The postoperative course was uneventful.

A 57-year-old patient was admitted to our department laparoscopy is routinely used in emergency admitted patients, also those with abovementioned condition, sometimes yielding unexpected and thrilling results. The aim of this work is to present atypical suprahepatic displacement of the small intestine. An attempt at conservative treatment failed after the re-initiation of oral nutrition. CT revealed acalculous cholecystitis accompanied by gastrointestinal obstruction.

Aim: Nowadays, in vast majority of emergency patients with gastrointestinal obstruction, even in a complicated immediate treatment of intestinal obstruction, even in a complicated clinical indication. Traditionally, open surgical repair is most commonly used as an option to repair an strangulated inguinal hernia.

Material and Methods: We present the different ways we have used in our Hospital to treat incarcerated inguinal hernia combining endoscopic preperitoneal and laparoscopic approach.

Results: 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. Laparoscopy combined with preperitoneal endoscopic inguinal repair allows us to explore and to treat possible complications of intestinal ischemia with no need of laparotomy.

Conclusions: Laparoscopic techniques are an option to consider when treating an incarcerated inguinal hernia, even if bowel resection is needed. Thanks to laparoscopic approach, laparotomy can be avoided in many cases.

Supplementary material

Supplementary material is available at BJ Surgery online.

VP020 ENDOCOSCOPIC PREPERITONEAL APPROACH IN STRANGULATED INGUINAL HERNIA

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Aim: According to the clinical symptoms and radiological findings minimal invasive surgery can be an option to repair an strangulated inguinal hernia.

Material and Methods: We present the different ways we have used in our Hospital to treat incarcerated inguinal hernia combining endoscopic preperitoneal and laparoscopic approach.

Results: 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. Laparoscopy combined with preperitoneal endoscopic inguinal repair allows us to explore and to treat possible complications of intestinal ischemia with no need of laparotomy.

Conclusions: Laparoscopic techniques are an option to consider when treating an incarcerated inguinal hernia, even if bowel resection is needed. Thanks to laparoscopic approach, laparotomy can be avoided in many cases.

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