral inguinal hernia without complications treated with each method.

AIM AND OBJECTIVE

To compare the intra operative and early post-operative complications of laparoscopic hernioplasty TAPP versus TEP versus Lichtenstein tension free open hernioplasty.

MATERIALS AND METHODS

All cases of uncomplicated primary unilateral inguinal hernia operated in Stanley medical college were considered for the study. Intra operative

complications were seen and recorded. Post-operative pain was recorded based on Visual Analog Scale and requirement of analgesics. Post-operative complications like urinary retention, wound seroma, wound hematoma, wound infection, port site infection, recurrence, mesh infection, bowel complication was collected with clinical examination and complications recorded. The total duration of hospital stay is also noted.

RESULTS

Primary unilateral inguinal hernia without complications can be treated with Lichtenstein tension free open hernioplasty or laparoscopic trans abdominal preperitoneal hernioplasty or laparoscopic totally extraperitoneal hernioplasty. Lichtenstein open hernioplasty has advantage over laparoscopic repair in terms of shorter duration of surgery and learning curve. Although no major intra operative complications were noticed in the present study, literature shows evidence of major vessel and organ damage, even mortality following laparoscopic procedures. But laparoscopic hernia repair outscores Lichtenstein repair in terms of post-operative complications and early discharge of the patient. Among the laparoscopic hernia repair, between TEP and TAPP, TEP has statistically significant lesser complication rates and time of discharge. But these are surgeon dependent factors and varies between studies.

Hence according to the present study TEP is the best method of hernioplasty for a primary inguinal hernia. However, large scale studies and long-term follow-up studies are required to evaluate for the chronic pain, recurrence rates and learning curve in laparoscopic hernia repair.

KEYWORDS : inguinal, TEP, TAPP, Lichtenstein, hernioplasty.