MAAS
МАКЕДОНСКА АСОЦИЈАЦИЈА НА АБДОМИНАЛНИ ХИРУРЗИ
MACEDONIAN ASSOCIATION OF ABDOMINAL SURGEONS

First Symposium of MAAS
&
"4th Meeting of WEB Chapter of E-AHPBA"

W E
Balkan

E-AHPBA
SILVER

28-29.03.2025
Hotel DoubleTree by Hilton, Skopje, N. Macedonia

Critical view of the myopectineal orifice - our experience

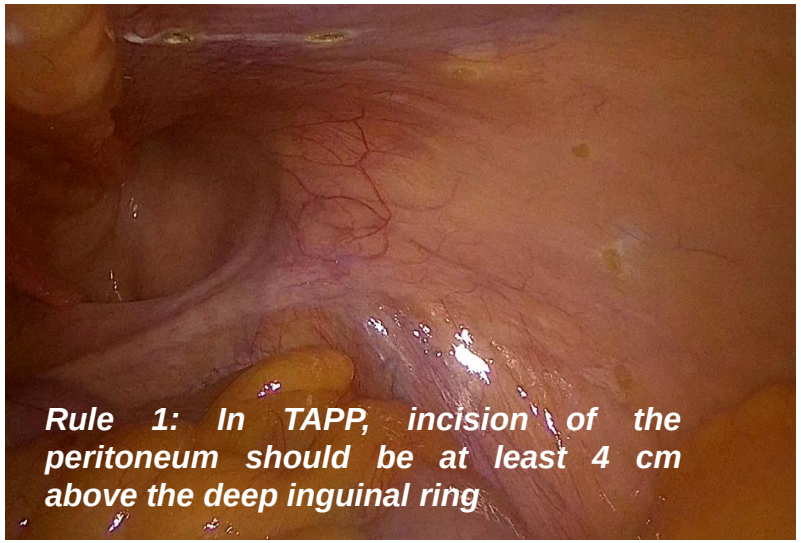
Ilija Milev[1]*, Aleksandar Veselinov[1], Nikola Arsovski[1], Aleksandar Longurov[1], Gorgi Velkov[1], Alen Georgijev[1], Stefan Petrovski[1], Nikola Trokovski[1]

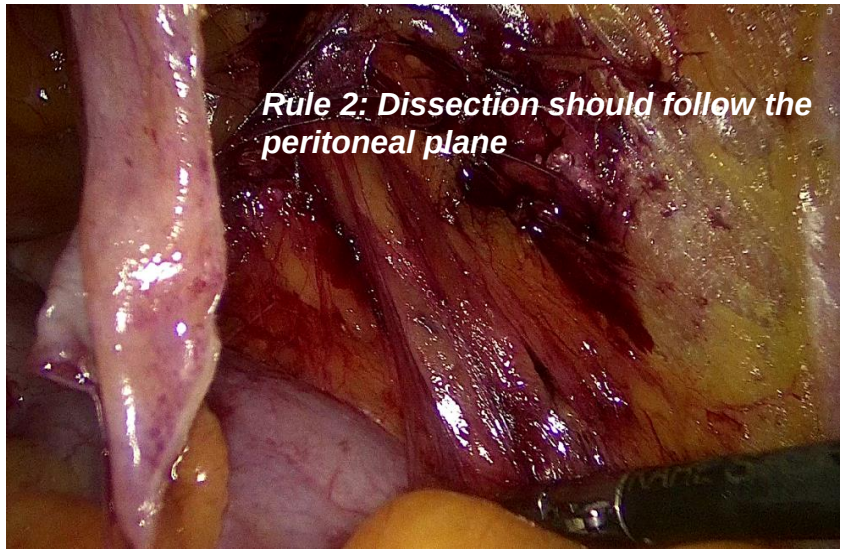
[1]Department of Surgery, Clinical Hospital-Shtip, Faculty of Medical Sciences, Goce Delcev University, St. Krste Misirkov, 2000 Stip, Macedonia

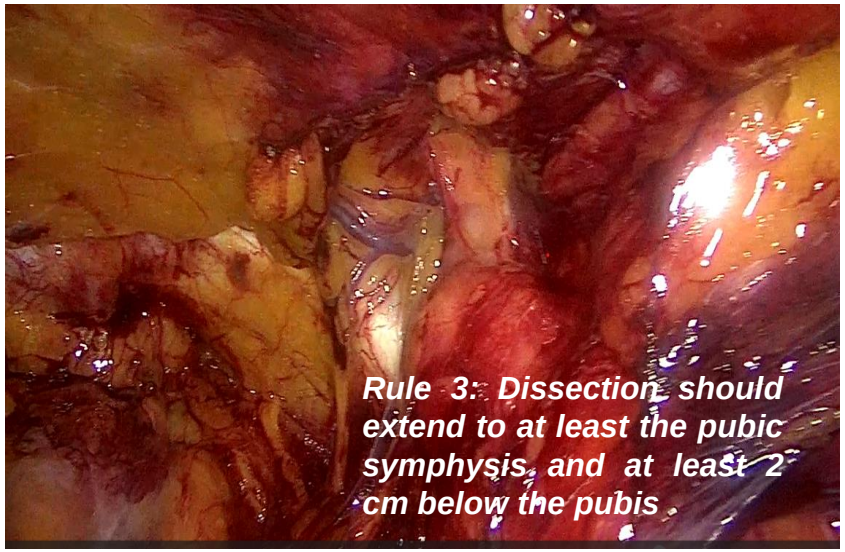
International guidelines for groin hernia management (EHS)

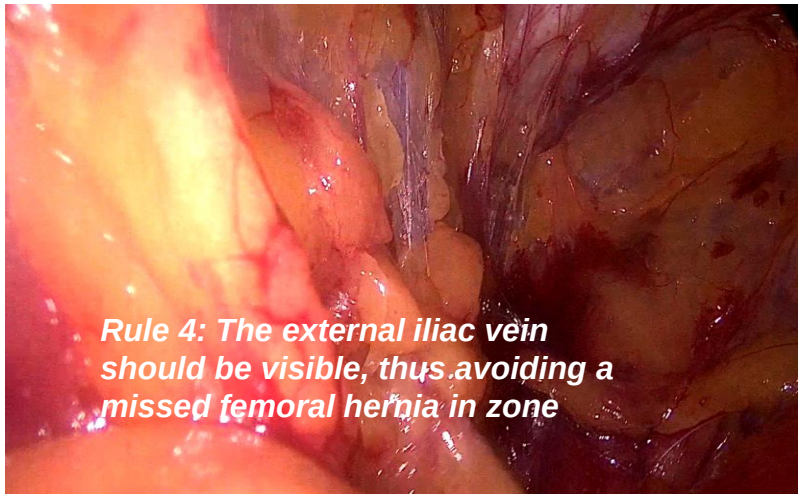
- **Statement:** When the surgeon has sufficient experience in the technique, laparo-endoscopic techniques do not take longer than Lichtenstein operations (level of evidence – Strong)
- **Statement:** When the surgeon has sufficient experience, no significant differences are observed in the perioperative complications needing reoperation between the laparo-endoscopic and Lichtenstein techniques (level of evidence – Strong)
- **Statement:** Laparo-endoscopic techniques have less chronic pain and faster recovery than the Lichtenstein repair (level of evidence – Strong)
- **Statement:** The direct operative costs for laparo-endoscopic inguinal hernia repair are higher. The difference decreases when the total community costs are considered and the surgeon has sufficient experience (level of evidence – Strong)
- **Statement:** The learning curve for laparo-endoscopic techniques (especially TEP) is longer than for Lichtenstein. There are rare but severe complications mainly described early in the learning curve. It is imperative that laparo-endoscopic techniques be learned in a properly supervised manner in order to minimize complications (level of evidence – Strong)
- **Recommendation: For patients (all sexes) with primary unilateral inguinal hernia, a laparo-endoscopic technique is recommended because of a lower postoperative pain incidence and a reduction in chronic pain incidence, provided that a surgeon with specific expertise and sufficient resources is available. However, there are patient and hernia characteristics that warrant Lichtenstein as first choice** (level of evidence - **Strong;** level of recommendation - **Strong)**

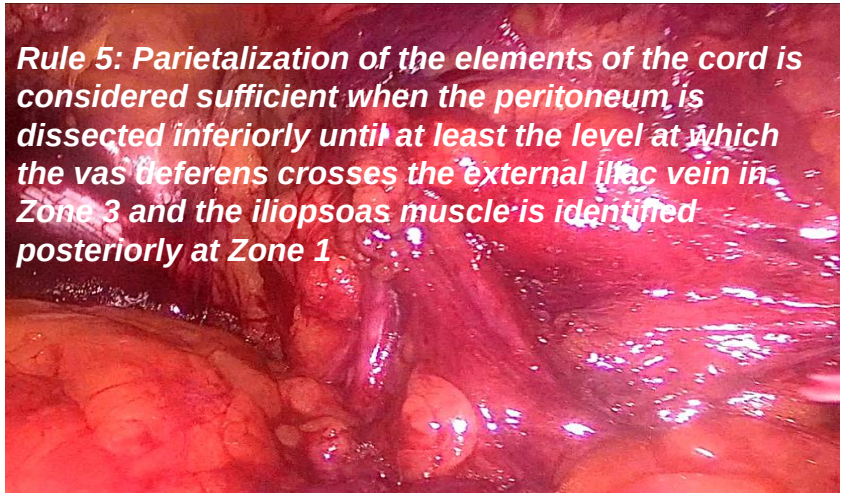
Ten golden rules for a safe MIS inguinal hernia repair – our experiance







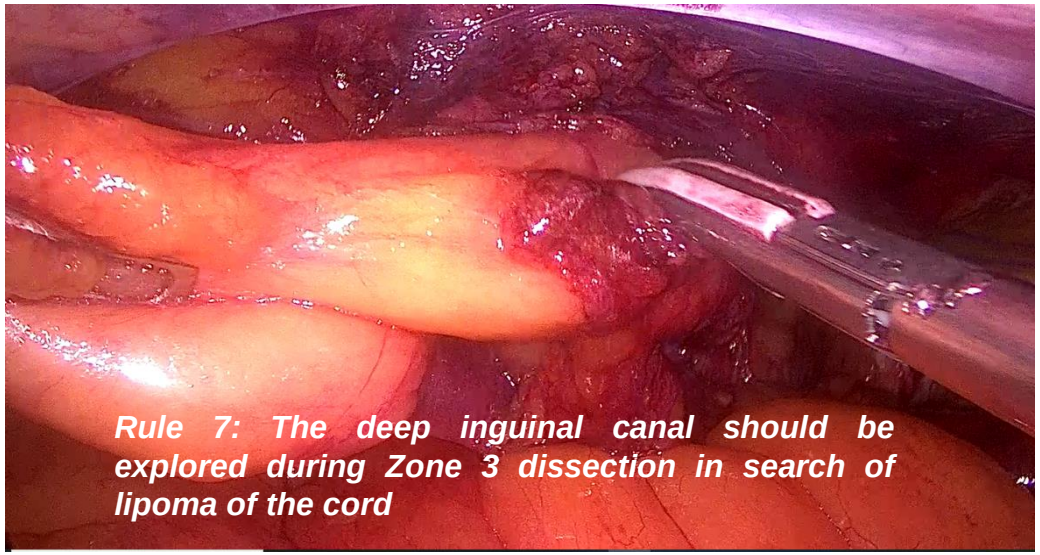




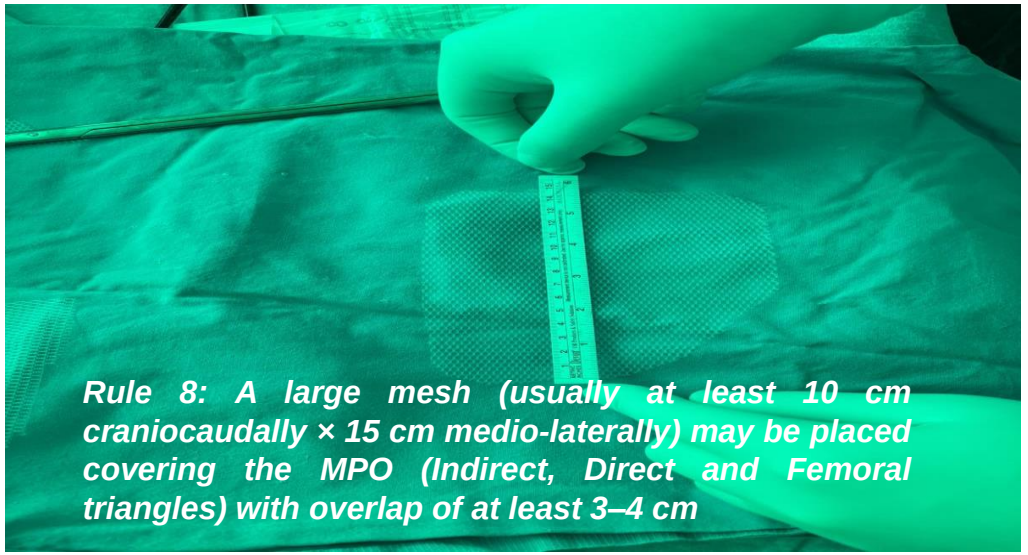
Rule 6: In large or inguino-scrotal hernias, it is recommended to transect and abandon the distal hernia sac within the scrotum:

(At our hospital, we do not use a laparoscopic approach for inguino-scrotal hernias)

Ten golden rules for a safe MIS inguinal hernia repair – our experiance

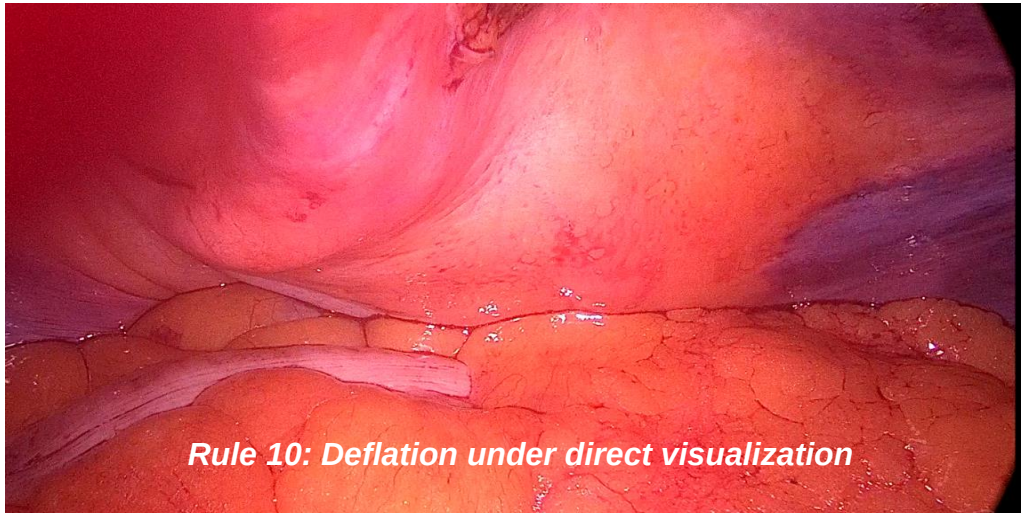


Rule 7: The deep inguinal canal should be explored during Zone 3 dissection in search of lipoma of the cord



Rule 8: A large mesh (usually at least 10 cm craniocaudally × 15 cm medio-laterally) may be placed covering the MPO (Indirect, Direct and Femoral triangles) with overlap of at least 3–4 cm

Rule 9: Mesh fixation is not necessary, especially in TEP - 5 to 6 fixation points are sufficient to fix the mesh (higher tack numbers are associated with increased risk of chronic pain)



Rule 10: Deflation under direct visualization

Materials, methods, results and conclusion - Our experience

- We retrospectively analyzed a single surgeon's experience in Clinical hospital Shtip, with elective inguinal hernia repair from 2016 to 2024 using medical documentation.
- Out of 309 elective inguinal hernia repairs performed by a single surgeon in the same number of patients over the nine-year period, 222 (72.08%) were open according to Lichtenstein, and 86 (27.92%) were laparoscopic performed by Transabdominal preperitoneal approach (TAPP). The laparoscopic approach was used for relatively younger patients with an average age of 48.76 vs 57.18 years, and mostly for bilateral inguinal hernia in 72 (83.72%) patients.
- There was 1 case of recurrence in TAPP group and none in Lichtenstein group.
- **After completing the long-term learning curve, careful follow-up of modern recommendations is of basic importance for a safe laparoscopic inguinal hernia repair.**