

# Laparoscopic Groin Hernia Repair

<b>CPT Code:</b>	Laparoscopy: Surgical repair of initial inguinal hernia 56316 Laparoscopy: Surgical repair of recurrent inguinal hernia 56317
<b>SAMA Code:</b>	1819, 1825, 1827, 1836
<b>Definition:</b>	Surgical repair of groin hernia including inguinal and femoral sites using laparoscopic techniques. Approach may be transabdominal and preperitoneal(TAPP) or transabdominal and totally extraperitoneal(TEP).
<b>Indication For Procedure:</b>	Repair of all groin hernias are recommended at diagnosis except small direct in high risk elderly and those not safely able to have a general anaesthetic. Urgent repair is also feasible in painful and non-reduceable hernias via laparoscope. Painful sportsman's groin
<b>Contra indications:</b>	High risk for general anaesthetic(see comment) Bleeding disorders Adverse reaction to foreign material Major intra abdominal disease(ascites ,sepsis)
<b>Relative contra indications:</b>	Young age <16 Previous lower abdominal incisions (see comment)
<b>Pre-Operative Investigations:</b>	Clinical diagnosis at the bedside Use of soft tissue ultrasound in specialized units helpful when hernia not palpable Complicated cases may require resuscitation and special investigations as indicated

## HOSPITALISATION:

- **Pre-op admission days:** Nil
- **Theatre Requirements:** General anaesthesia is usually required.  
Local anaesthesia is not possible but spinal has been safely and practically used.
- **Length of stay (LOS):** Ambulatory – same day or overnight.

<b>Complications:</b>	Wound infection.Almost not reported Haemorrhage.<1% Seroma.10-15% -higher than open Neuralgia.acute and chronic –lower than open Recurrence.comparable to open techniques.<5% Due to laparoscopic access.
<b>Level of Care:</b>	3
<b>Ancillary Services:</b>	0
<b>Post Operative Investigations:</b>	0
<b>Certifications:</b>	Fellowship or Masters degree in general surgery with advanced laparoscopic training.
<b>References:</b>	
<b>Reviewed by:</b>	Dr Jeremy Nel
<b>Date reviewed:</b>	March 2009
<b>Comments:</b>	<p>There are many techniques available for hernia repair.Laparoscopic repair by TEP approach seems to be preferred technique with all the advantages of minimal access and avoiding the intra-abdominal complications.there is unfortunately a very long learning curve of 200-250 cases and it is a technically demanding procedure.Training and experience is therefore more important in this scenario to ensure safety and cost effectivity.</p> <p>TEP repair has proven to be safe with less complications than open but if occur tend to be of more severe nature.This technique can still safely be used in patients who have had previous lower abdominal surgery .</p> <p>There are many advantages of laparoscopic technique for patients.post-operative pain is less especially for the first 2 weeks and physical activity is possible after 2-3 weeks which is an issue for sportsman.pain is less even up to 1 year where open repair patients have a high incidence of local wound pain.The incidence of chronic pain and neuralgia is also lower.The use of ultra light meshes may reduce pain but handling quality and cost do not make it cost effective or practical.</p> <p>The operating time for unilateral repair is slightly longer but bilateral and recurrences shorter.</p> <p>The increased theater costs are negated by taking into account earlier mobilization and return to work.</p> <p>Recurrences are difficult to evaluate due to follow up discrepancies but in expert hands equals open Lichtenstein technique.</p> <p>The exclusion of local anaesthetic makes this technique not possible in very high risk patients.</p>