Use of fibrin glue in laparoscopic preperitoneal mesh hernioplasty.

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Abstract:

Aim: The aim of the study was to compare the morbidity of seroma formation and postoperative neuralgias in laparoscopic extraperitoneal repair of inguinal and femoral hernias before and after using human fibrin glue to favour mesh incorporation. Methods: Between end of june 2008 and december 2009 175 hernioplasty procedures using fibrin glue were analysed to assess morbidity due to seroma formation and postoperative neuralgias and compared to a similar group of formerly operated patients. The primary outcomes were seroma formation and early and late postoperative neuralgias recorded using a visual analog scale (VAS). Secondary outcomes included non specific pain. Results:Assessment took place at 10 days, 1 month, 3 months and 1 year with patients completing either a follow-up visit or responding by phone to a questionary.Mean VAS scores were significantly lower in the fibrin glue group at 10 days and 1 month versus the group without fibrin glue. The mean recovery time for normal physical activity was also shorter in the fibrin glue group compared to the group without fibrin glue. Conclusion: This video shows you our 3 trocarts standardised laparoscopic preperitoneal mesh hernioplasty using fibrin glue. Steps, divided in extraperitoneal space access, dissection, groin hernia individualisation and repair, mesh positioning and fibrin glue use, are distinctly shown. We point out the milestones of each step.