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Structured Rehabilitation After Laparoscopic Inguinal Hernioplasty: Enhancing Recovery and Quality of Life

Aim

This study evaluates the outcomes of a structured physical rehabilitation protocol (PRP) following laparoscopic (TAPP) hernioplasty, focusing on quality-of-life (QoL) improvements and postoperative complications.

Materials & Methods

A retrospective analysis of 4,227 patients undergoing elective laparoscopic (TAPP) hernioplasty (2013–2023) was conducted at a high-volume hernia center. The (PRP) comprised four progressive phases targeting mobility, strength, coordination, and return to high-intensity activities. Data on demographics, quality of life metrics, and complications were collected from medical records, physiotherapist reports, and patient surveys.

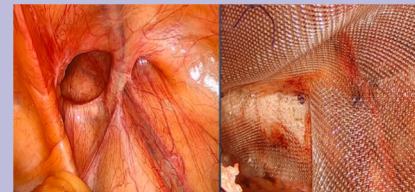
Results

The (PRP) began within the first postoperative week for most patients, with 92% achieving the initial phase's objectives (walking, cycling) by day 5. Recovery milestones were reached quickly: 80% resumed work and normal activities by day 4, increasing to 97% by day 5. QoL scores improved significantly, with low complication rates.

Conclusions

The structured (PRP) facilitated early mobilization, faster recovery, and improved QoL without increasing complication risks. Incorporating physiotherapist-guided rehabilitation programs into postoperative care could optimize outcomes and set new standards for patient-centered recovery following inguinal hernia repair.

TAPP HERNIOPLASTY



PHYSICAL REHABILITATION PROTOCOL



RECORDED OUTCOMES



RECOVERY TIME LINE (PRP) VS (NON PRP)



FAST RETURN TO SOCIAL AND WORK ACTIVITIES

