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Titel des Beitrags: Laparoscopic preperitoneal inguinal hernia repair using preformed polyester mesh without fixation: prospective study with 1-year follow-up results in a rural setting.

Abstract: BACKGROUND: To review our case series regarding the effectiveness, postprocedure pain, and cost of totally extraperitoneal (TEP) procedure for inguinal hernia repair, using a preformed polyester mesh (PEM), without fixation with additional anchoring devices. METHODS: Prospective evaluation of all patients from March 2001 to July 2005 who underwent the above-described procedure in an outpatient setting in the rural southern United States using a preformed anatomic Parietex PEM with a minimum 1-year follow-up. All patients were evaluated at 1, 3-week, and 1-year postprocedure for recurrence, complications, and pain level assessment using a standardized questionnaire employing visual analog scale. RESULTS: A series of 108 patients consisting of 95 males and 13 females were operated on with a total of 157 hernias being repaired using laparoscopic techniques. The 1-year follow-up rate was 88.9% (n=96/108). Only 1 followed-up patient (n=1/96; 1.04%) or 0.71% (n=1/140) followed-up hernia repair had a recurrence after TEP repair noted at 1-week postoperative. Two patients had temporary urinary retention and there were no infectious complications or readmissions to the hospital. Visual analog scale pain score (0 to 10) at 1-month postprocedure averaged 0.37 and decreased to 0.03 at 1 year. The cost difference in our institution for all non-reusable material used in
laparoscopic hernia repair was US $116.77 more than for an open procedure. This was primarily caused by higher costs for the laparoscopic mesh. CONCLUSIONS: Laparoscopic TEP inguinal hernia repair with preformed PEM without additional fixation can be performed in a rural community hospital setting with minimal long-term postoperative pain and the procedure results are comparable with larger centers with only marginally increased costs over open hernia repair.