

TAAP vs. TEP in Inguinal Hernia Repair – What is the Evidence? A Single Center Experience

Adrian Tulin¹, Iulian Slavu², Vlad Braga², Daniela Mihaila¹, Lucian Alecu¹

¹Department of General Surgery, Prof. Dr. Agrippa Ionescu Emergency Clinical Hospital, Bucharest, Romania

²Emergency Clinical Hospital, Bucharest, Romania

Abstract

Goals: To evaluate the indications of TAAP vs TEP in the treatment of unilateral inguinal hernia and the limitations of each technique using the experience of our clinic.

Material and Method: The study is retrospective, extends over 4 years and includes patients with unilateral inguinal hernia operated using either TAAP or TEP technique.

Results: We identified a number of 40 patients of which 25 were treated with the TAPP and 15 with the TEP technique. The mean age in the TAAP group was 42 years and 38 years in the TEP group. Mean surgery time for TAAP was 52 min; for TEP it was 62 min. Large inguinoscrotal hernias were operated with the TAAP technique. Conversion from TEP to TAAP was encountered in 2 cases, while conversion to open a hernia was encountered in 3 cases. No deaths were recorded in the follow-up time.

Conclusions: Both TAAP and TEP are feasible surgical options to treat an inguinal hernia. The use of the TEP technique is limited by the size of the hernia defect while the TAAP technique has the advantage of larger intraoperative field, and an increased risk of injury to major abdominal organs.

Key words: TAAP, TEP, laparoscopy