

Simultaneous TAPP and laparoscopic cholecystectomy

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Aim. Evaluate the possibility and effectiveness of surgical treatment of combined inguinal hernia and calculous cholecystitis.

Material & Methods. In the clinic of the Department of Surgery, Anesthesiology and Intensive Care of the Institute of Postgraduate Education, Bogomolets National Medical University during 2022-2024 10 patients underwent simultaneous TAPP with laparoscopic cholecystectomy. The patients' age was 45-67 (average age 51 +1.3). The comparison group included 9 patients with combined inguinal hernia and calculous cholecystitis, who underwent successive surgical interventions. In group 1, TAPP was performed as the first stage, after which laparoscopic cholecystectomy was performed according to the French method. In group 2, TAPP was performed as the first operation, and cholecystectomy was performed after 4-9 months.

Results. The results of simultaneous TAPP were evaluated taking into account patient's postoperative complications, pain intensity and the hospital stay duration. There were no intraabdominal complications in group 1, the pain intensity on the visual-analog scale was 2-3 points, there were no infected mesh, the average stay duration in the hospital was 2 days. The results in group 2 were similar, the intensity of postoperative pain was estimated as 2-3 points, there was no mesh infection, staying in the hospital for 2+1.2 days.

The results obtained in both groups are comparable, allowing to avoid calculous cholecystitis reoperation.

Conclusions. In patients with combined inguinal hernia and calculous cholecystitis, simultaneous TAPP and cholecystectomy are possible, as indicated by similar results of the postoperative period with patients who underwent only TAPP.