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Safe introduction of eTEP for ventral and incisional hernia at a general hospital

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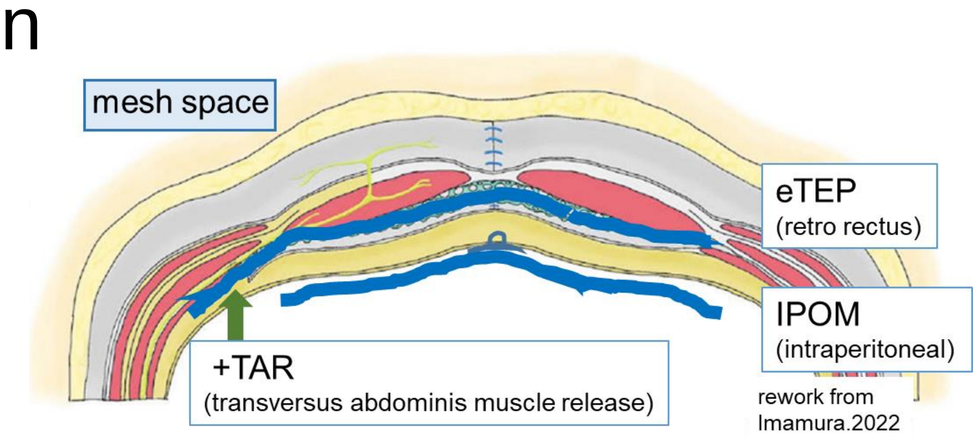
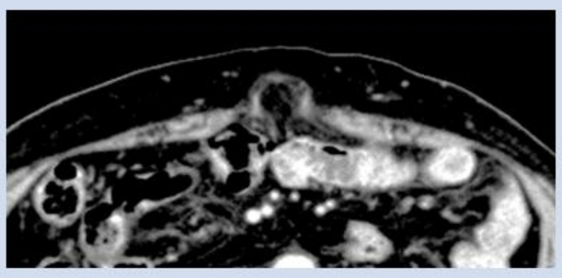
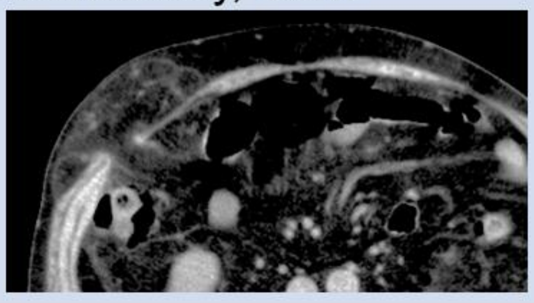
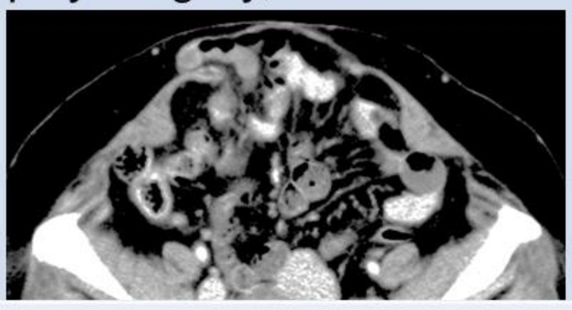
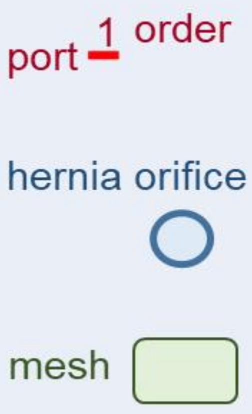
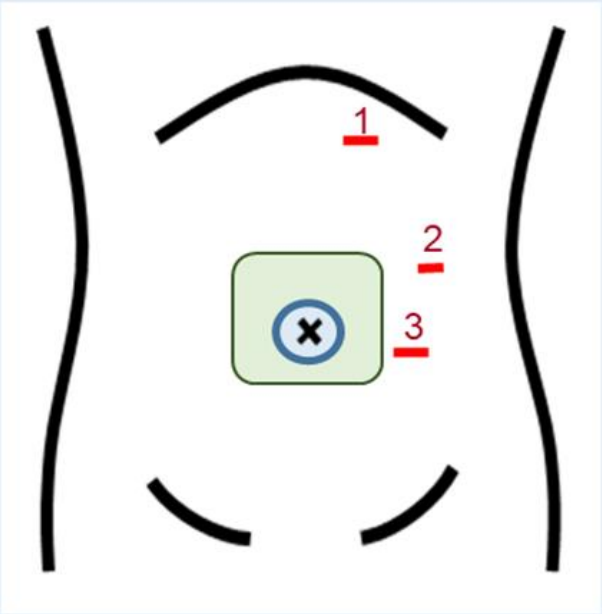
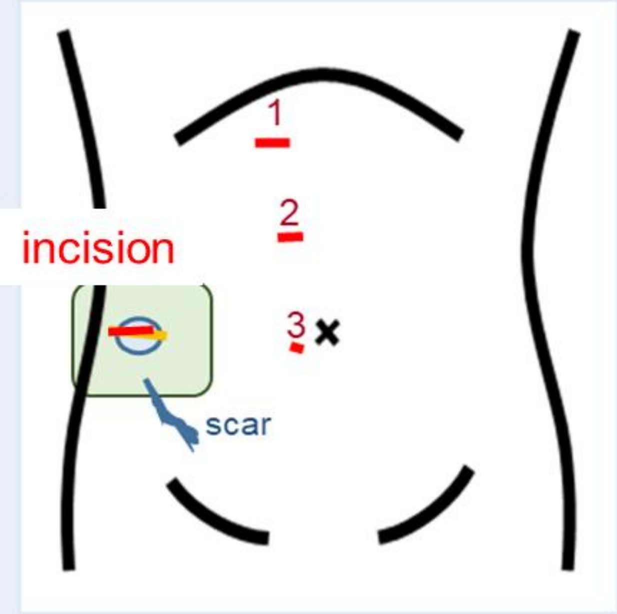
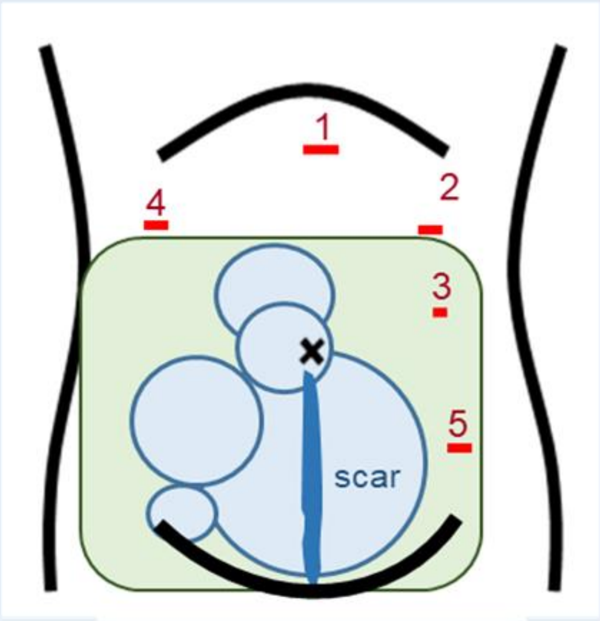
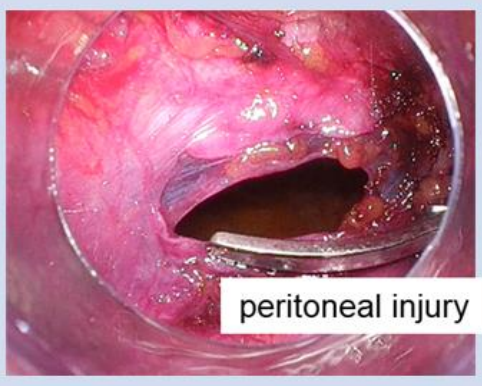
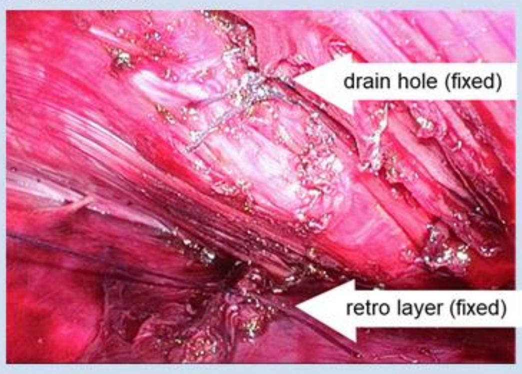
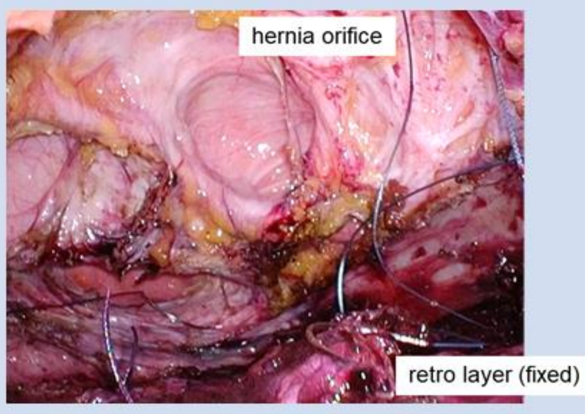
Enhanced view total extraperitoneal technique (eTEP)

- less impact on intra-abdominal organs
- lower recurrence rate
- less pain



Safe introduction requires

- preparation for intraoperative troubles
- review of preceding cases
- sharing with surgical team
- accurate initial & additional port placement
- prevention of peritoneal injury

case	1. 84 year-old female	2. 70 year-old male	3. 55 year-old woman
Preoperative diagnosis hernia orifice size	Umbilical hernia, 4cm 	Incisional hernia after appendectomy, 2cm 	Scar hernia in lower abdominal wall after poly-surgery, 20cm. 
Operative procedure 	eTEP with 3 ports 	eTEP+rtTAR+small incision with3 port + small incision 	eTEP+bilateral TAR with 3 + 2 ports 
Troubles	peritoneal injury ➡worse view took a long time 	no hernia orifice at the scar ➡Add small incision, a drain hole was orifice 	Only median incisional scar, but multiple orifices were fused 
Time (minutes) Blood loss (ml)	135 10	240 5	395 30
Post hospital stay (days)	6	3	8
Complication	Non	Non	Seroma ➔spontaneous absorption
Comment	▸ peritoneal closure is useful	▸ Use ultrasound to search orifice	▸ Very long time ➡Adhesions and cicatrix disrupt the anatomy

Discussion

- No standardized model for hernia training despite becoming more complex with many new mesh products (Hope et al, Hernia. 2014)
- Direct instruction from expert best but not always feasible (Pradarelli et al, Advance in Surgery. 2020)
- Quality of educational tools requires continuing debate