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Primary Inguinal Hernia Repair Using TAPP with External Fixation (Abdelhamid Technique)
Versus Prolene Hernia System.

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Abstract:

Purpose To asses TAPP with external fixation against PHS and to find which is more suitable in primary inguinal hernia repair. Inguinal hernia repair is the most frequently performed operation in general surgery and so even modest improvements in clinical outcomes are important. The most important criteria for the choice of method are safety (morbidity and mortality), recurrence rates and convenience for the patient, including the risk of chronic groin pain. In recent years, great importance has been placed on the short-term comfort of the patient, measured by post operative pain and the length of convalescence. This is a retrospective study for 250 patients done years ago at Al Hayat Hospital Jeddah, KSA, Bani-Suif University Hospital and Bani Suif Health Insurance Hospital. The study design and data collection were between 10 - 2015 and 10 – 2016. We reported the patients for duration of operation, hospital stay, cost, recurrence, and return to work. The mean operative time in TAPP with external fixation was 70 min while in PHS was 55 min. The cost was less in PHS while long of stay [LOS] was the same. Recurrence was 1.5% in TAPP with external fixation on the other hand it was 4% in PHS. Patients returned back to work after 5 days in TAPP with external fixation and after 9 days in PHS. It is to be concluded that TAPP with external fixation is associated with longer operative time and higher cost but the incidence of recurrence is much less while return to work was earlier in TAPP with external fixation advocating it to be used as a primary option in primary inguinal hernia repair.



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