

# Inguinal Hernia Management: What Changed in a Teaching University Hospital after the Updated Guideline was Published?

R. Temel, E. Korucuk, S. Tunalı, T. Ö. Sezer, M. S. Ersin

Department Of General Surgery, Ege University Hospital - Izmir (Türkiye)

## Aim



Inguinal hernias comprise 75% of all hernias, affecting 25-30% of the population. The updated EHS guideline highlights laparoscopic techniques as superior in experienced centers due to faster recovery and less chronic pain, while open techniques remain viable. This study presents our clinical outcomes and management changes after guideline update in a teaching university hospital for residents.

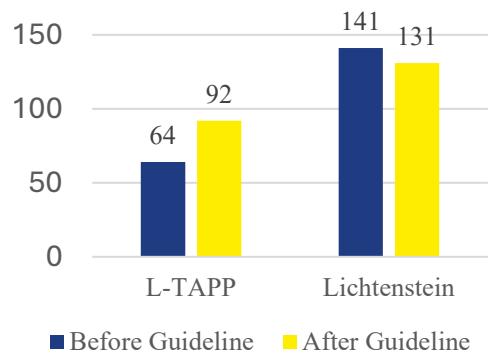
Parameter	L-TAPP	LH	p
Hospital Stay (day)	1,35 ± 0,63	1,67 ± 1,08	<0,01
Recurrence	9 (4.4%)	4 (1.8%)	0,12
Complication			
None	197 (96.1%)	204 (91.5%)	
Hematoma	1 (0.5%)	2 (0.9%)	
Seroma	7 (3.4%)	15 (6.7%)	
SSI	0 (0%)	2 (0.9%)	0,04

## Material & Methods



Patients who underwent laparoscopic TAPP (L-TAPP) and Lichtenstein hernioplasty (LH) for inguinal hernias between December 2018 and December 2024 at our center were retrospectively analyzed. Patients compared due to the type of surgery. Subsequently, data were evaluated by dividing them into two groups according to October 2023 which is the date of the most recent guideline update.

Comparison of Operation Types



Operation time:  
December 2018 – December 2024



Patient Divison:  
October 2023  
(EHS Guideline Update)



Comparison of LH and L-TAPP  
groups before and after the  
updated guideline

## Results

Parameter	L-TAPP	LH	p
Age (year)	51,61 ± 15,01	61,65 ± 14,91	<0,01
Gender			
Female	13 (6.3%)	18 (8.1%)	
Male	192 (93.7%)	205 (91.9%)	0,49
BMI	27,21 ± 2,79	27,16 ± 2,74	0,85
Smoking	95 (46.3%)	91 (40.8%)	0,25
Defect Size (mm)	21,74 ± 7,28	23,36 ± 10,41	0,06

## Conclusion

Both 2018 and 2023 guidelines emphasize the safety of both techniques, highlighting the importance of experience in technique selection.

Our study observed an increase in the number of open technique, reflecting that in our teaching hospital, where a large number of residents are trained, open techniques continue to be taught alongside laparoscopic methods.

As minimally invasive surgery becomes more widespread, the use of laparoendoscopic techniques in inguinal hernia repair grows, but teaching hospitals must also ensure that open repair techniques are not neglected in resident training while following the latest literature.