

Introduction

A hernia is a protrusion of a viscus through an abnormal opening of the wall of its containing cavity. (*Bennett and Kingsnorth, 2004*).

Hernias of the anterior abdominal wall include:

- Inguinal hernias.
- Ventral hernia which cause umbilical, epigastric, or Spigelian hernias. In adults, incisional hernias account for 80% or more of the ventral hernias that surgeons repair. (*Larson, 2000*).

Over the past 15 years, laparoscopic herniorrhaphy has made the transition from an experimental to a proven procedure. With increasing laparoscopic skills in the surgical community, many surgeons are now faced with the question of when to recommend laparoscopic herniorrhaphy to their patients. A surgeon's best hernia repair is the one with which he has the greatest experience. This results in the lowest recurrence and complication rate in his hands. Certainly, simple unilateral hernias and bilateral hernias can be repaired with either anterior or laparoscopic techniques. (*Crawford and Phillips, 1998*).

Laparoscopic hernia repair is perhaps the most controversial of all new minimally invasive procedures, because the immediate advantages are not clear, the "long term" efficacy of the procedures will take 20 years to be evaluated, the technique is quite different from most standard hernia repairs,

and the hospital costs are always higher than open hernia repair. (*Hunter, 1997*).

There have been multiple different approaches to laparoscopic herniorrhaphy with a tendency towards exposure of the preperitoneal space with placement of a prosthetic mesh allowing a tension free repair. (*Corbit, 1993*).

As the conventional hernia repair is an effective operation already performed as an outpatient procedure with low morbidity and mortality, to justify replacing the safe and effective technique of classical hernia repair with laparoscopic herniorrhaphy, two aims must be met: (1) Reduction in postoperative pain and discomfort; and (2) Reduction in the rate of recurrence. (*Camps et al., 1995*).