How does contralateral occult hernia repair at the time of minimally invasive inguinal hernia repair affect quality of life?

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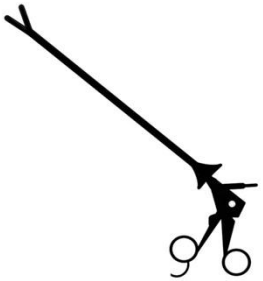
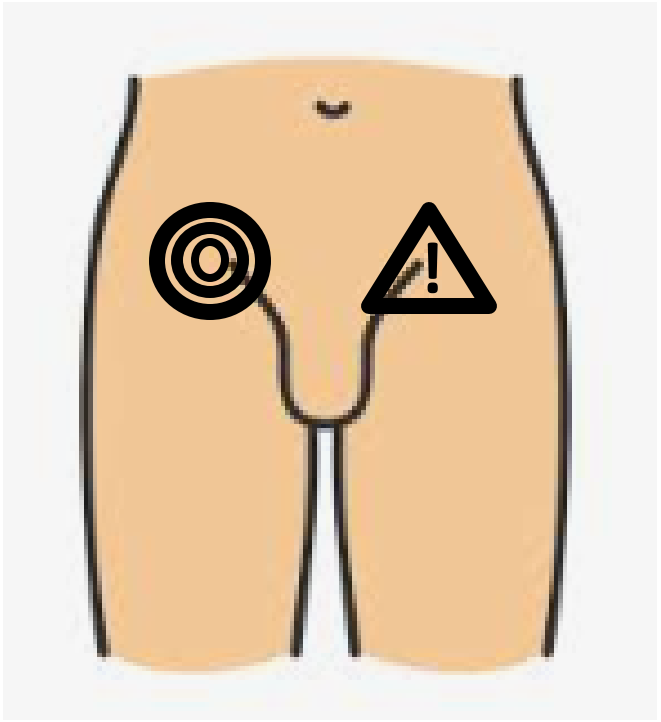
UNIVERSITY of FLORIDA

Disclosures

Background





Update of the international HerniaSurge guidelines for groin hernia management

Chapter 8. Occult hernias and bilateral repair

Key Question: What is the best treatment for patients presenting with a contralateral occult hernia at the time of laparo-endoscopic unilateral inguinal hernia repair?

	Text	Level of evidence	Strength of recommendation
KQ Statement	The repair of a concomitant occult hernia can increase the overall surgical risk of the procedure because of the second procedure but can avoid a second operation for the patient with the cost and anaesthetic risk.	⊠⊠□□	
Statement	The risk of progression from occult to symptomatic clinical defect is unknown but possible at a rate of 1.2% per year.	⊠□□□	
Recommendation	The decision whether to perform the repair of an occult contralateral hernia identified during a laparo-endoscopic repair of a unilateral hernia should be discussed with the patient at the time of informed consent.	⊠□□□	Weak

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Research prioritization in hernia surgery: a modified Delphi ACHQC and VHOC expert consensus

Table 1 Top 11 research questions

1. Activity restriction versus no restriction following incisional hernia repair
2. Does concomitant diastasis repair reduce recurrence of umbilical/ epigastric hernias?
3. Effect of repair of contralateral occult inguinal hernia found at the time of minimally invasive groin repair on quality of life
4. Rate of long-term bowel related outcomes of intraperitoneal mesh
5. Outcomes of neurectomy and/or mesh removal for chronic post-operative inguinal pain using a control group

Remulla. Hernia. 2024

Objective

Effect of contralateral occult inguinal hernia repair during minimally invasive inguinal hernia repair on quality of life

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Methods

Inclusion criteria

Adults
Inguinal hernia
Lap / robotic TAPP
Elective
Clean
30-day follow up

Exclusion criteria

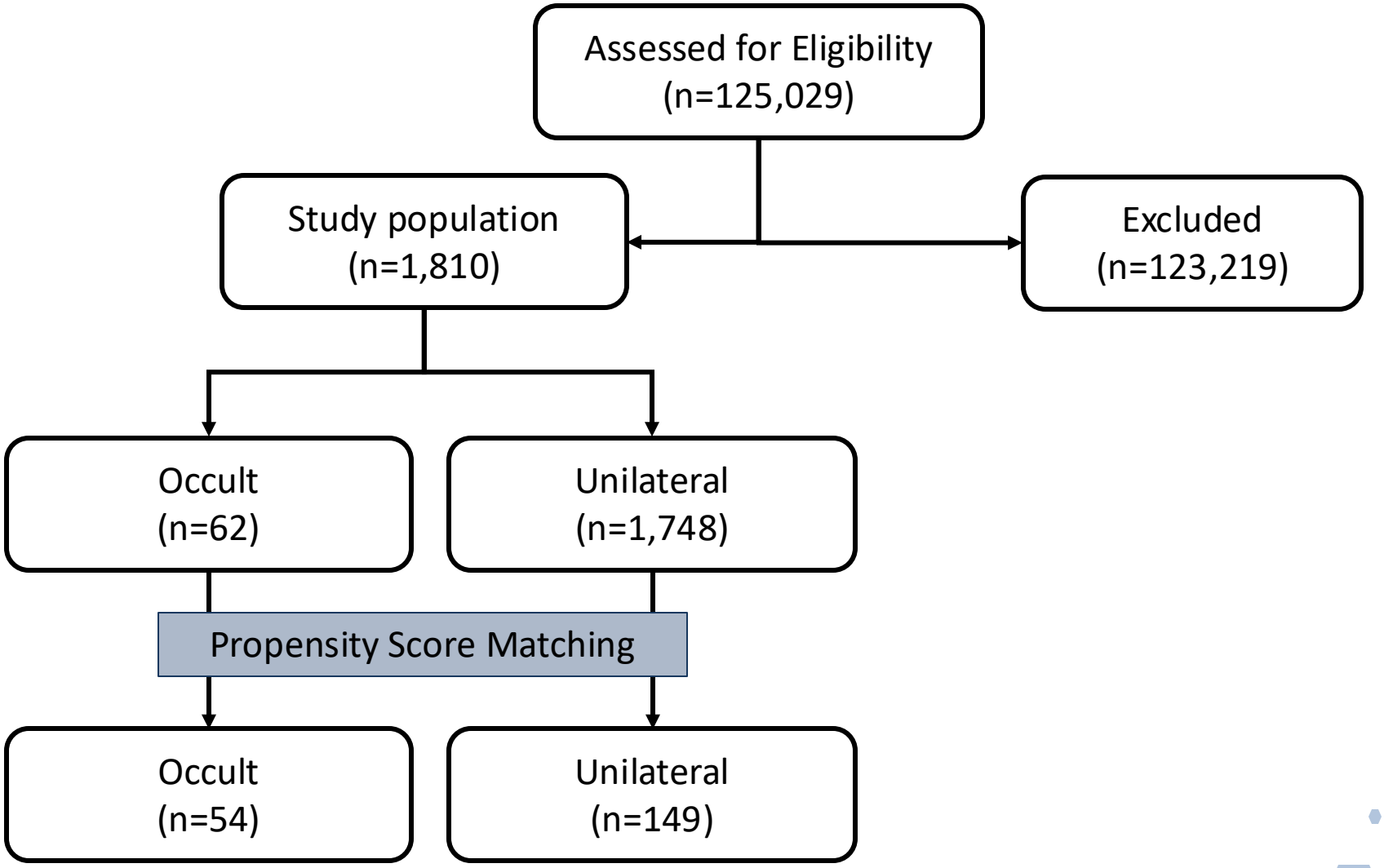
Recurrent
Pain without bulge
Bilateral incidental
Bilateral symptomatic
Obturator / femoral
Concomitant procedure

Methods

Unilateral

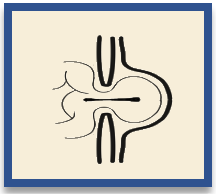
Occult
(one side = incidental contra-lateral hernia found at operation)

Methods


Assessed for Eligibility
(n=125,029)
Study population
(n=1,810)
Excluded
(n=123,219)
Occult
(n=62)
Unilateral
(n=1,748)
Propensity Score Matching
Occult
(n=54)
Unilateral
(n=149)

Results

Characteristic	
Age	64
Male	93%
BMI	27
ASA	
1	13%
2	54%
3	32%



Characteristic	
Right-side (index)	61%
Type	
Lateral	61%
Medial	24%
Both	16%

Characteristic	
General anesthesia	100%
Mesh fixation	99%
Intraop complications	0%

Results – 30-day Outcomes

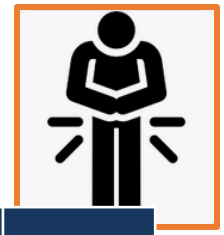
Outcome	Occult N=54	Unilateral N=149	p
Operative time (hr)			**< 0.001**
< 1	4%	54%	
1 -2	83%	42%	
> 2	13%	3%	
LOS > 0 days	7%	4%	0.3
Readmission	4%	0%	**0.02**
Reoperation	2%	0%	0.1
SSI	0%	0%	
SSO	4%	7%	0.4
SSOPI	0%	0%	

Results – Pragmatic Recurrence

Time frame	N	Occult N=54	Unilateral N=149	p
1 year	54	14%	2%	0.1
2 years	42	15%	0%	**0.03**
3 years	17	0%	10%	0.4

Results – Quality of Life

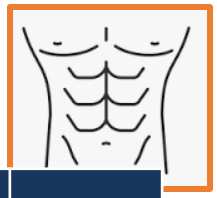
Eura HS Overall (0-90)	N	Occult N=54	Unilateral N=149	p
Baseline	203	24	24	0.1
30-day minus baseline	203	-3	-10	**0.03**
One-year minus baseline	51	-23	-21	0.8



Eura HS Pain domain (0-30)	N	Occult N=54	Unilateral N=149	p
Baseline	203	6	6	0.2
30-day minus baseline	203	-0.5	-3	**0.01**
One-year minus baseline	51	-6	-4	0.6

Results – Quality of Life

Eura HS Restriction domain (0-40)	N	Occult N=54	Unilateral N=149	p
Baseline	201	9	9	0.2
30-day minus baseline	196	-1	-2	0.4
One-year minus baseline	51	-7	-8	0.8



Eura HS Cosmesis domain (0-20)	N	Occult N=54	Unilateral N=149	p
Baseline	203	4	8	0.1
30-day minus baseline	202	-1	-4	0.2
One-year minus baseline	51	-5	-5	0.5

Conclusions

Concomitant repair of occult contralateral inguinal during TAPP is associated with:

- ↑ OR time
- ↑ readmission
- ↓ 30-day QoL
- ? Recurrence

These findings should guide preoperative counseling

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Key Question: What is the best treatment for patients presenting with a contralateral occult hernia at the time of laparo-endoscopic unilateral inguinal hernia repair?

The repair of a concomitant occult hernia can increase the overall surgical risk of the procedure because of the second procedure but can avoid a second operation for the patient with the cost and anaesthetic risk.

The risk of progression from occult to symptomatic clinical defect is unknown but possible at a rate of 1.2% per year.

The decision whether to perform the repair of an occult contralateral hernia identified during a laparo-endoscopic repair of a unilateral hernia should be discussed with the patient at the time of informed consent.

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