

Laparoscopic transabdominal inguinal hernia repair: A randomized study of fibrin sealant versus absorbable tack to fix the mesh.

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Abstract:

Laparoscopic TAPP approach for Inguinal hernia repair is well documented as an excellent choice in numerous studies, with the fibrin glue as the widely used way to fix the mesh. In this report we evaluate a randomized study of 80 of patients operated on with a trans abdominal (TAPP) laparoscopic bilateral inguinal repair focusing on the methods used to fix the mesh and the peritoneal flap: fibrin glue plus absorbable suture versus absorbable stapler. Materials and Methods: Between July 2012 and March 2013, a total of 80 consecutive patients, at 'Civil Hospital' in Adria (RO), underwent Trans- abdominal laparoscopic inguinal hernia repair. In half of them (group A) the mesh and the peritoneal flap were fixed and closed with an absorbable stapler, in the other half (group B) the fibrin glue were used to fix the mesh and the peritoneum was closed with an absorbable suture. Results: The mean operative time was 33.40 (+/-10.3) in the group A and 43.50 (+/-13.2) in the group B ($p<0.005$). All the procedures were done on a Day Surgery basis. In both group there were no conversions to open repair or deaths in both our series. The mean follow-up is 10.5 months. No patients reported severe pain at 10 days at a 3 months follow up. There were no reports of night pain at 30 days. About 90 % of the patients had a return to physical-work capacity within two weeks, the remaining within 30 days maximum. All patients' were completely satisfied at the 3-month follow up. Conclusions: The analysis of the short post-operative outcomes of our experience enabled us to conclude that using an absorbable stapler to fix the mesh and close the peritoneum might be an alternative to glue fixation during a TAPP procedure, taking into account that in experienced hands it allows to spare operative time. It should be incorporated into the

surgeon's armamentarium when approaching laparoscopically an inguinal hernia.