

Comparison of self-gripping mesh with mesh fixation with fibrin-glue in laparoscopic hernia repair (TAPP).

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Abstract:

Comparison of self-gripping mesh with fibrin-glue mesh fixation for laparoscopic hernia repair using TAPP technique. The trial has a prospective randomized design. The primary end-point was the evaluation of pain at 2 days, 1 month, and 3 months after surgery. The pain occurring 3 months after the surgery was considered as chronic pain. We have compared a group of 50 patients with self-gripping mesh with a group of 50 patients with fibrin glue mesh fixation using TAPP technique. There was no statistical difference between the basic group parameters (sex distribution, average age). There was no significant difference between the groups in terms of postoperative pain 1 month and 3 months after the surgery ($p>0.05$). There was no patient with chronic pain at 3-month follow-up in our trial. The mean operation time was 44 minutes in the group with self-gripping mesh and 48.5 minutes in the group with fibrin glue mesh fixation. There was a significant difference between both groups ($p=0.006$) Both fixation methods appear to be a well-tolerated alternative to classical methods for mesh fixation with clips. According to our trial there is no difference in the postoperative pain incidence in self-gripping mesh and fibrin glue mesh fixation groups for laparoscopic hernia repair. Our data has showed that self-gripping mesh represents a tendency to a faster technique in comparison with fibrin-glue fixation. Both techniques are easy-to-use. There is no superior technique according to our trial (Tab. 2, Fig. 2, Ref. 23).