

Laparoscopic versus open hernioplasty of ventral and incisional hernias

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Abstract

Although open repair, preferably with mesh has long been the standard approach for ventral and incisional hernias repair, laparoscopic repair is becoming increasingly popular among surgeons and patients following the development of minimally invasive technique. Laparoscopic ventral hernia repair may be associated with fewer complications, decreased length of hospital stay and lower recurrence rates. The aim of this comparative study is to evaluate the outcome and benefits of laparoscopic over conventional ventral and incision hernia repair. The study was conducted on forty patients with incisional and primary ventral hernias with defect size more than 3cm. Patients were randomly selected and allocated into two groups, group A included twenty patients operated upon by laparoscopy and group B included twenty patients who underwent open surgical repair, both groups had nearly similar demographics and clinical data. The procedure was successfully completed in all patients of both groups, with no mortality or conversion to open procedure in group A. the mean diameter of hernia defect was 5.6cm in group A compared to 6.1cm in group B. Polypropylene mesh was used for all patients in group B and in group A different types of composite mesh was used. There was a significant decrease in the need for postoperative analgesia in group A compared to group B (p value <0.05). The study showed less complications and shorter hospital stay in group A, with no recurrence in both groups during a period follow up for two years. We can conclude that; laparoscopic repair of ventral and incisional hernia is safe, effective and technically feasible approach with statistically significant reduction in postoperative morbidity earlier recovery and shorter hospital stay and with similar recurrence rate to the conventional open group.