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Comparative Analysis of Surgical Techniques for Spigelian Hernia Repair

A Hybrid Study of Literature Review and Institutional Experience

Aim

This study aims to compare our institutional experience with Spigelian hernia repair to existing literature, providing a comprehensive analysis of surgical techniques and clinical outcomes.

Material & Methods

A systematic review was conducted using focusing on studies published in the last 20 years. Studies involving pediatric populations and non-English articles were excluded. Data on patient demographics, surgical techniques, and post-operative complications were analyzed. Additionally, a retrospective review was performed on patients who underwent Spigelian hernia repair at William Harvey Hospital in Ashford, UK. Patient demographics, surgical techniques, and post-operative outcomes were recorded. The primary outcome was the surgical technique used, while secondary outcomes included post-operative complications and hospital stay.

Results

Twenty six studies met the inclusion criteria. The systematic review demonstrated that laparoscopic repair was associated with lower morbidity and a shorter hospital stay compared to open repair. Primary repair had a higher recurrence rate (up to 40%), supporting the use of mesh reinforcement. Our case series of 9 patients exclusively underwent TAPP repair with mesh placement. The majority of the patients were discharged on postoperative day one. No recurrences were observed during follow-up.

Conclusions

Laparoscopic repair with mesh placement appears to be the preferred approach for Spigelian hernia repair, demonstrating low morbidity, shorter hospital stays, and minimal recurrence. Our institutional findings align with existing literature, reinforcing the advantages of this technique.