

DR. V. PATIL, DR. N. BASTE  
 SMBT IMSRC, INDIA

# GENDER DISPARITIES IN LAPAROSCOPIC eTEP-RS WITH TAR- IS TAR LESS COMMON IN FEMALES

A Retrospective Observational Study

## INTRODUCTION

- Though ventral hernias are more common in females as compared to males, nearly more than 60% of ventral hernia surgeries are performed in males in our institute.
- Females have more chances of developing incisional hernia as compared to males.
- Also females develop more complications in ventral hernia surgery as compared to males.
- Despite the statistics, we observed TAR procedure was more commonly performed in males

## AIM

To evaluate whether TAR (Transversus Abdominis Release) procedure in laparoscopic hernia (eTEP) surgery is less common in females as compared to males

## MATERIALS AND METHODS

- Type of study: Retrospective Observational study
- Inclusion criteria: Males and Females undergoing eTEP RS with TAR.
- Exclusion criteria: Patients not fit for general anaesthesia, pregnant females
- Study duration: 12 months (Between March 2023- March 2024)
- Study setting: Tertiary health care centre

## REFERENCES

- Polcz ME, Olson MA, Bradley J, Broucek J, Duke MC, Prabhu A, Rosen S, Sedrakyan A, Poulouse BK, Pierce RA; Vanderbilt Hernia Center Research Group. Evaluation of Treatment Differences Between Men and Women Undergoing Ventral Hernia Repair: An Analysis of the Abdominal Core Health Quality Collaborative. *J Am Coll Surg.* 2022 Oct 1;235(4):603-611. doi: 10.1097/XCS.000000000000295. Epub 2022 Sep 15. PMID: 36106866
- Polcz ME, Olson MA, Bradley J, Broucek J, Duke MC, Prabhu A, Rosen S, Sedrakyan A, Poulouse BK, Pierce RA; Vanderbilt Hernia Center Research Group. Evaluation of Treatment Differences Between Men and Women Undergoing Ventral Hernia Repair: An Analysis of the Abdominal Core Health Quality Collaborative. *J Am Coll Surg.* 2022 Oct 1;235(4):603-611. doi: 10.1097/XCS.000000000000295. Epub

## RESULTS

			TAR		Total
			No	Yes	
Gender	Female	Count	25	6	31
		% within Gender	80.6%	19.4%	100.0%
	Male	Count	27	22	49
		% within Gender	55.1%	44.9%	100.0%
Total			52	28	80
			% within Gender	65.0%	35.0%

			Type			Total
			Bilateral TAR	Open	Unilateral TAR	
Gender	Female	Count	3	25	3	31
		% within Gender	9.7%	80.6%	9.7%	100.0%
	Male	Count	10	27	12	49
		% within Gender	20.4%	55.1%	24.5%	100.0%
Total			13	52	15	80
			% within Gender	16.3%	65.0%	18.8%

### Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	5.473 <sup>a</sup>	2	.065
Likelihood Ratio	5.751	2	.056
N of Valid Cases	80		

a. 0 cells (.0%) have expected count less than 5. The minimum expected count is 5.04.

### Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	5.445 <sup>a</sup>	1	.020		
Continuity Correction <sup>b</sup>	4.381	1	.036		
Likelihood Ratio	5.712	1	.017		
Fisher's Exact Test				.030	.017
N of Valid Cases	80				

a. 0 cells (.0%) have expected count less than 5. The minimum expected count is 10.85.

b. Computed only for a 2x2 table

## CONCLUSION

- In our study male ventral hernia surgeries were associated with more TAR procedures than females
- This may be due to lax peritoneum, more fat and low muscle tone in females which makes peritoneal closure easier.
- Males in contrast, have more fibrotic less fatty layer over peritoneum