

75. TRANSABDOMINAL PREPERITONEAL (TAPP) VERSUS LICHTENSTEIN OPERATION FOR PRIMARY INGUINAL HERNIA REPAIR.

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Introduction. More than 20 million inguinal hernia repair surgeries are performed every year worldwide. Nearly 800.000 are performed in the United States. This is a multifactorial disease affecting individuals of all ages and of both sexes. Thirty percent of patients with inguinal hernia are asymptomatic, and up to 50% are aware of their hernia. Three percent of the patients present incarceration. Indirect hernia corresponds to more than 70% of cases among adults. The recurrence after surgery ranges from 3 to 8%.

Aim of study. The aim is to investigate the differences between the transabdominal Preperitoneal (TAPP) and Lichtenstein in complication (intra surgical/post operator), rehabilitation, recurrence. To analyze the literature concerning after surgery complications. To identify the treatment method with less recurrences. To make a comparison in time needed for the patient to get back to his/her normal daily life.

Methods and materials. Data collection from published literature. Medical documentation, official statistics.

Results. The Lichtenstein tension-free mesh-based repair remains the criterion standard. The evidence was sufficient to conclude that the use of mesh was associated with a reduced rate of recurrence. The Lichtenstein method is easier for the surgeon to master and it's accompanied by less intra operative complication, but with a longer rehabilitation period. Transabdominal Preperitoneal (TAPP) is a feasible method for treating groin hernia associated with low rate of postoperative morbidity and recurrence. The anatomic landmarks are easily recognizable. The laparoscopic exploration allows for the treatment of incarcerated strangulated hernias and the intraoperative diagnosis of occult hernias. The postoperative rehabilitation of the patient is shorter than in Lichtenstein procedure rehabilitation. But with all the benefits the Laparoscopic approach has also disadvantages: a long learning curve for the surgeon to get the hang of it, around 200-250 cases, Higher recurrence and complication rates early in a surgeon's experience, Increased cost and Length of the operation.

Conclusion. The Lichtenstein procedure is a very common method because of its simplicity, reduced cost and shorter learning curve in comparison with the transabdominal Preperitoneal (TAPP). The TAPP in contrast with the Lichtenstein procedure carries less risk for the patient in the post operative stage (in the hand of experienced surgeon) with a shortened rehabilitation period and decreases risk of a recurrent. The transabdominal Preperitoneal (TAPP) is a procedure that is harder to master and is less cost effective than the Lichtenstein (this is the reason for the increase intra operatory complication early in a surgeon's experience) but in the hands of an experienced surgeon there is minimal to no risk of recurrency. In the future the transabdominal Preperitoneal (TAPP) procedure will become the gold standard but for now the more common treatment of the inguinal hernia is the Lichtenstein procedure.