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Inguinal hernia

MINIMAL OPEN PRE PERITONEAL TECHNIQUE FOR S1 SCROTAL HERNIAS (S-MOPP). Ref1

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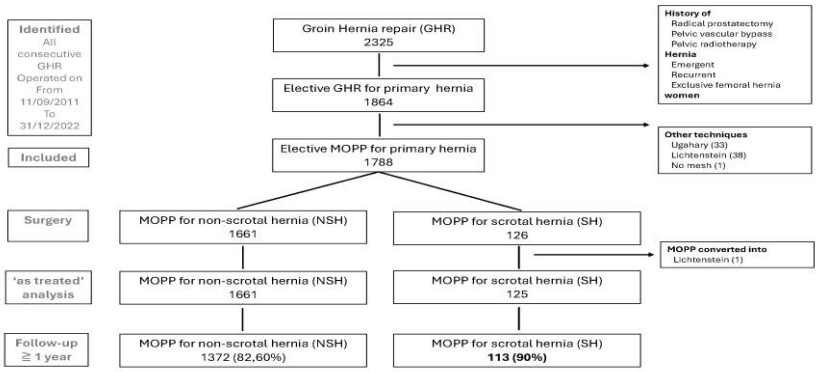
Minimally invasive open preperitoneal techniques are an alternative in groin hernia repair. Scrotal hernias (SH) are frequently difficult to repair laparoscopically, resulting in a significant conversion rate. The aim of this exploratory monocentric retrospective study, based on data prospectively collected in the "Club-Hernie" registry, was to assess the feasibility, effectiveness and safety of the MOPP technique in SH repair compared with non-SH repair.

The data: single center, single surgeon



Slightly modified minimal open pre peritoneal (mopp) technique (Ref 2):

The skin incision is to be enlarged from 25-40 mm, to 40-60mm
Thus, attention must be paid to identify: the spermatic vessels,
the ilio-inguinal nerve ,the genital branch of the genital-femoral nerve
The resection of a damaged nerve is sometimes required more often.
The distal part of the sac can be transected and abandoned. The visual control of the epigastric vessels is more difficult the pre peritoneal dissection through the deep inguinal rind must be very carefully and gradually.
The size of the prosthesis is more important

Patients' characteristics preoperative data:

No difference concerning: BMI, Diabetes, Anticoagulent, Antiplatenet, Active smoker, ASA classification: (p >0,05)
Preoperative pain preoperative symtom (PROM), more important for SH (p<0,05)

Intraoperative details

No difference concerning: mesh fixation (no), intra operative adverse events: p>0,05
Operative time NS 39 mn; S 58 mn, p<0,0001

Day-30 postoperative outcomes: only grade I/II complications, well-anticipated outpatient surgery:

N (%) or mean +/- SD	NSH	SH	*P*. value
Cases	**1661**	125	
Postoperative complications			
General	**25 (1.52)**	2 (1.60)	P >0.05
SSO non-SSI	**49 (2.98)**	18 (14.40)	p<0.0001
Surgical non SSO	**2**	0	
Clavien classification			
Patient with any complication	**30**	20	P<0.001
Grade I / II	**29 (1.77)**	20 (16.00)	
Grade III b	**1 (0.06)**	0	
Postoperative pain (0-10 VAS)			
D30: mean (SD); missing	**0.71 (1.41); 191**	0.40 (0.99); 20	p<0.0001
Hospital stay			
Outpatients	**1570 (95.04)**	104 (83.20)	<0.0001
D- case proposed but failed	**40 (2.23)**	3 (2.70)	P> 0.05

2-year Patient Related Outcomes Measure (PROM)

No difference regarding the following questions (p>0,05)
Q1. Since your operation does your abdominal wall seem solid: Q2. Do you have a new hernia or bulge in the operated groin? Q3. Do you currently feel any pain or local discomfort? Q4. Impact of symptoms
Q5. Late vs. pre-operative symptoms.

and elsewhere: same feeling at two years:

Q6. How do you assess the result of your hernia operation (N answers)	**1352**	98	
Excellent or good	**1339 (99.03)**	86 (97.95	p>0.05
Medium	**10 (0.74)**	1 (1.02)	
Bad	**3 (0.22)**	1(1.02)	

Conclusion: This study shows that the MOPP technique is feasible and safe in scrotal hernia repair, with similar results to those observed in non-scrotal hernias. Our next step is to compare S-MOPP with laparoscopic and Lichtenstein techniques in SH. Gillion, J.F, Soler, M, and Metoudi, A. (2025 in press). "Three-arm registry-based comparison of transinguinal-preperitoneal, laparoscopic and Lichtenstein techniques for 'European' scrotal hernia repair" .

Ref 1Soler, M, and Gillion, FJ. Are 'European' scrotal hernias repairable with the Minimal Open Pre-Peritoneal technique (MOPP)? J. Abdom. Wall Surg. 20 February 2025. Volume 4 - 2025 | https://doi.org/10.3389/jaws.2025.13863
Ref 2Soler M. The minimal open preperitoneal (MOPP) approach for treating groin hernias: technique, indications, and results. Ann Laparosc Endosc Surg 2024;9:3 | https://dx.doi.org/10.21037/ales-23-37