P115  LAPAROSCOPIC TRANSABDOMINAL PREPERITONEAL (TAPP) HERNIA REPAIR IN DECOMPENSATED CIRRHOSIS

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Aim: To evaluate the possibilities, benefits and safety of laparoscopic treatment of inguinal hernias in patients with cirrhosis of the liver and ascites, in particular to evaluate the TAPP approach for the treatment of inguinal hernias in patients with cirrhosis of the liver and ascites.

Material and Methods: Group I - TAPP repair in 16 patients with liver cirrhosis and ascites. Group II - Lichtenstein type hernioplasty in 15 patients with liver cirrhosis and ascites. All patients underwent planned surgery after dosing preoperative laparocentesis and correction of liver function indices.

Results: In the first group of patients no complications developed, no suppurative complications were observed, no edema, no leakage of ascites fluid. Postoperatively, all patients recovered well, noticed less pain. Only 25 percent of patients required analgesics. Patients were discharged at home 3-5 days postoperatively. In group II - minor complications were observed: 1 local hematoma, 1 seroma. Postoperative pain syndrome was more pronounced. All patients required analgesics. Duration of hospitalization 4-6 days. During a 10-month follow-up, no patients had recurrence and chronic pain.

Conclusions: TAPP repair provided the opportunity to assess macroscopic changes in the liver and possibly to perform liver biopsies, if necessary. TAPP repair reduces days of hospitalization and postoperative recovery by reducing pain syndrome with a low percentage of analgesics. TAPP repair can be a useful treatment option for patients with liver cirrhosis accompanied by ascites.