Laparoscopic Totally Extraperitoneal Inguinal Hernioplasty: An Audit of the Early Postoperative Results of 100 Consecutive Repairs

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Abstract

Introduction: With the establishment of a hernia specialist service at our medical centre in 1999, laparoscopic inguinal hernia repair was offered to all patients who presented with inguinal hernias. This is a report of our early experience of 100 consecutive laparoscopic totally extraperitoneal inguinal hernioplasties. Materials and Methods: Between June 1999 and January 2000, a total of 82 patients with 100 inguinal hernias underwent laparoscopic totally extraperitoneal hernioplasties. The mean age of the study population was 64 ± 16 (SD) years with a male to female ratio of 79:3. A prospective evaluation and analysis of perioperative outcomes were performed. Results: A total of 97 laparoscopic extraperitoneal inguinal hernioplasties were successfully performed. Three patients required conversion to transabdominal preperitoneal repair because of adhesion (n = 1), large peritoneal defect (n = 1) and the presence of bowel within hernial sac (n = 1). There were no other intraoperative complications. Postoperative morbidity included retention of urine (n = 4), asymptomatic groin collection (n = 4) and wound bruising (n = 2). All complications resolved uneventfully. The visual analogue pain score at rest was 2, 1 and 1 on postoperative days 0, 1 and 2, respectively. The mean length of hospital stay was 2 ± 1 (SD) days. Forty-seven patients (57%) returned to normal activities within one week. Conclusions: The early outcomes of laparoscopic extraperitoneal inguinal hernioplasties were encouraging. It confirmed the early success of laparoscopic repairs of inguinal hernias at our centre. Laparoscopic approach is a safe technique for repair of inguinal hernia in specialised centres.

Key words: Inguinal herniorrhaphy, Inguinal hernia, Laparoscopy

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