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Comparative outcomes of SCOM/SCOLA vs. IPOM PLUS in Umbilical and Para-umbilical Hernia Repairs -

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INTRODUCTION AND AIM:

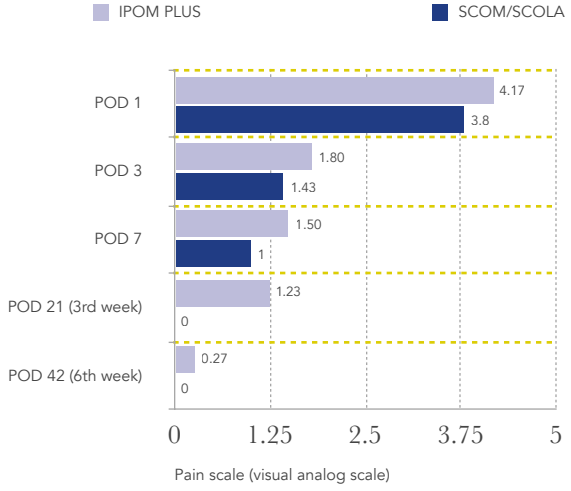
Umbilical and para-umbilical hernias are common but potentially serious abdominal wall defects. With minimally invasive surgery becoming the standard of care, this study compares two popular laparoscopic techniques—IPOM PLUS and SCOM/SCOLA—focusing on surgical time, postoperative pain, seroma formation, hospital stay, and overall cost.

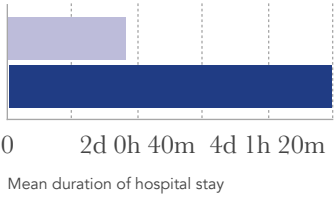
METHOD OF STUDY:

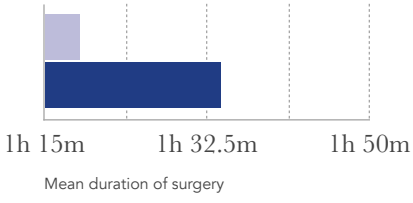
This was a prospective, single-centre observational study conducted over one year, involving 60 adults with primary umbilical or para-umbilical hernias (≤5 cm). Patients were equally divided into two groups: 30 underwent IPOM PLUS and 30 underwent SCOM/SCOLA. All recurrent, incisional, large (>5 cm) and emergency hernias were excluded from the study. Key parameters assessed were operative time, pain (VAS), seroma formation (POD 1 to 6 weeks), hospital stay and treatment cost.

RESULTS:

The IPOM PLUS technique offered a faster surgery (79 vs. 95 mins) and shorter hospital stay (1.8 vs. 5 days), but came with higher costs and more early postoperative pain. In contrast, SCOM/SCOLA had less pain by week three but showed higher early seroma rates (87% vs. 7%). Despite its lower procedural cost, longer recovery made SCOM/SCOLA more expensive overall.







SEROMA			GROUP			P - value
			Ipom plus	Scom/scola	Total	
1ST WEEK	No	Count	28	4	32	< 0.0001
		% within group	93.3%	13.3%	53.3%	
	Yes	Count	2	26	28	
		% within group	6.7%	86.7%	46.7%	
3RD WEEK	No	Count	29	24	53	< 0.044
		% within group	96.7%	80.0%	88.3%	
	Yes	Count	1	6	7	
		% within group	3.3%	20.0%	11.7%	

CONCLUSION:

This comparative study concludes that both IPOM PLUS and SCOM/SCOLA are viable laparoscopic techniques for umbilical and para-umbilical hernia repair, each with its own set of benefits and limitations. IPOM PLUS is optimal for rapid recovery and shorter hospitalisation, making it ideal for patients prioritising a quick return to daily activities. SCOM/SCOLA, on the other hand, is preferable in patients seeking better postoperative comfort and cosmetic outcomes, albeit with a higher risk of seroma and longer recovery time. The choice between the two should be tailored based on individual patient profiles and institutional capabilities, balancing surgical efficiency, patient comfort, and healthcare resource utilisation.