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GENDER DISPARITIES IN LAPAROSCOPIC eTEP-RS WITH TAR- IS TAR LESS COMMON IN FEMALES

A Retrospective Observational Study

INTRODUCTION

- Though ventral hernias are more common in females as compared to males, nearly more than 60% of ventral hernia surgeries are performed in males in our institute.
- Females have more chances of developing incisional hernia as compared to males.
- Also females develop more complications in ventral hernia surgery as compared to males.
- Despite the statistics, we observed TAR procedure was more commonly performed in males

AIM

To evaluate whether TAR (Transversus Abdominis Release) procedure in laparoscopic hernia (eTEP) surgery is less common in females as compared to males

MATERIALS AND METHODS

- Type of study: Retrospective Observational study
- Inclusion criteria: Males and Females undergoing eTEP RS with TAR.
- Exclusion criteria: Patients not fit for general anaesthesia, pregnant females
- Study duration: 12 months (Between March 2023- March 2024)
- Study setting: Tertiary health care centre

REFERENCES

- Polcz ME, Olson MA, Bradley J, Broucek J, Duke MC, Prabhu A, Rosen S, Sedrakyan A, Poulouse BK, Pierce RA; Vanderbilt Hernia Center Research Group. Evaluation of Treatment Differences Between Men and Women Undergoing Ventral Hernia Repair: An Analysis of the Abdominal Core Health Quality Collaborative. J Am Coll Surg. 2022 Oct 1;235(4):603-611. doi: 10.1097/XCS.0000000000000295. Epub 2022 Sep 15. PMID: 36106866
- Polcz ME, Olson MA, Bradley J, Broucek J, Duke MC, Prabhu A, Rosen S, Sedrakyan A, Poulouse BK, Pierce RA; Vanderbilt Hernia Center Research Group. Evaluation of Treatment Differences Between Men and Women Undergoing Ventral Hernia Repair: An Analysis of the Abdominal Core Health Quality Collaborative. J Am Coll Surg. 2022 Oct 1;235(4):603-611. doi: 10.1097/XCS.0000000000000295. Epub

RESULTS

			TAR		Total
			No	Yes	
Gender	Female	Count	25	6	31
		% within Gender	80.6%	19.4%	100.0%
	Male	Count	27	22	49
		% within Gender	55.1%	44.9%	100.0%
Total		Count	52	28	80
		% within Gender	65.0%	35.0%	100.0%

			Type			Total
			Bilateral TAR	Open	Unilateral TAR	
Gender	Female	Count	3	25	3	31
		% within Gender	9.7%	80.6%	9.7%	100.0%
	Male	Count	10	27	12	49
		% within Gender	20.4%	55.1%	24.5%	100.0%
Total		Count	13	52	15	80
		% within Gender	16.3%	65.0%	18.8%	100.0%

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	5.473 ^a	2	.065
Likelihood Ratio	5.751	2	.056
N of Valid Cases	80		

a. 0 cells (.0%) have expected count less than 5. The minimum expected count is 5.04.

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	5.445 ^a	1	.020		
Continuity Correction ^b	4.381	1	.036		
Likelihood Ratio	5.712	1	.017		
Fisher's Exact Test				.030	.017
N of Valid Cases	80				

a. 0 cells (.0%) have expected count less than 5. The minimum expected count is 10.85.

b. Computed only for a 2x2 table

CONCLUSION

- In our study male ventral hernia surgeries were associated with more TAR procedures than females
- This may be due to lax peritoneum, more fat and low muscle tone in females which makes peritoneal closure easier.
- Males in contrast, have more fibrotic less fatty layer over peritoneum