

BRIGHAM AND  
WOMEN'S HOSPITAL

## MIS Inguinal Hernia Repair

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HARVARD MEDICAL SCHOOL  
TEACHING HOSPITAL



Mass General Brigham

# Disclosures

NIH / NIDDK

Vicarious Surgical, Inc.

Intuitive

Cine-Med, Inc.

# Why MIS?

	<u>Lap (n=336)</u>	<u>Open (n=324)</u>
Recurrence	<b>4.9%</b>	8.1%
Complications		
Intra-op	5.8%	<b>1.6%</b>
Post-op	33	33
Return to work	<b>1 wk</b>	1.4 wk
Chronic Pain	<b>14.9%</b>	28.0%
- Numbness	<b>1.2%</b>	21.7%
Cost	same	same

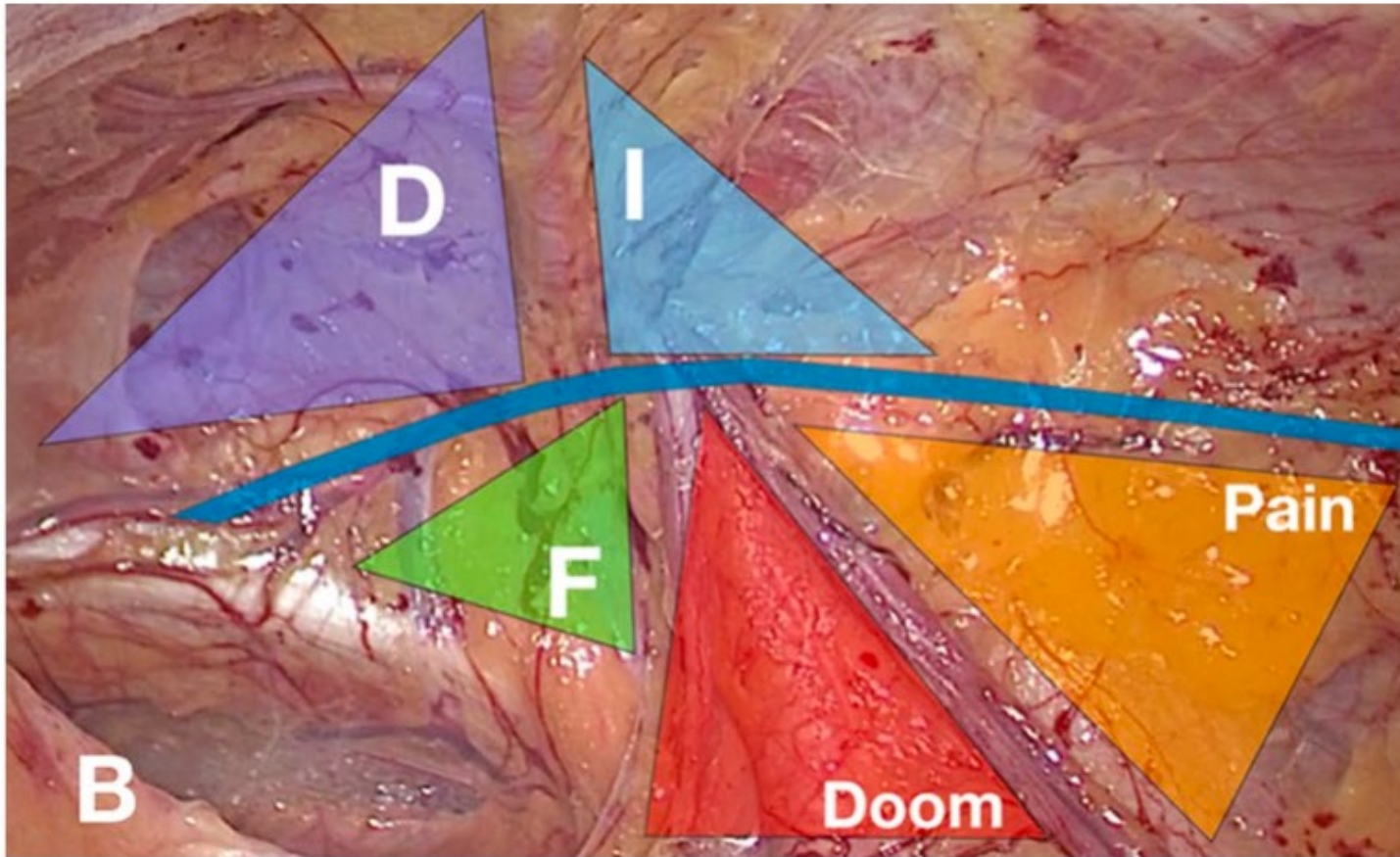
**Greater patient satisfaction in lap group**

# MIS repair: technique

**Ten golden rules for a safe MIS inguinal hernia repair using a new anatomical concept as a guide**

Christiano Claus<sup>1</sup>  · Marcelo Furtado<sup>2</sup> · Flavio Malcher<sup>3</sup> · Leandro Totti Cavazzola<sup>4</sup> · Edward Felix<sup>5</sup>

# Myopectineal Orifice 'Critical view'

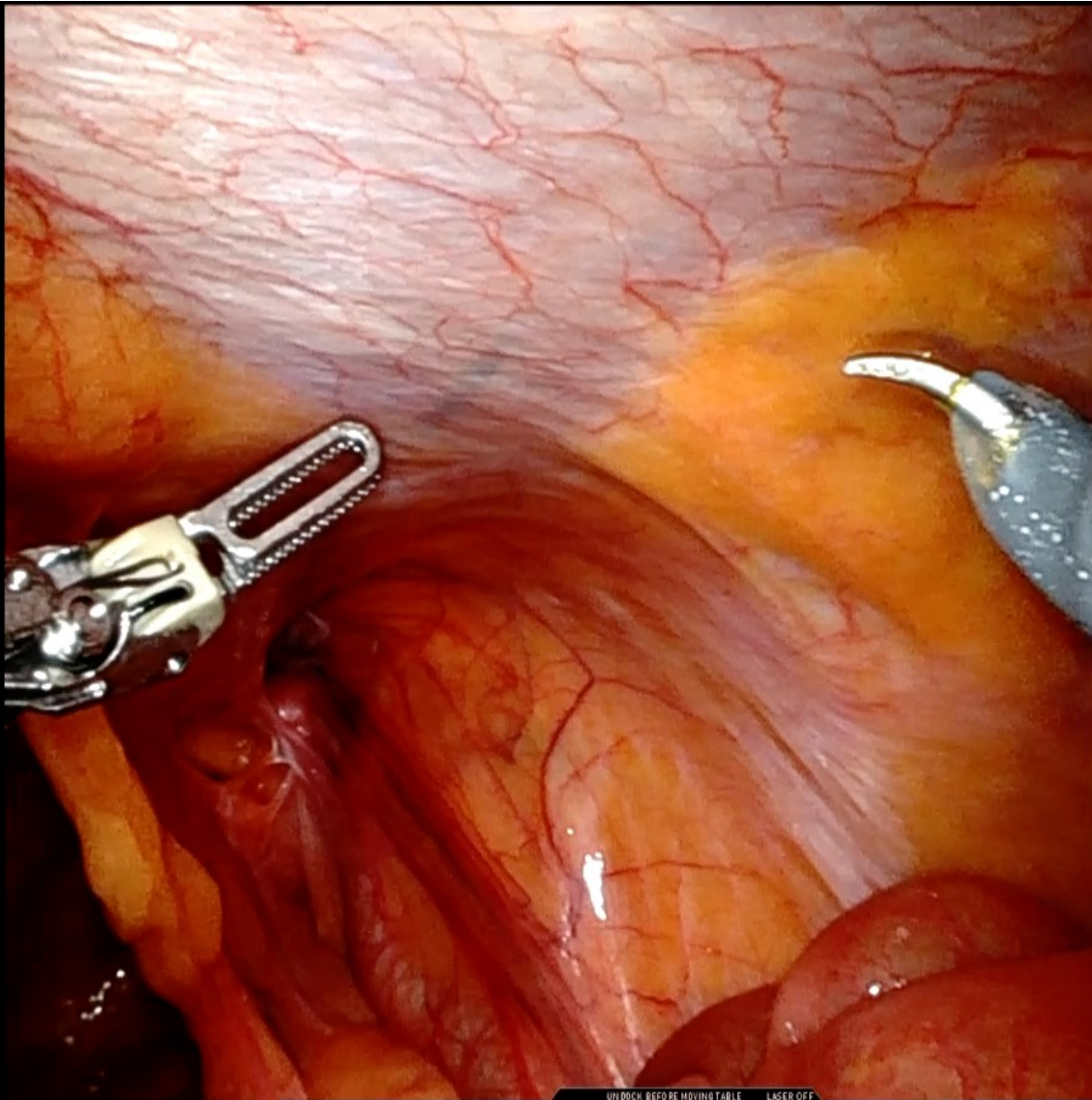


# Case

70M with recurrent right inguinal hernia

Hx open plug/patch mesh repair

Hx open prostatectomy & bilateral iliac  
lymphadenectomy



1

2 FENESTRATED BIPOLAR FORCEPS COAG

3 UNDOCK BEFORE MOVING TABLE LASER OFF 1x 30°

4 MONOPOLAR CURVED SCISSORS CUT COAG

# Technique & Tips

Start flap medial or lateral - big!

Keep fat up laterally to protect nerves

Look for and reduce cord lipomas

MPO: critical view

Consider defect closure and/or mesh fixation with large direct hernias

Inspect closely for and repair holes in flap



# Minimally Invasive and Novel Therapeutics (M.I.N.T.) September 13<sup>th</sup>-15<sup>th</sup> 2023



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