

## Long term outcome of totally extraperitoneal hernia repair without mesh fixation

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**Background:** The totally extraperitoneal hernia repair (TEP) without mesh fixation is an effective treatment with a low level of the recurrence rate and low percentage of postoperative chronic pain. This study aims to assess the quality of life and the recurrence rate in patients after TEP hernia repair without mesh fixation with an average follow-up of 61 months (5 years).

**Materials and methods:** 278 patients who underwent TEP hernia repair between 2008-2014 were included in a retrospective analysis. Using an electronic database, such data as: demographic factors (gender, age), type of hernia, length of surgery, perioperative and postoperative complications, length of hospitalization after the procedure, were analyzed. A telephone survey analyzing the percentage of recurrences and quality of life by the Carolinas Comfort Scale (CCS) questionnaires and the Polish version of Short Form 36 (SF-36) were conducted.

**Results:** 278 patients underwent inguinal hernia repair using the TEP method. 243 (87.4%) patients underwent unilateral hernia repair, in 35 (12.6%) patients bilateral hernia repair was performed. The mean time of surgery for unilateral hernia was 48 min, for a bilateral hernia it was longer by an average of 5 minutes. The mean time of hospitalization (counted from the day of surgery) was 2.5 days. 13 (4.5%) conversions in the study group were necessary - 10 to the Lichtenstein method, 3 to the TAPP (transabdominal patch plasty) method. There were no significant perioperative complications, the percentage of postoperative complications was 2.5%. The mean time follow up was 61 months. The number of patients involved in the long-term post-operative follow-up was 98 (35.2%). Recurrence rate in the study group was 2 % (2 patients) The mean scores on the CCS and SF-36 scale were low and counted 38.9 points for CCS 3.4 and SF-36, respectively.

**Conclusions:** TEP inguinal hernia repair without mesh fixation is an effective and safe surgical method ensuring low recurrence rate and high quality of life among operated patients

**Kategoria:** K2. Wyzwania chirurgii XXI wieku – możliwości i ograniczenia / Operacje z wykorzystaniem technik minimalnie inwazyjnych / Twenty-first century surgery challenges – possibilities and limitations / Operations using minimally invasive techniques