

"Laparoscopic inguinal hernioplasty (TAPP) without mesh fixation: A comprehensive analysis"

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AIM:

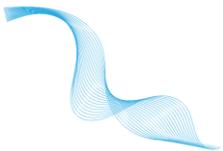
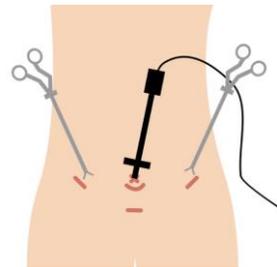
This study aims to assess the outcomes of laparoscopic inguinal hernioplasty (TAPP) without mesh fixation in 235 patients, analyzing its safety, efficacy, and postoperative outcomes.

MATERIAL & METHODS:

Between July-2021 and December-2024, a total of 235 inguinal hernia repairs were performed laparoscopically without mesh fixation, with 158 bilateral cases. Follow-up assessments were conducted at 1, 3, and 12months post-surgery.

RESULTS:

	N (%)
TOTAL	235
Male / Female	209 / 26
AGE	61 yo (IQR: 42.5-68)
BMI	27.3 ± 3.3 kg/m ²
LOS	1 day (IQR: 1-2 days)
OPERATIVE TIME	45 min (IQR: 30-75min)
HERNIA CLASSIFICATION	
M1	84 (35.7%)
M2	42 (17.9%)
M3	23 (9.8%)
L1	34 (14.5%)
L2	31 (13.2%)
L3	21 (8.9%)



	N (%)
FIXATION	
No	235 (100%)
MESH	
Polypropylene	24 (10.2%)
Dynamesh-EndoLap 3D	58 (24.7%)
3D-Max-Bard	139 (59.1%)
4D-Prim	14 (6%)
MESH SIZE	
Width	10±0.9cm
Large	14.4±1.02cm

MORBIDITY	
Overall complications	9 (3.8%)
Seroma	7 (2.9%)
Chronic postoperative pain	1 (0.4%)
Major complications (Clavien-Dindo ≥ III)	0%
Intraoperative complications	0%
SSI	0%
Recurrence	1 (0.4%)
Conversion to open approach	0%

CONCLUSION:

- Our results suggest that laparoscopic inguinal hernioplasty (TAPP) without mesh fixation is a safe and effective technique, even for larger hernias (M3 and L3).
- Our findings indicate it can be successfully performed with minimal complications and quick recovery.
- This technique offers significant advantages in reducing postoperative pain and promoting faster recovery, making it a viable option for inguinal hernia repair, even in complex cases.
- Further studies with larger cohorts are warranted to confirm long-term outcomes.