





Emergency Obturator Hernia Repair: TAPP Approach with Mesh Placement (with video Vignette)

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Abstract

Obturator hernia is an entity that represents 0.073% of all hernias, is usually diagnosed in elderly patients without palpable inguinalhernias, and is sometimes misdiagnosed as ileus, being usually confirmed by computed tomography. No real evidence based recommendations are made in international guidelines, although a recent meta-analysis suggests that mesh repairs prevent early recurrence with good postoperative outcomes even in contaminated fields [1,2]. High mortality rates of 27.8% are reported due to the fragility of this type of patient [3]. We present the case of a 94 year old woman who attended the emergency department with signs of intestinal obstruction, informed consent was obtained. Computed tomography revealed a strangulated right obturator hernia with no signs of intestinal necrosis (Video 1). The surgical procedure was performed laparoscopically, using two 5mm ports in both lumbar quadrants and an 11mm umbilical optical port. The operation began with 12 mmHg of abdominal pressure, but it was decreased to 10 mmHg due to the high CO₂ blood retention rate. Exploration and reduction of the strangulated small bowel was performed. During reduction, an intestinal injury was observed and a non-absorbable suture stitch was placed. Anatomical landmarks of the obturator hernia were clearly exposed. A 6 cm x 15 cm mesh was placed covering the obturator hernia fixed with GLUTACK[®]. Further dissection and bigger mesh to cover the field of the inguinal hernia were ruled out to avoid greater risk of contamination and pain in an elderly patient. The peritoneal defect was closed with a continuous barbed suture. The patient presented ileus with no other complications and was discharged on postoperative day 10. The ability to assess the small intestine, explore the abdominal cavity and faster recovery are considered advantages of the Transabdominal Preperitoneal (TAPP) approach.

Keywords: Obturator hernia, TAPP, Laparoscopic hernia repair



Disclosures

Drs. Clara Galan, Sonia Fernández-Ananín and Víctor Molina have no conflict of interest or financialties to disclose.

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