Aim: To report feasibility and surgical outcomes of recurrent inguinal hernia repair after Transinguinal PrePeritoneal (TIPP) repair.

Material and Methods: Patients who underwent recurrent IHR after TIPP between January 2013 and January 2015 in a single hernia-dedicated teaching hospital were included. Exclusion criteria were femoral hernia, incarcerated hernia and reasons for unreliable follow-up. Electronic medical records were assessed retrospectively to register surgical outcomes and complications.

Results: Thirty-three patients underwent surgical repair of recurrent inguinal hernia after TIPP. Twenty patients were treated with a “re-TIPP when possible” strategy; resulting in 13 successful re-tipps and 7 conversions to Lichtenstein repair. Eleven patients underwent primarily a Lichtenstein’s repair, the remaining two patients underwent recurrent IHR using other techniques (transrectus sheath Pre-Peritoneal and transabdominal preperitoneal repair). Mean time of surgery was 44.7 minutes (standard deviation 16.7). There was one patient (3.0%) with a re-recurrent inguinal hernia during follow-up. Other minor complications included urinary tract infection. There were no significant differences in post-operative results between the different surgical techniques used for recurrent IHR.

Conclusions: These results indicate that after TIPP it is feasible and safe to perform re-surgery for recurrence with an anterior approach again. For these recurrences, a Lichtenstein can be performed, or a ‘re-TIPP if possible’ strategy can be applied by experienced TIPP surgeons. Whether a re-TIPP has the same advantages over Lichtenstein as is for primary inguinal hernia surgery, needs to be evaluated in a prospective manner.