

"Laparoscopic TAPP umbilical hernioplasty in obese patients: A safe and effective approach with optimal outcomes"

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AIM:

Umbilical hernia repair in obese patients presents significant challenges due to increased surgical site infection (SSI) risk, technical complexity, and recurrence rates associated with open surgery. The laparoscopic transabdominal preperitoneal (TAPP) approach offers a minimally invasive alternative, potentially yielding superior outcomes in this population.

MATERIAL & METHODS:

A retrospective review was conducted of 25 obese patients who underwent laparoscopic TAPP umbilical hernia repair from January-2023 to December-2024.

The surgical protocol included preperitoneal mesh placement with Ventralex, PVDF mesh or polypropylene-mesh.

RESULTS:



	N (%)
TOTAL	25
Male / Female	19 / 6
AGE	48 yo (IQR: 39.5-61)
BMI	32.5 ± 2.1 kg/m ²
LOS	8 hours (IQR: 6-12 hours)
OPERATIVE TIME	65 min (IQR: 30-80min)
HERNIA CLASSIFICATION	
M2	2 (8%)
M3	23 (92%)



	N (%)
FIXATION	
No	18 (72%)
Glubran®	7 (28%)
MESH	
Polypropylene	7 (28%)
Dynamesh PVDF CICAT	8 (32%)
Ventralex®	10 (40%)
MESH SIZE	
Width	8.5±0.8cm
Large	10.5±1.2cm



MORBIDITY	
Overall complications	5 (20%)
Clínic seroma	5 (20%)
Chronic postoperative pain	0%
Major complications (Clavien-Dindo ≥ III)	0%
Intraoperative complications	0%
SSI	0%
Recurrence	0%
Conversion to open approach	0%

CONCLUSION:

- Laparoscopic TAPP umbilical hernia repair is a safe, effective option in obese patients, demonstrating a low complication rate, rapid recovery, and excellent long-term outcomes.
- Compared to open surgery, this technique minimizes infection risks, reduces recovery time, and ensures superior aesthetic results, supporting its role as the preferred approach in this high-risk population.