

eTEP and Abdominal hernia

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Le Huu Nho R, Mege D, Ouaiïssi M, Sielezneff I, Sastre B. Incidence and prevention of ventral incisional hernia. *J Visc Surg*. 2012 Oct;149(5 Suppl):e3-14. doi: 10.1016/j.jviscsurg.2012.05.004. Epub 2012 Nov 9. PMID: 23142402

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- 15% of all abdominal hernias / ventral and incisional
- 10-20% burden in laparotomy
- ideal technique for ventral and incisional hernia,
 - low recurrence rate
 - least complications
 - it is minimal invasive,
 - reduces postoperative recovery period,
 - reduces and prevents a expenses and
 - reduces the hospital stay.

International Endohernia Society (IEHS), 2014

Guidelines for laparoscopic treatment of ventral and incisional
abdominal wall hernias



IPOM



IPOM+

International Endohernia Society (IEHS), 2019

Transhernial total
extraperitoneal/
preperitoneal /
retromuscular Mini or
Less-Open Sublay repair
(MILOS) or endoscopic
variant (EMILOS)

Laparoscopic
transabdominal
retromuscular (ventral
TARM)/
Laparoscopic retromuscular
ventral hernia repair
(RMVH)

Total extraperitoneal
preperitoneal /
retromuscular (ventral
TEP)

**Enhanced view total
extraperitoneal
preperitoneal /
retromuscular
(ventral eTEP)**

Laparoscopic transabdominal
preperitoneal (ventral TAPP)

Robo[®] Transabdominal
retromuscular (ventral rTARM)/
Robo[®]
retromuscular ventral hernia repair
(rRMVH)

Robo[®] Enhanced view total
extraperitoneal preperitoneal /
retromuscular (ventral reTEP)

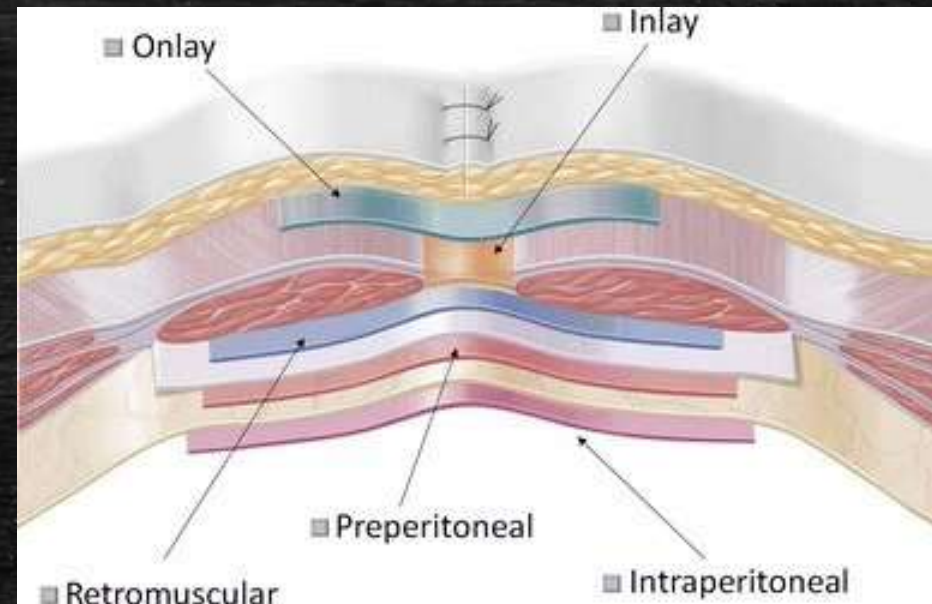
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Awaiz A, Rahman F, Hossain MB, Yunus RM, Khan S, Memon B, Memon MA (2015) Meta-analysis and systematic review of laparoscopic versus open mesh repair for elective incisional hernia. *Hernia* 19(3):449-463

Mitura K, Skolimowska-Rzewuska M, Garnysz K (2017) Outcomes of bridging versus mesh augmentation in laparoscopic repair of small and medium midline ventral hernias. *Surg Endosc* 31(1):382-388. Epub 2016 Jun 10. (2B)

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- intraperitoneal
- extraperitoneal



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 Society of American Gastrointestinal and Endoscopic Surgeons

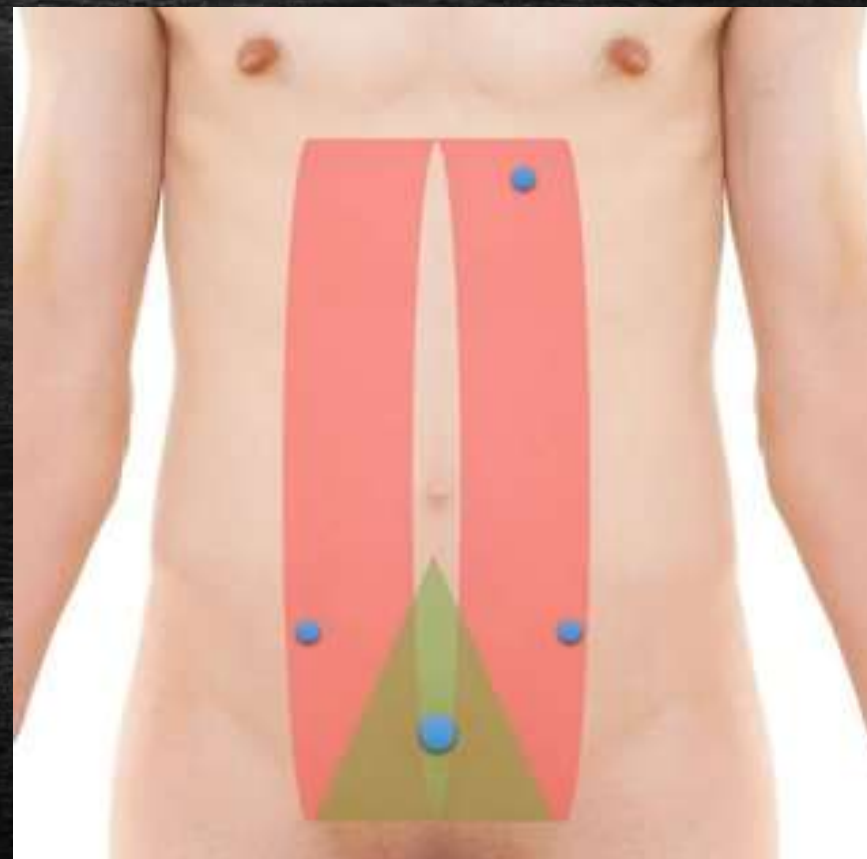
International Hernia Symposium

eTEP - What's That?
Did I Buy a Vowel?

Jorge Daes, MD

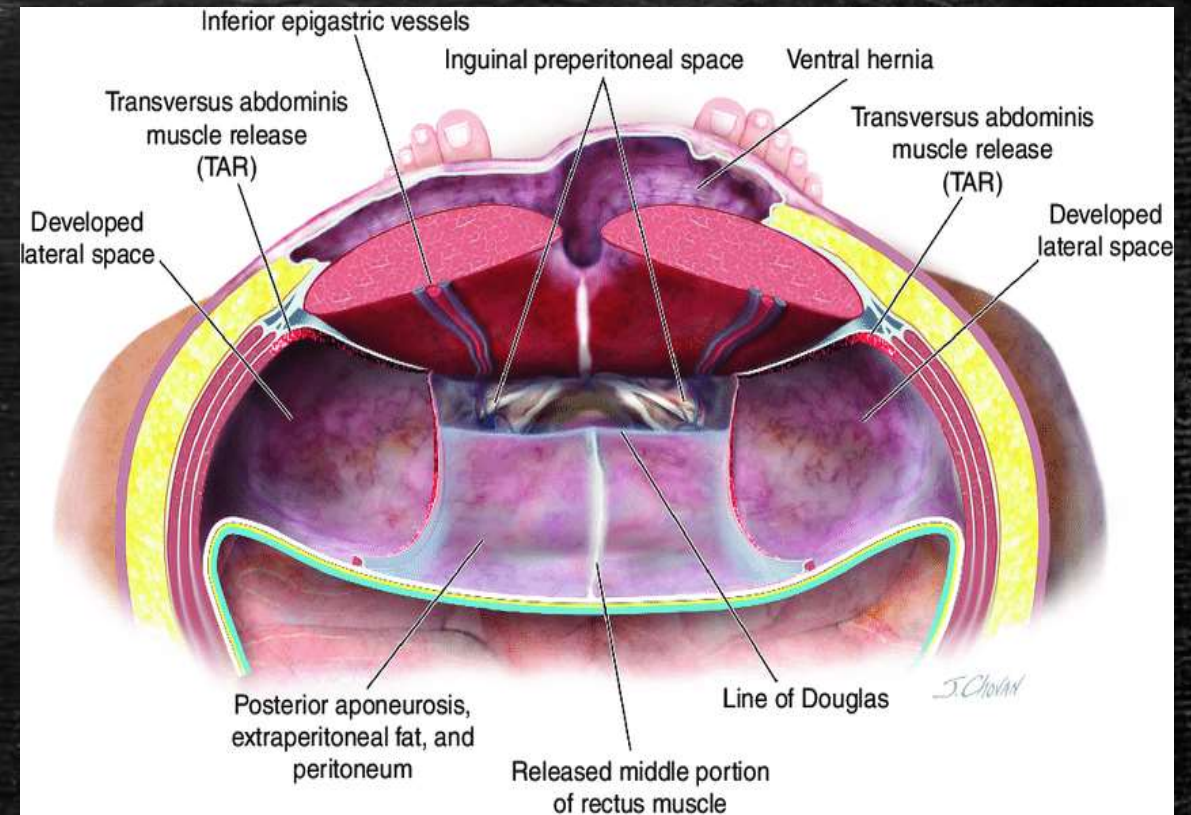


SAGES 2016 Surgical Spring Week 



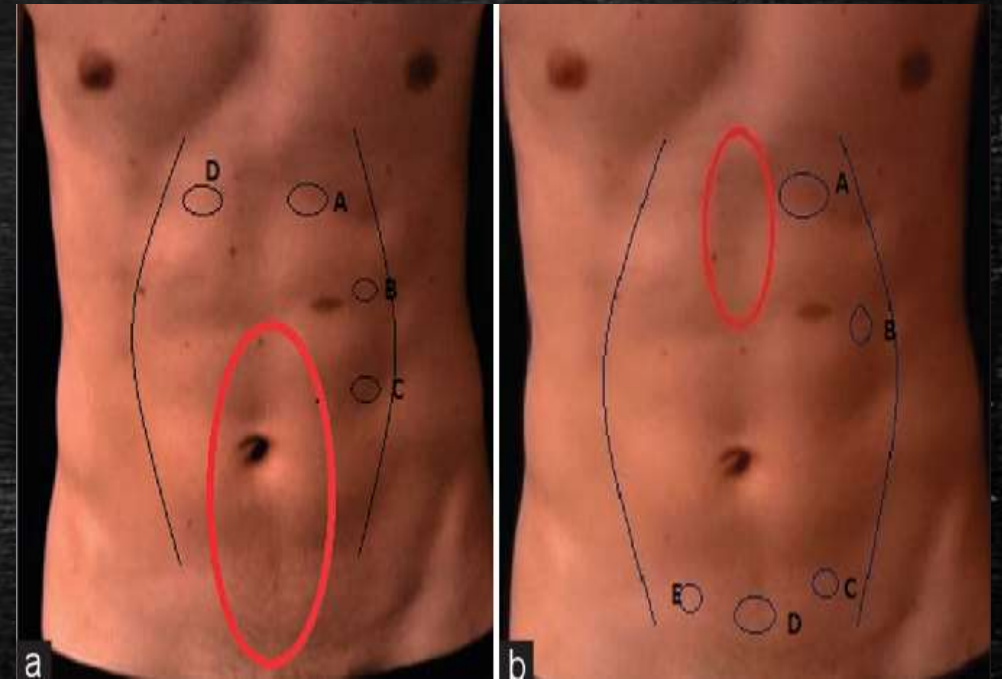
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Belyansky I, Daes J,3, Radu VG, Balasubramanian R, Reza Zahiri H, Weltz AS, Sibia US, Park A6, Novitsky Y. SurgEndosc. 2018 Mar;32(3):1525-1532. doi: 10.1007/s00464-017-5840-2. Epub 2017 Sep 15. A novel approach using the enhanced-view totallyextraperitoneal (eTEP) technique for laparoscopic retromuscular hernia repair.

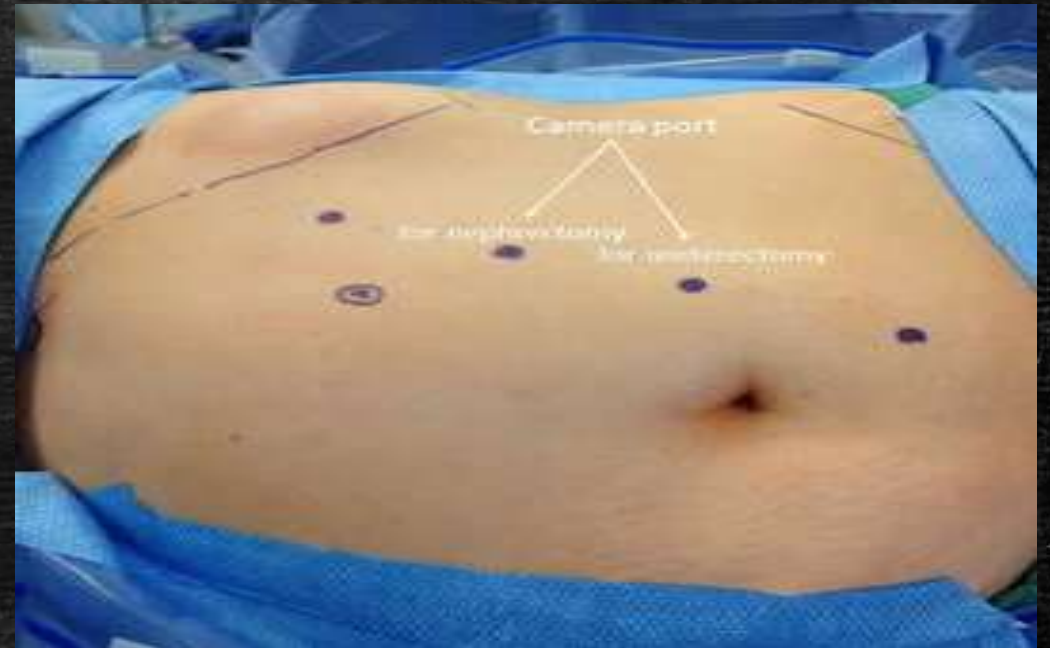
- peritoneal cavity is not entered which is lessening the risk of visceral lesions and trocar site hernias
- the preperitoneal-retromuscular space can be entered and created from any position
- knowledge of anatomy is crucial

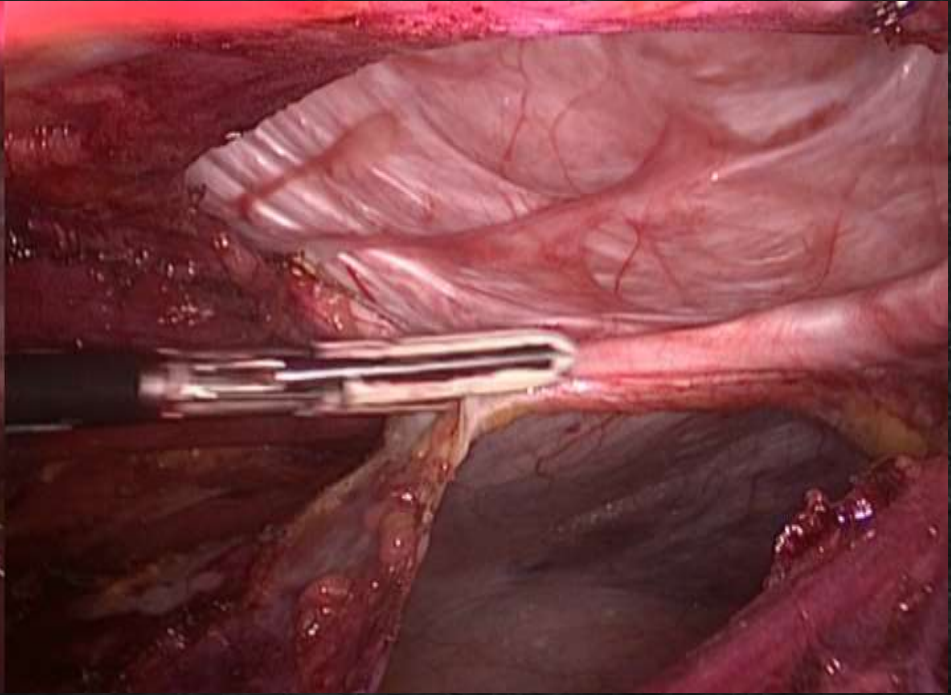
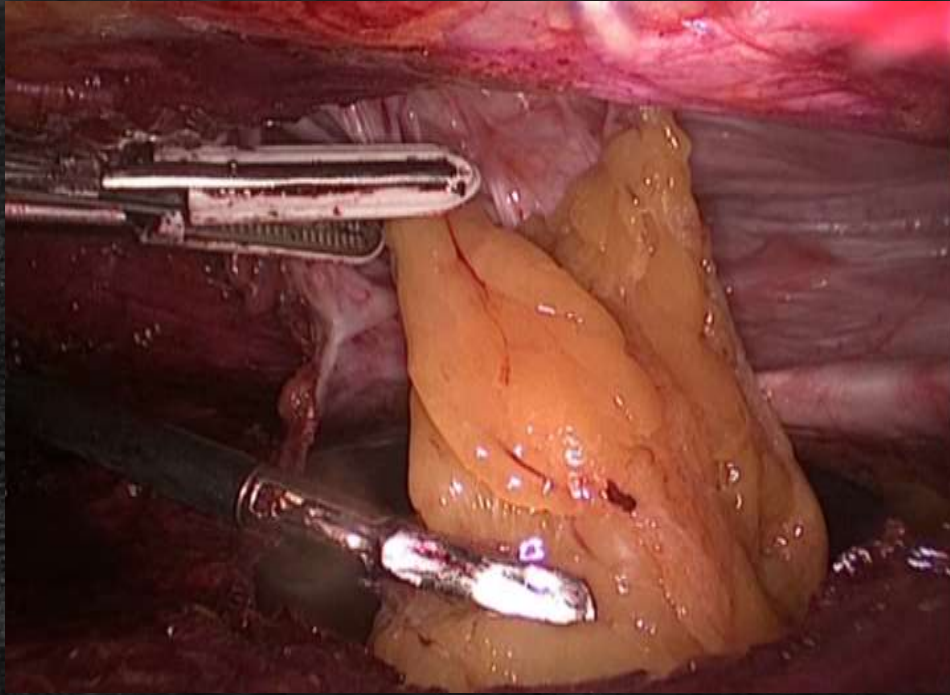


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- Flexible and ergonomic port setup
- Large surgical field
- Tolerance of pneumoperitoneum
- eTEP Stoppa –Rives
- eTEP TAR
- eTEP Lumbar





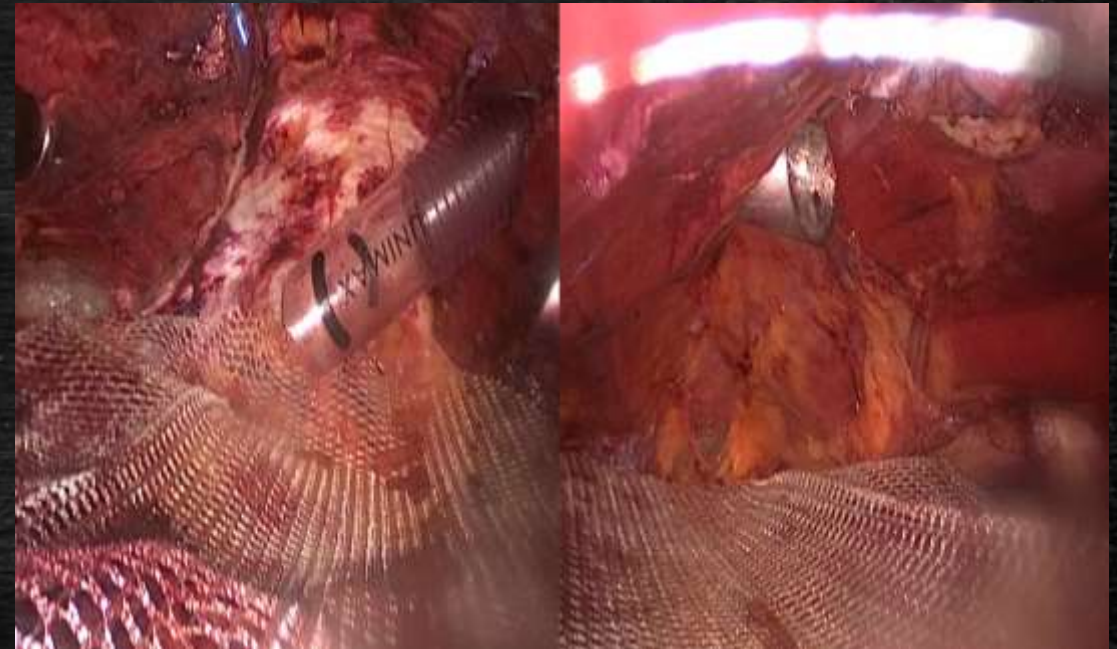


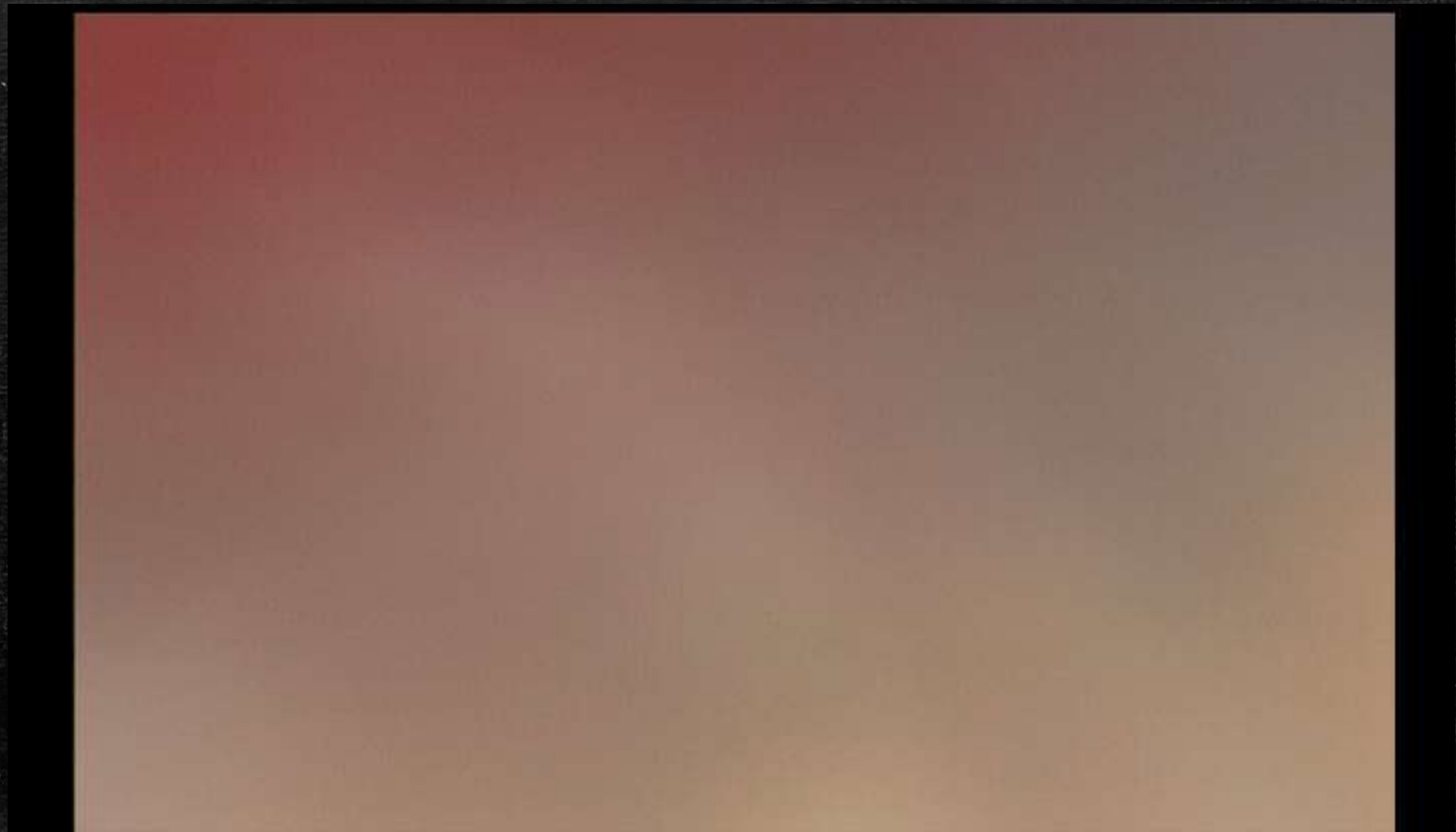
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Principles

- minimal invasive
- closure of the defect
- restoration of the linea alba on the midline
- uncoated mesh placed outside the peritoneal cavity
- minimal or none fixation





CONCLUSION

There are many available minimally invasive techniques for repair of ventral hernia. Surgeons should be proficient in most if not in all of them in order to accommodate to patient's needs and to be able to convert from one to another when necessary.