

# **The role of fibrin glue in decreasing chronic pain in laparoscopic totally extraperitoneal (TEP) inguinal hernia repair: a single surgeon's experience.**

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Publication Date: 2011

## **Abstract:**

**BACKGROUND:** Chronic pain is a disturbing severe complication of mesh inguinal hernia repair. Its risk, incidence, severity and its aetiologies vary widely in the literatures. It is well established that laparoscopic repair has decreased the incidence of chronic pain, but only to a certain degree. The main source of pain with this approach is staple fixation. Different ways of fixation were sought to avoid this problem.

**METHODS:** A review of the data collected prospectively, the cohort included 233 consecutive patients who underwent totally extraperitoneal (TEP) inguinal hernia repair by a single surgeon who used fibrin glue (Tisseel) to fix the mesh in all cases. Patients were reviewed by the original surgeon at 2 weeks and 6-12 weeks post-operatively, but also at 6 months in the first year of the study, and selectively then after if pain was reported by the patient. Data was reviewed and analysed by the researcher as part of quality assurance.

**RESULTS:** During the period from February 2005 to September 2008, 233 consecutive patients underwent 309 TEP inguinal hernia repairs. The mean age was 44.9 years. There was no conversion to open surgery. There was no mortality and only one major morbidity. In total, eight patients were complaining of mild intermittent discomfort (2 in the groins and 6 in the testicles) on their second post-operative review, but had no complaint at 6 months following their surgery.

Chronic groin pain occurred in only one patient (0.43%).

**CONCLUSIONS:** The use of fibrin glue is a safe and reliable way of mesh fixation in inguinal hernia repair, with very limited risk of developing chronic pain.

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