VP028  TAPP REPAIR FOR INCISIONAL LUMBAR HERNIA

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Aim: “Incisional hernias are very common and can present even after minimally invasive surgery for other pathologies. Laparoscopic ventral hernia repair first described by LeBlanc in 1992, gained great popularity, because of its known advantages over the open techniques. In the last decade because of increasing concerns about the future risks of using an intra-peritoneal mesh, several minimally invasive techniques using a mesh outside abdominal cavity have been described. We report the use of a TAPP technique.”

Material and Methods: “48 yo female patient, that underwent a laparoscopic right adrenalectomy, for myelolipoma, in 2015, with subsequent incisional lumbar hernia (L4W1) in the extraction incision.”

Results: “The patient was submitted to a laparoscopic TAPP repair in ambulatory surgery with extended recovery. The hernia defect was closed with a barbed suture and it was used a 15x15cm medium weight polypropylene mesh without traumatic fixation. For pain control it was done a TAP block guided by laparoscopy. The duration of surgery was 90 minutes. The patient had no complications. No recurrence on follow-up (4 months).”

Conclusions: “New minimally invasive procedures for the repair of incisional hernias avoid the intraperitoneal mesh position and maintain all the advantages of the minimally invasive approach. Some of these techniques may be complex and have a long learning curve. TAPP seems reproducible and a good option if a good extra-peritoneal dissection is possible. Larger series are needed, to accurately compare these new techniques with IPOM, open sublay and to select the best technique for each patient.”

Supplementary material
Supplementary material is available at BJS online.