

## Total extraperitoneal surgery for acutely incarcerated inguinal hernia. Rationale and Key points.

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### Aim:

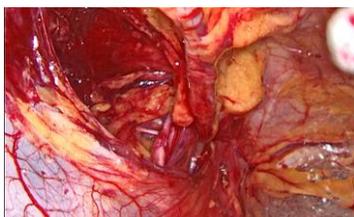
To present the advantages and rationale of total extraperitoneal endoscopic hernioplasty (TEP) procedures in incarcerated inguinal hernia according to our experience.

### Material & Methods:

In a high center volume of **TEP inguinal repairs**, more than 300 cases per year, we have developed this approach **as first option for acutely incarcerated inguinal hernia**. We present our experience and advantages over other techniques and rationale for our cases of emergency TEP procedures.

### Results:

After gaining expertise in scheduled procedures, TEP hernioplasty can be performed in emergency surgery. We performed **39 procedures**, of which 10 cases needed resection and primary anastomosis. There were no major complications and no conversion to open surgery was needed to complete the hernia repair. The key points to reduce the incarcerated component are a careful full preperitoneal dissection and a gentle peritoneal sac liberation assisted by external taxis manoeuvres. A medial chelotomy can be performed in cases of femoral and medial hernias. The preperitoneal space must be preserved in order to avoid bowel injury. Dilated bowels do not impair mesh placement as there is a broad preperitoneal operative field. Laparoscopy is mandatory to check the abdomen and to rule out bleeding, injuries or bowel necrosis. Preserving the preperitoneal space and thus placing the mesh in a sepsis free environment to repair the defect is presented as an advantage. If resection is needed it can be performed through a midline periumbilical incision.



Preperitoneal dissection & gentle manual taxis



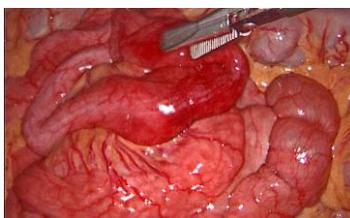
Medial chelotomy if needed



Mesh repair



Bowel resection can be needed



Check incarcerated content



Laparoscopy

### Conclusions:

TEP approach has good results in our experience and may offer some advantages over other techniques in the treatment of acutely incarcerated inguinal hernia.