P038 MINIMALLY INVASIVE SURGERY & INCARCERATED INGUINAL HERNIA. CAN WE COMBINE THEM?

Jorge Zárate Gómez¹, Pedro Álvarez de Sierra Hernández², David Fernández Luengas¹, Silvia Conde Someso², Guillermo Supelano Eslait², Begona Peinado Iribar³, Jose María Gil López⁴, Jesús Merello Godino⁵

¹H.U. Quirónsalud Madrid, Madrid, Spain, ²H.U. Quirónsalud Madrid, Spain

Aim: After a long experience of more than 20 years in TEP hernioplasty we explore if it can also be suitable for emergency patients.

Material and Methods: We present different laparoendoscopic schemes that we have used in our Hospital to treat strangulated inguinal hernia according to clinical and radiological findings.

Results: TEP in now assumed to be one of the best options in scheduled surgery to treat inguinal hernia. Is now the time to change the paradigm by using it also in emergency surgery?

Incarcerated inguinal hernia presents two problems: first of all the clinical emergency, an irreducible inguinal bulge that causes
pain, obstruction and bowel ischemia; and second, the need to repair inguinal wall.

While treating both problems, we have explored different minimal-invasive surgery approaches according to each patient's characteristics and the preoperative risk of intestinal resection based on CT findings.

To reduce the incarcerated bulge, we use laparoendoscopic methods. After a preperitoneal dissection, and with the help of external maneuvers, we try to reduce the content. If we are not successful, a quiloting becomes necessary.

To treat the inguinal defect we use TEP or TAPP approaches.

Conclusions: We seek to show that endoscopic preperitoneal approach in an incarcerated inguinal hernia is safe and possible, allowing us to maintain minimal invasive techniques.

Laparoscopy allows us to explore and to treat possible complications of intestinal ischemia with no need of laparotomy.

Multiple treatment schemes are possible for inguinal incarcerated hernia. The choice must be made according to the surgeon's experience, patients' characteristic and the risk of intestinal ischemia.