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Feasibility of re-endo-laparoscopic hernioplasty for recurrent inguinal hernias

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Study Aim and Patient Profile

Aim

Evaluate recurrence, complications, pain, and mobilization after reTEP and reTAPP.

Patients

Five males, mean age 57 ± 2 years, ASA II and III classifications.

Anesthesia

Four under endotracheal, one under regional anesthesia during reoperations.

Material and Methods

Rehernioplasty Types

Two reTAPP and three reTEP procedures after prior posterior repairs.

Primary Surgery

Three under endotracheal and two under regional anesthesia.

Follow-up

Long-term monitoring for complications and recurrences.

Results: Pain and Complications

Postoperative Pain

No significant difference between primary and repeated surgeries.

Complications

No retentive complications or recurrences observed long-term.

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Inguinal hernia

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Operative Time and Technical Challenges

1 **Longer Surgery**
Rehernioplasty took 55 ± 17 minutes longer than primary procedures ($p < 0.05$).

2 **Anatomical Landmarks**
Adherence to landmarks enabled successful reinterventions despite adhesions.

3 **Technical Demand**
Procedure requires experienced surgeons due to complexity

Conclusions: Feasibility and Reliability

Feasibility
Re-endo-laparoscopic hernioplasty is feasible for recurrent hernias.

Minimally Invasive Benefits
Retains advantages of minimally invasive techniques.

Reliable Outcomes
No recurrences during 1.5–4 year follow-up.

Clinical Implications

Expertise Required
Surgeons must have precise skills for successful rehernioplasty.

Extended Operative Time
Longer surgery time highlights technical challenges.

Effective Solution
Offers a viable option for recurrent inguinal hernia repair.