

SYMPOSIUM OF



**Modern Surgery,
Challenge and Need**

ABSTRACT BOOK

**12-13.03.2022
Online**

**SYMPOSIUM OF SOUTHEAST EUROPEAN SURGEONS
MODERN SURGERY, CHALLENGE AND NEED**

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DIGESTIVE SURGERY

eTEP AND ABDOMINAL HERNIA

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Ventral hernia represents a problem for the surgeon and patients.

eTEP repair is a technique that is minimally invasive, provides lower overall complication rates, decreased wound complications and the recurrence rates and shortens the length of stay in the hospital.

The eTEP technique is closest to ideal because the abdominal cavity is not penetrated, is lessening the risk of visceral lesions and trocar site hernias, allows local or regional anesthesia, gives unsurpassed views of inguinal region and hernias and reproduces the technique of Rives – Stoppa. In favor of this technique is that it is modified based on the normal anatomy of the abdominal wall and depending of the extension of the dissection and the location of the hernia.

The extended-TEP (e-TEP) technique is based on the anatomical principle that the extraperitoneal space can be reached from almost anywhere in the anterior abdominal wall. It provides the most of the benefits for the patients but also requires great surgical skill and understanding of the anatomy of the anterior abdominal wall.

Keywords: minimal invasive surgery, TEP, eTEP, ventral hernia, lapraoscopy

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