Summary and conclusion

Laparoscopy offers an excellent exposure of the preperitoneal space that can be quite useful in repairing many hernias, especially those that are recurrent or otherwise complicated. It seems that laparoscopy will certainly have a place in the armamentarium of general surgeons caring for hernial repair.

A through understanding of the anatomy of the inguinal region and abdominal wall from the unique perspective of the laparoscopic surgeon is essential before a surgeon performs a laparoscopic hernia repair.

The role of laparoscopic hernioplasty and the choice of technique are still being defined. Totally extra-peritoneal approach to inguinal herniorrhaphy was advocated by Mckernan as early as 1993, and has its main advantage, the potential to eliminate all early and late complications related to violation of the peritoneal cavity associated with other trans-abdominal laparoscopic hernia repairs. Although prosthetic mesh is introduced by a different access route, the final preperitoneal destination of the mesh makes it principally another laparoscopic variant of the Stoppa open hernioplasty. Collected series have shown that laparoscopic totally extra-peritoneal approach repairs can be performed safely with good results when compared with a variety of laparoscopic and conventional repairs. They are associated with less postoperative pain and disability than conventional hernia repairs.

The laparoscopic totally extra-peritoneal herniorrhaphy is preferred in patients with recurrent hernias, bilateral hernias, and unilateral hernias with a suspected contralateral hernia. Surgeons with out advanced

laparoscopic skills or without the time to develop the skills necessary to perform laparoscopic herniorrhaphy should consider referring patients with recurrent hernias to surgeons with experience in totally extra-peritoneal. Trans-abdominal periperitoneal hernioplasty should be reserved for patients with prior lower abdominal incisions that make dissection of the peritoneum from the underside of the incision impossible.

Patients who can't tolerate general anesthesia, or who have had extensive lower abdominal surgery shouldn't undergo laparoscopic herniorrhaphy. Patients with recurrences following laparoscopic hernioplasty are better repaired through undisturbed tissue by an anterior approach.

Laparoscopic ventral hernia repair has shown itself to be an excellent solution to what has been a serious problem in surgery, namely ventral and incisional hernia disease.