


Open transinguinal preperitoneal mesh repair of inguinal hernia: a targeted systematic review and meta-analysis of published randomized controlled trials

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Introduction

- Recurrence: 50-60% vs 1-4%
- New challenges: chronic groin pain (CGP)
- Incidence of CGP: 10-54%

Transinguinal preperitoneal (TIPP) hernia repair:

- Safe
- Short learning curve
- Cost effective
- Avoids direct regional nerves dissection and their exposure to bio reactive synthetic mesh

A vertical strip on the left side of the slide shows a surgical room. At the top, a circular surgical light fixture with multiple blue-tinted lamps is suspended. Below it, a table covered in blue sterile drapes is visible. In the lower part of the strip, a blue cross symbol and the word "EMERGENCY" are faintly visible on a wall. At the bottom, there are faint, stylized blue line drawings of surgical instruments like forceps and scissors.

Objective

Systematically analyse the RCTs comparing transinguinal preperitoneal (TIPP) and Lichtenstein repair (LR) of inguinal hernia.



Methods

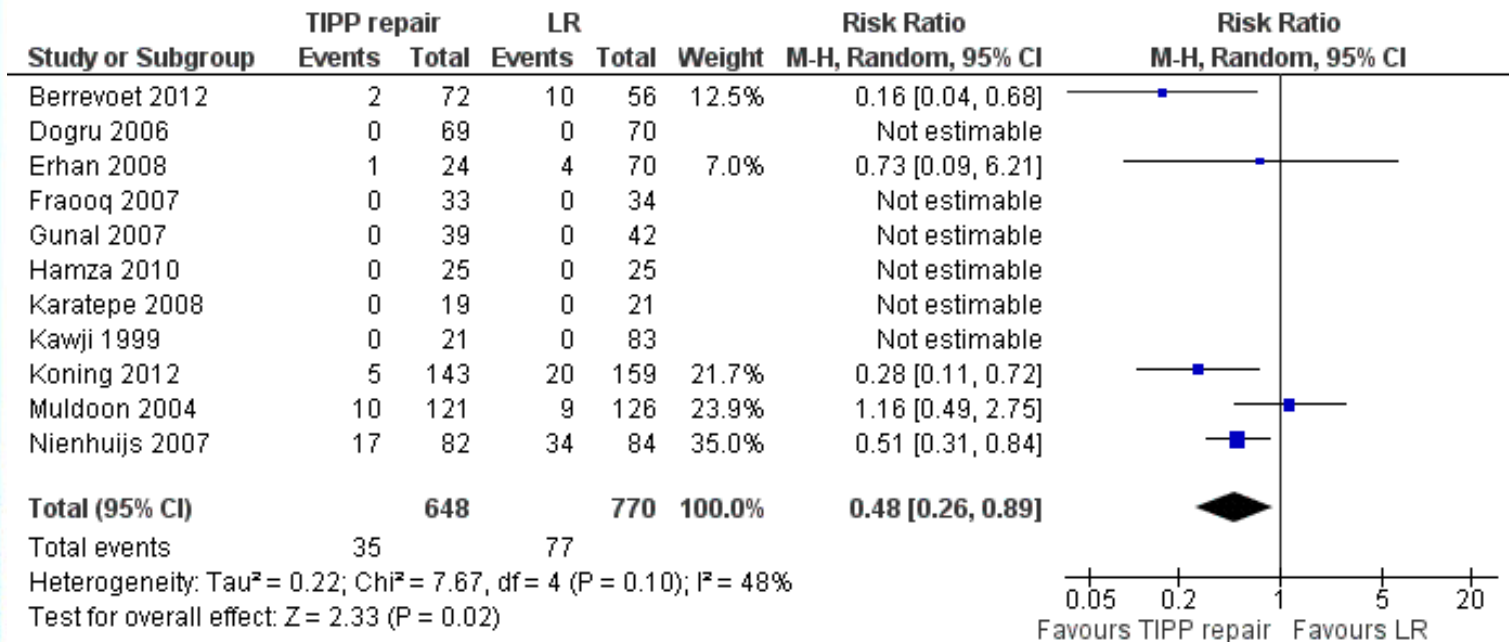
- Standard electronic medical databases
- Data extraction by two authors independently
- Statistical analysis using RevMan 5.2
- Combined outcomes expressed as RR and SMD

Results

- 12 RCTs on 1437 patients

Chronic groin pain

The risk of developing chronic groin pain following TIPP repair was lower compared to the use of LR





Results

Similar incidence between TIPP and LR in terms of:

- Recurrence ($p = 0.61$)
- Postoperative complications ($p = 0.45$)
- Postoperative moderate to severe pain ($p = 0.25$)
- Postoperative pain score ($p = 0.16$)
- Duration of operation ($p = 0.24$)



Conclusion

- TIPP superior in reducing CGP compared to LR
- TIPP can be considered an alternative and may be applied in selected groups of patients
- Poor to moderate quality trials



Thank you!