

*Nadaraja K.*

## **LAPAROSCOPIC METHOD OF HERNIOPLASTY FOR INGUIAL HERNIAS**

*Tutor: senior lecturer Ali M.A.*

*Department of Surgical Diseases  
Gomel State Medical University, Gomel*

Inguinal hernia repair is one of the most commonly performed surgical procedures worldwide, with significant advancements achieved through minimally invasive techniques. The laparoscopic method of hernioplasty has gained widespread acceptance due to its advantages over conventional open repair, including reduced postoperative pain, faster recovery, and improved cosmetic outcomes. This literature review aims to evaluate current evidence regarding laparoscopic techniques, indications, outcomes, and potential complications in the management of inguinal hernias.

Laparoscopic hernioplasty primarily includes two widely used approaches: transabdominal preperitoneal repair (TAPP) and totally extraperitoneal repair (TEP). The transabdominal preperitoneal repair involves entering the peritoneal cavity and placing a mesh in the preperitoneal space, whereas totally extraperitoneal repair avoids peritoneal entry and directly accesses the preperitoneal space. Both techniques utilize prosthetic mesh to reinforce the weakened abdominal wall and reduce recurrence rates. Studies demonstrate that these approaches are associated with lower postoperative pain and earlier return to normal activities compared to open methods such as Lichtenstein repair.

Clinical outcomes of laparoscopic hernioplasty have been extensively studied. Evidence suggests that recurrence rates are comparable to open repair when performed by experienced surgeons. Additionally, laparoscopic techniques allow for the identification and repair of bilateral and recurrent hernias during the same procedure without additional incisions. However, the learning curve associated with these procedures is significant, and operative time may initially be longer. Complications such as seroma formation, vascular injury, and injury to intra-abdominal organs, although rare, must be considered.

Another important aspect highlighted in the literature is patient selection. Laparoscopic hernioplasty is particularly beneficial in patients with bilateral or recurrent inguinal hernias and in those seeking early return to daily activities. However, it may not be suitable for patients with large scrotal hernias, previous extensive lower abdominal surgeries, or contraindications to general anesthesia. Cost considerations and availability of surgical expertise also influence the choice of technique.

In conclusion, laparoscopic hernioplasty represents an effective and safe approach for the treatment of inguinal hernias, offering several advantages over open repair in selected patients. Despite a steeper learning curve and higher initial costs, its benefits in terms of reduced postoperative pain, quicker recovery, and the ability to address bilateral or recurrent cases make it a preferred option in modern surgical practice. Continued advancements in technique and training are expected to further enhance its outcomes and accessibility.