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ABSTRACT

Ventral hernias refer to fascial defects of the anterolateral abdominal wall through which intermittent or continuous protrusion of abdominal tissue or organs may occur.

Historically, incisional hernias have been repaired with either primary suture techniques or placement of a variety of prosthetic materials. Initially described in 1992, laparoscopic repair of incisional hernias has evolved from an investigational procedure to one that can safely and successfully be used to repair ventral hernias. The well-established benefits of laparoscopy repair are less postoperative pain, reduced hospital stay and recovery time, low complication and recurrence rates based on numerous reports, meta-analysis and few randomised trials. Conventionally, the laparoscopic ventral hernia repair (LVHR) entails the intraperitoneal placement and fixation of the prosthetic mesh. An alternative technique has been tried in a few studies and proposed and to be an advancement of the conventional approach.

The objective of this review was to compare the efficacy and safety of these two LVHR techniques by analysing the evidence in available literature. It has suggested that, the proposed laparoscopic preperitoneal placement of prosthesis seems to negate most of the positive attributes of the intraperitoneal approach to LVHR in most ways. The proposed new technique may be advantageous in small primary hernias, in a highly selected patients population. However, it may not be of benefit to the majority of patients that usually present that usually present with this structural disability.