

# Simultaneous Colorectal Oncologic Surgery and Laparoscopic Inguinal Hernia Repair, Is it feasible? A Retrospective Analysis

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## AIM

This study evaluates the outcomes, feasibility, and safety of performing colorectal oncologic surgery and laparoscopic inguinal hernia repair in the same operative session through a retrospective analysis.

## METHODS

A retrospective review was conducted on patients undergoing simultaneous colorectal oncologic surgery and laparoscopic inguinal hernia repair between January 2018 and December 2022 at a tertiary care center. Data collected included demographic characteristics, oncologic staging, hernia details, perioperative outcomes, complications, and recurrence rates for both procedures. The feasibility of combining the surgeries and the impact on recovery were assessed.

## RESULTS

	CCR n=406	CCR + H.ING n=10	P
<b>Age</b> ; years (DE)	72 ( +/-11.2)	76( +/-11.4)	0,56
<b>Sex; men</b> (%)	<b>217(53,3)</b>	<b>9(90)</b>	<b>0.03</b>
BMI	27,2 (+/-5,3)	29,6(+/-3,6)	0,08
ASA III-IV	196 (47,7)	6(69)	0,82
<b>Type of surgery</b> ; n(%)			0,76
Right-colectomy	233 (57,3)	6(60)	0,76
Left-colectomy	110(27,1)	4(40)	0,76
Segmentary colectomy	44(10,4)	0	0,76
RAR	14 (3,4)	0	0,76
Others	5(1,2)	0	0,76
<b>Abordaje</b> ; n(%)			0,68
Open	45(10,4)	2(20)	0,68
Laparoscopy	293(72)	7(70)	0,68
Robotic	47(11,5)	1(10)	0,68
<b>Prophylactic mesh</b>	<b>143(34,5)</b>	<b>8(80)</b>	<b>0,01</b>

Table 1 Patients and surgery characteristics.

	CCR	CCR + H.ING	P-value
<b>Hospital stay. Days (SD)</b>	<b>9,7(19,7)</b>	<b>5,7(2,83)</b>	<b>0,04</b>
Anastomosis complications	46(11,3)	0	-
Complications	163(40,1)	3(30)	0,68
Clavien II	101(24,4)	1(10)	0,68
Clavien III	41(9,9)	2(20)	0,68
Clavien IV	19(9,6)	0	-
Clavien V	2(0,5)	0	-
SSO	55(13,5)	1(10)	0,77
Seroma	14(3,4)	1(10)	0,83
SSI	38(9,2)	2(20)	0,07
Compl. Anast*	37(9,1)	0	-
Reintervention	5(1,2)	0	-
Readmission	23(5,6)	0	-
Exitus	2(0,5)	0	-

Table 2 Groups outcomes.

## CONCLUSIONS

Simultaneous colorectal oncologic surgery and laparoscopic inguinal hernia repair seems feasible and safe approach with acceptable perioperative outcomes.

This combined approach reduces the need for separate procedures, optimizing resource utilization and recovery without compromising oncologic or hernia repair outcomes.

