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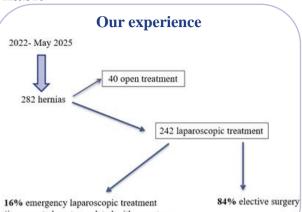
Laparoscopic treatment of hernias in emergency: from an exception to a habit

Background

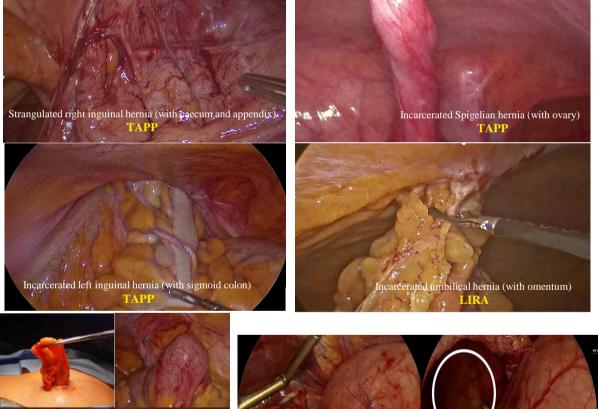
6-9% of hernias in emergency incarcerated or strangulated

Contraindications for laparoscopic approach Relative contraindications

- Peritonitis
- Severe bowel ischemia or necrosis
- Absolute contraindications
- Cirrhosis with uncontrolled ascites
- Unstable Patient (hemodynamically unstable or significant comorbidities that increase surgical risk)
- Technical limitations



(incarcerated or strangulated with omentum, small intestine, appendix, colon, adnexa)



Triple hernia: incarcerated umbilical hernia (with omentum), strangulated right inguinal hernia (with ileocecal valve), left inguinal hernia High digestive obstruction caused by total paraoesophageal mesenteroaxial acute ischemic gastric volvulus with cardiac compression Diaphragmatic hernia repair (Nissen proceeding)

Conclusions

- 1. Faster is better!!!!
- If the surgical treatment is done at the **right moment**, it has a **low rate of complications**.
 Laparoscopic treatment offers the **advantage** of reduced postoperative pain, quick recovery,
- minimal hospitalization time, superior aesthetic results, minimal risk of infection.
- 4. Even if the laparoscopic treatment is possible in emergency, the elective surgery is recommended by the **guidelines**.