TIPS AND TRICKS
FROM THE MASTERS

LAP INGUINAL HERNIA

Shirin Towfigh MD FACS
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How I Do It
Business success is all about the **THREE P’s:**

- **PEOPLE**
- **PROCESS**
- **PRODUCT**
How I Do It
HAVE THE SAME TEAM (NEARLY) EVERY TIME!
How I Do It
PATIENT CHOICE

• Unilateral or bilateral
• Prior pelvic surgery ok (e.g., prostatectomy)
• No huge scrotal hernias
• Redo preperitoneal ok
DO IT THE SAME WAY EVERY TIME!
MINIMAL CLIPPING OF HAIR
FOLEY CATHETER FOR ALL
FOLEY CATHETER FOR ALL

INSTILL IN BLADDER BEFORE REMOVING

RAPAFLO IN PACU
TAP BLOCK PREOP
TUCK ARMS, FULL SCROTAL PREP
How I Do It
DO IT THE SAME WAY EVERY TIME!
PRESSURE SET AT 10MMHG
SET CAUTERY TO LOW 25
SAFETY

SEPARATE ELECTRICAL FROM NON-ELECTRICAL
MINIMAL SKIN EXPOSURE
USE TWO MONITORS

ERGONOMICS
USE TWO MONITORS
SCRUB TECH VS RESIDENT
AESTHETIC INCISIONS
AESTHETIC INCISIONS

5MM PORTS:
- 1 FINGERNAILBREADTH ABOVE PUBIS
- JUST BEYOND TIP OF THE CAMERA
LOCAL ANESTHETIC IN MIDLINE
I PREFER TEP
I PREFER TEP

HOME-MADE SPACEMAKER
I PREFER TEP

HOME-MADE SPACEMAKER

“TOW-FINGER”
Shirin Towfigh was live in IHC Premium.
July 20

How to make your own Latex-free Spacemaker for Lap TEP

#lifehack #BeingCheapinBeverlyHills
USE “PANCAKE” BLUNT DISSECTORS
SYSTEMATIC APPROACH

DO IT THE SAME WAY EVERY TIME!
SYSTEMATIC APPROACH

• Review the anatomy with the resident
• TEP
  – Residency numbers down
• ID the pubic tubercle
• Clear the Cooper’s ligament
• Lateral to medial dissection
• Careful use of cautery, but liberal
• Very gentle tissue handling
SYSTEMATIC APPROACH

• No-touch manipulation of cord
• Keep cord fat intact (vs cord lipoma)
• Wide dissection
• Tailor the mesh choice to needs of patient
• No-touch mesh placement
• Minimize fixation
• Large 3D Max, 3D Max Light, ProGrip Anatomic
  – DON’T roll the mesh anymore
• Fastouch fixation
"Business success is all about the THREE P’s:"

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- Process
- Product
Thank you!

- Twitter: @herniadoc

- www.HerniaTalk.com