

Minimally Invasive and Novel Therapeutics (M.I.N.T.)
September 13th- 15th 2023

Umbilical TAPP - Technical Issues

Dr. Vinayak Mishra, MD.

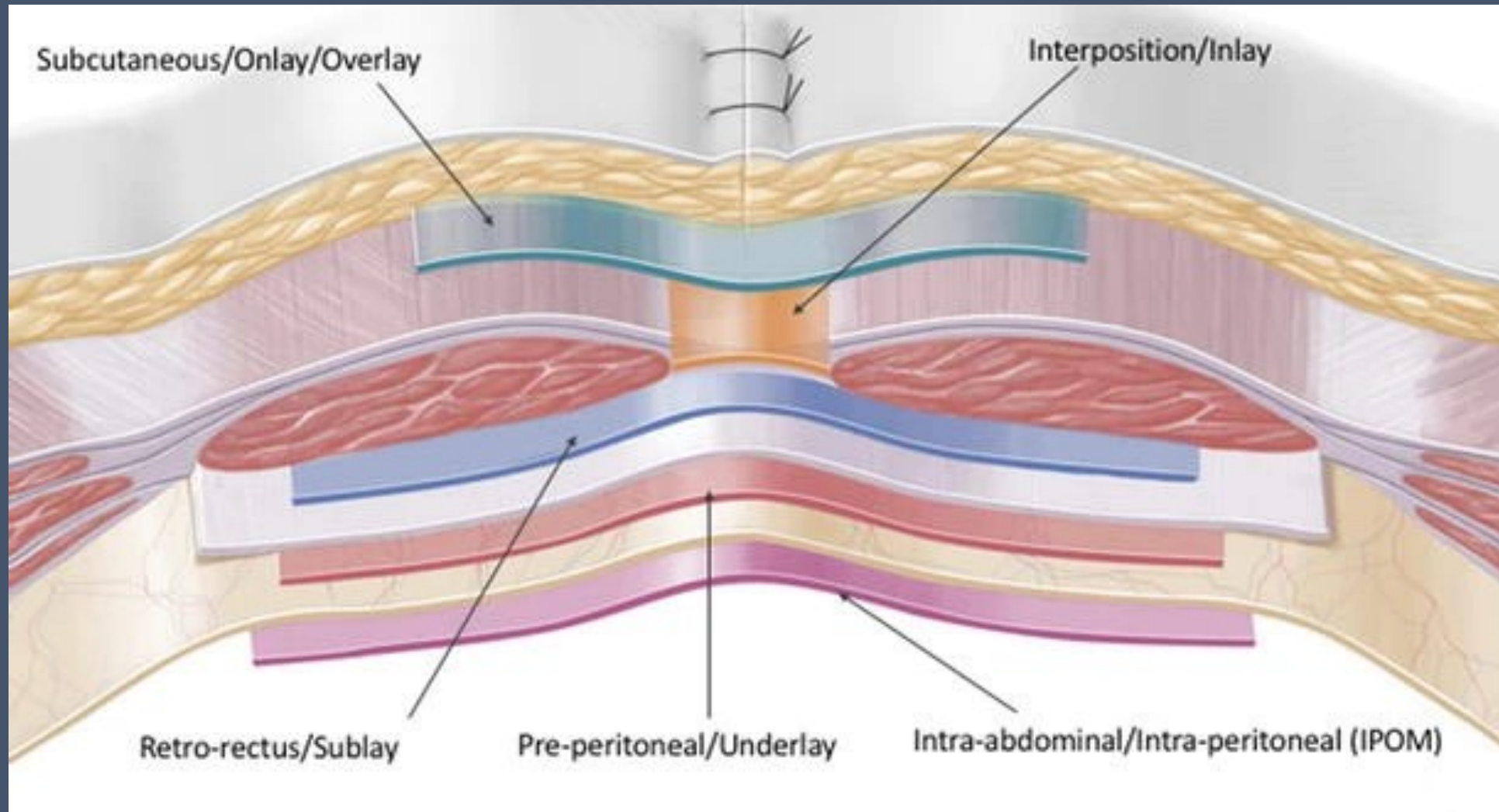
Hanumant Endosurgery Centre



Indications

Primary hernias without significant diastasis

Defect size 4 cm



Parker, S.G., Wood, C.P.J., Sanders, D.L. *et al.* Nomenclature in Abdominal Wall Hernias: Is It Time for Consensus?. *World J Surg* 41, 2488–2491 (2017). <https://doi.org/10.1007/s00268-017-4037-0>

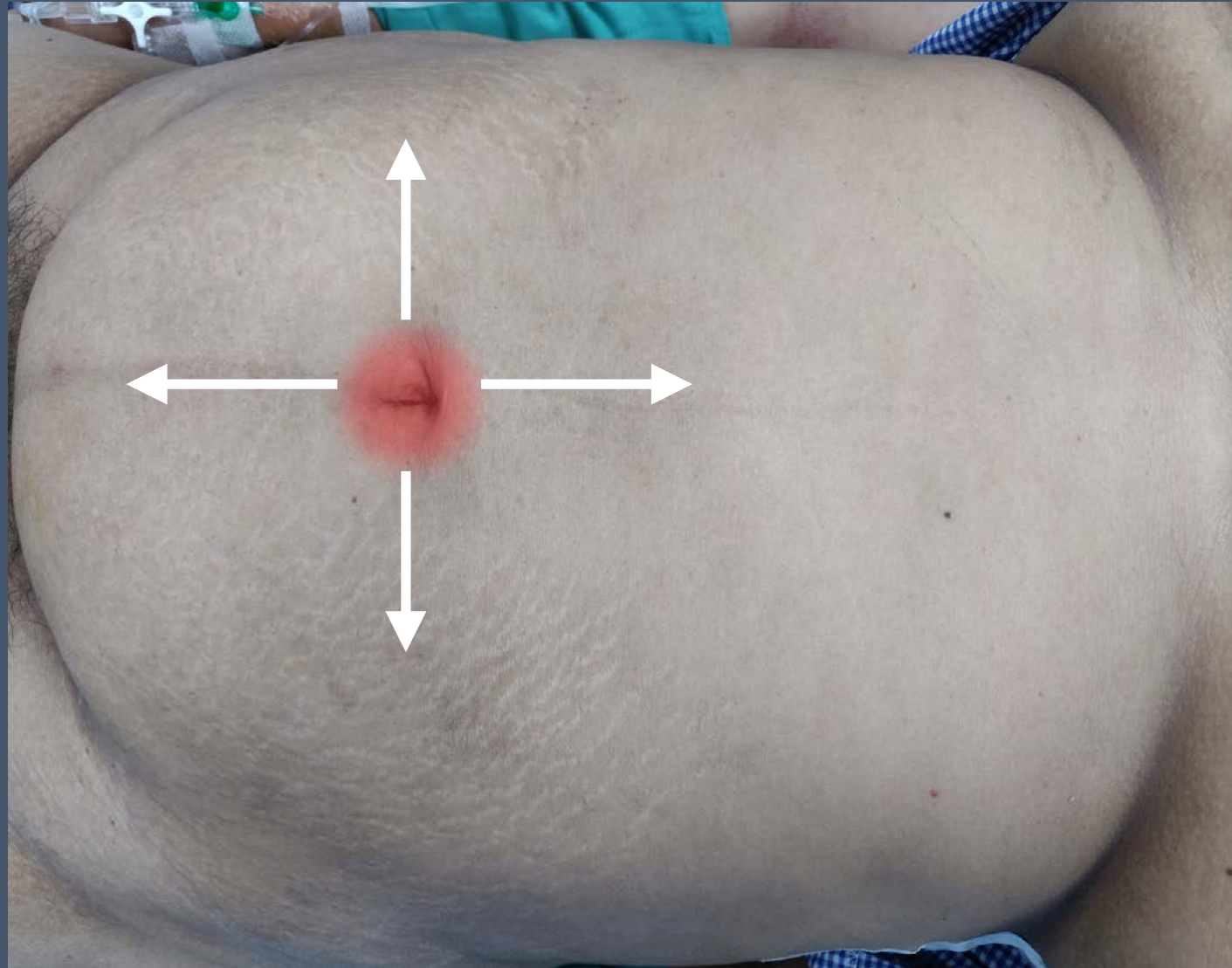
Position of the patient

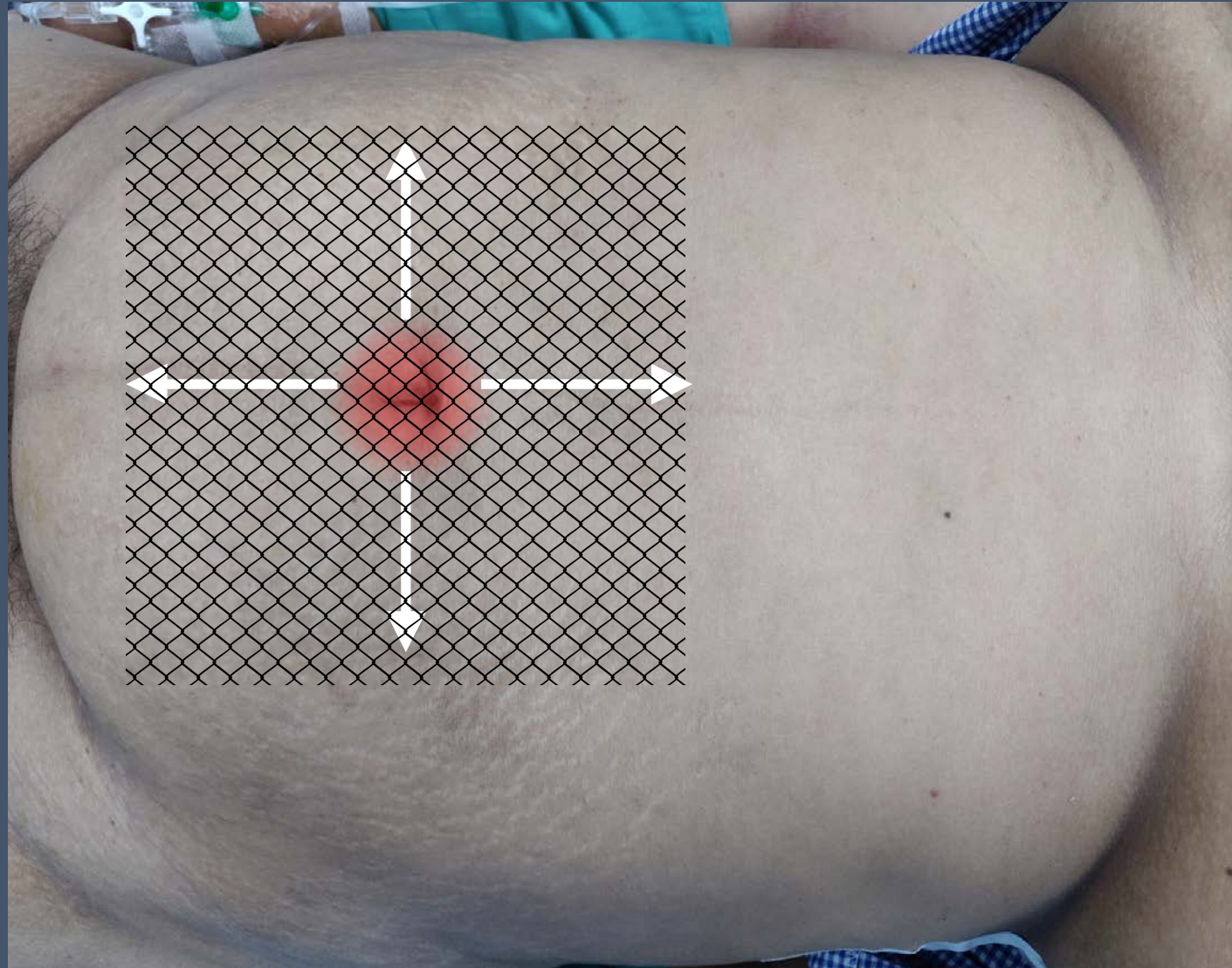




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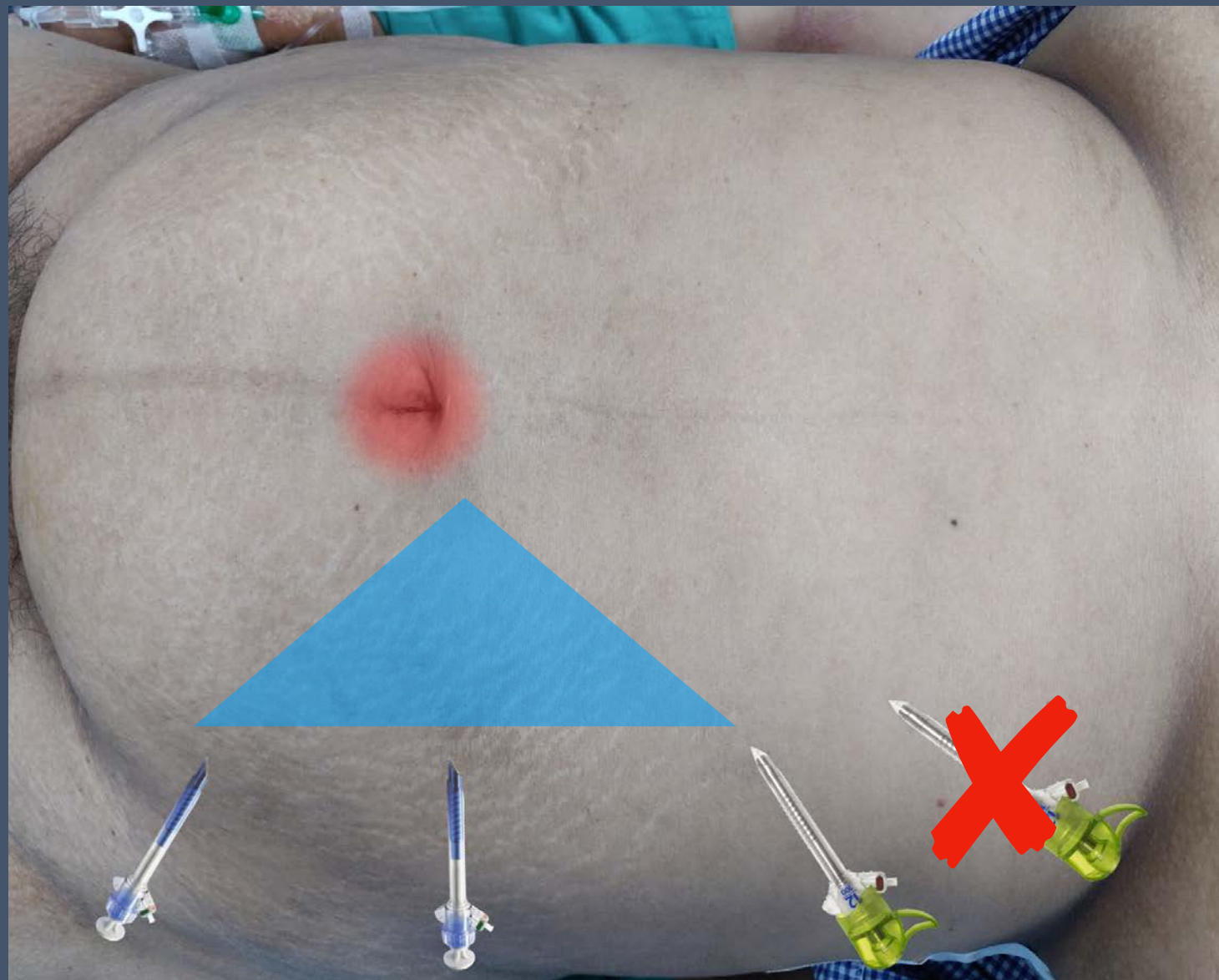






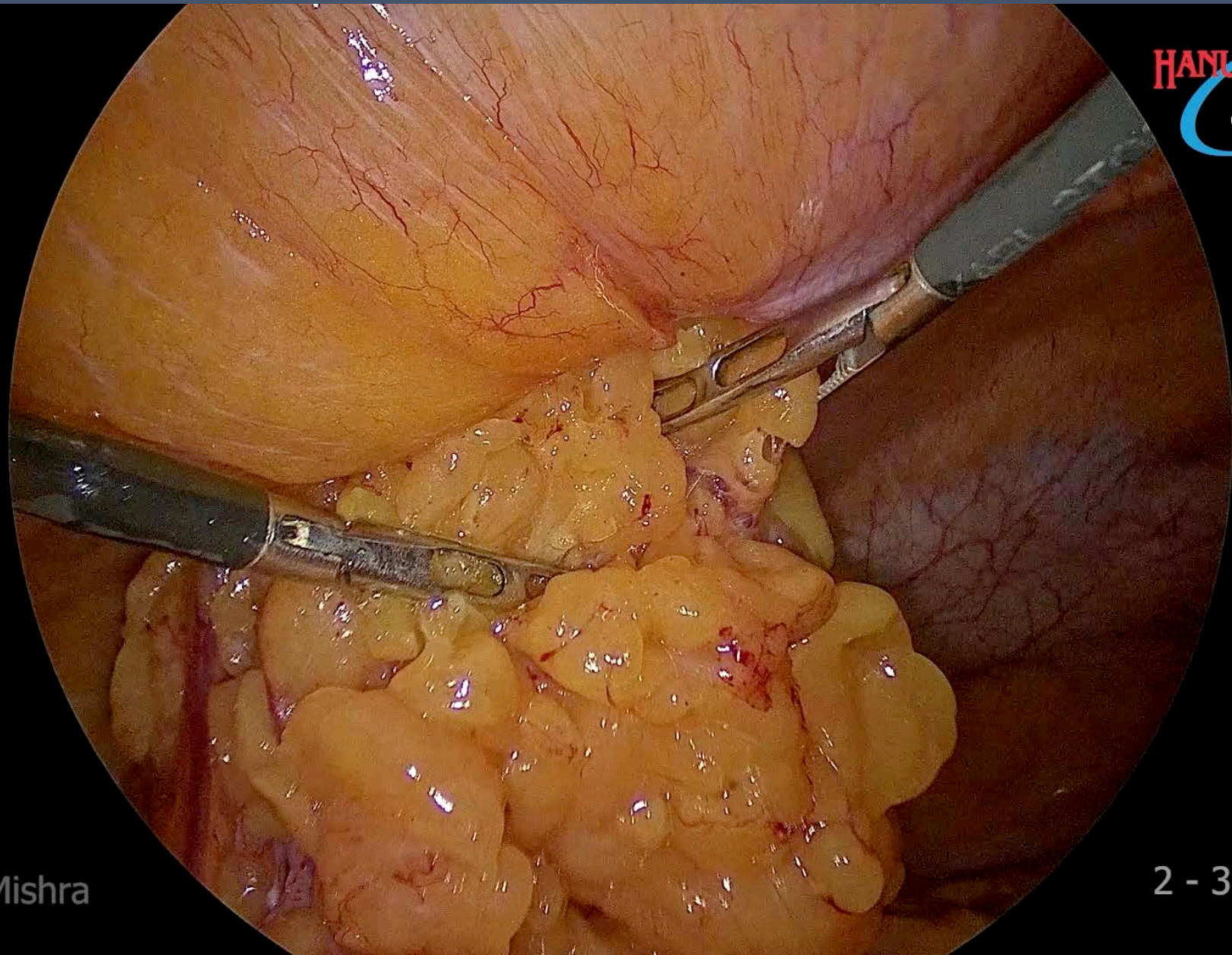
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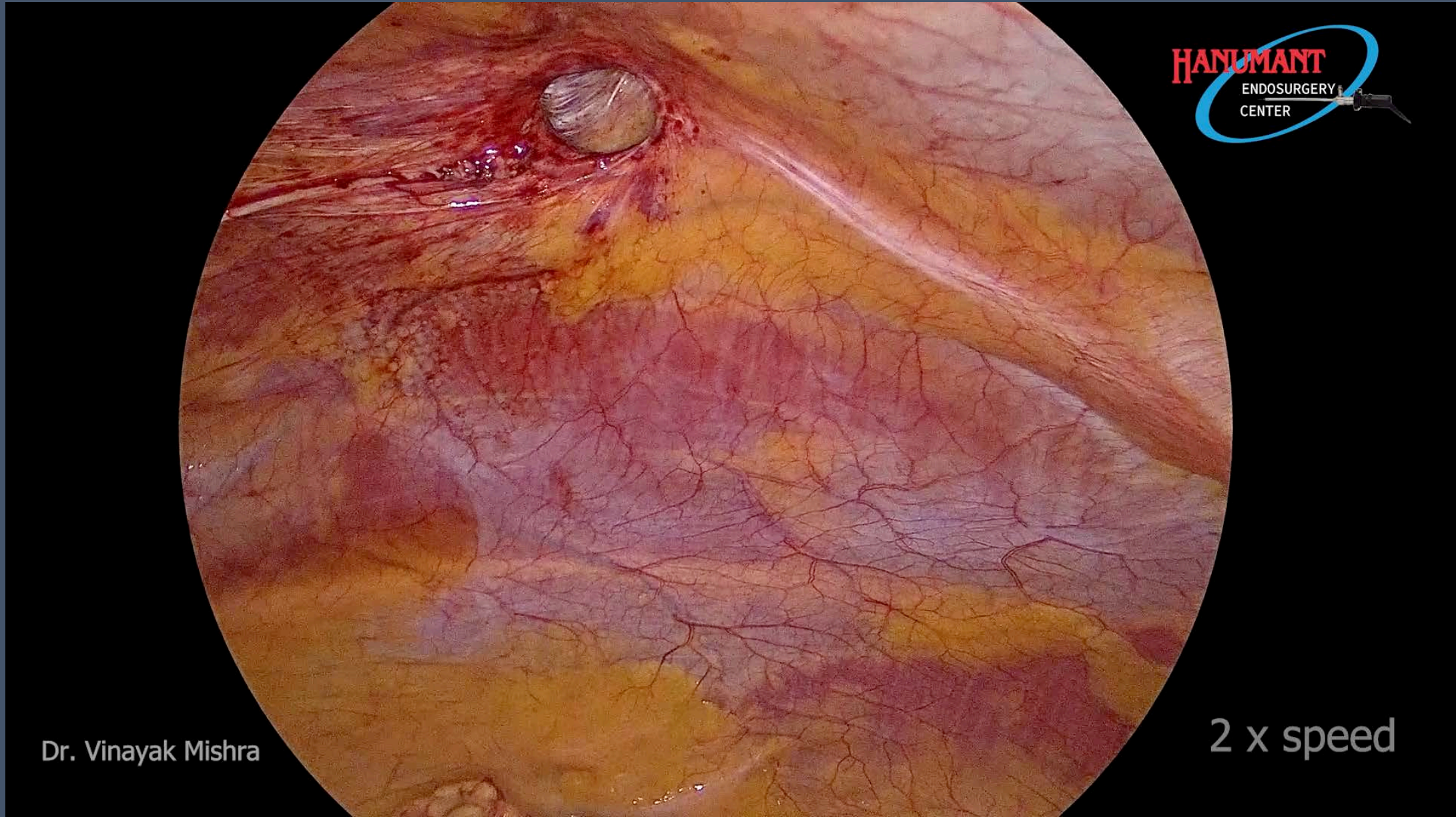




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2 - 3 X speed



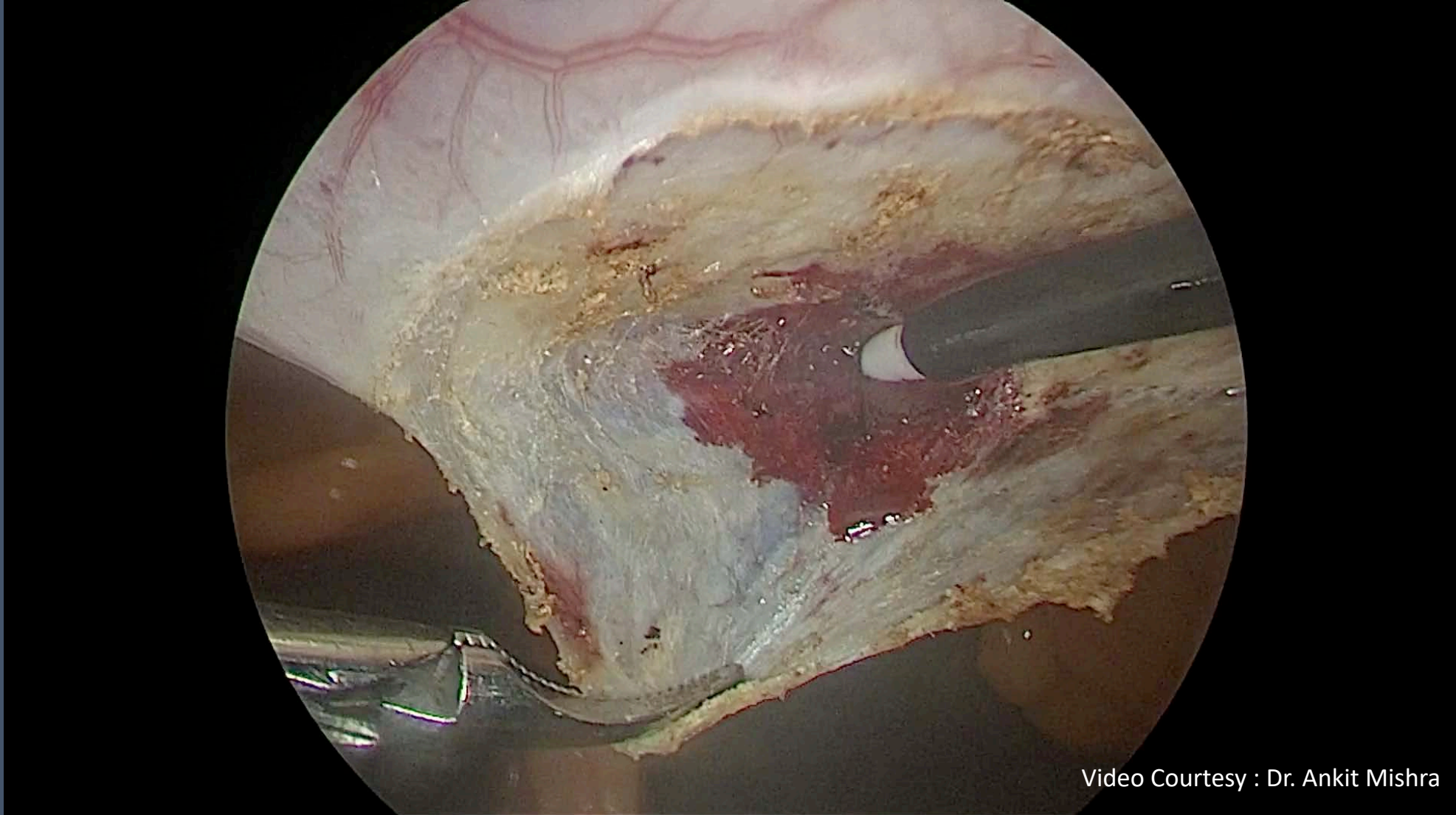


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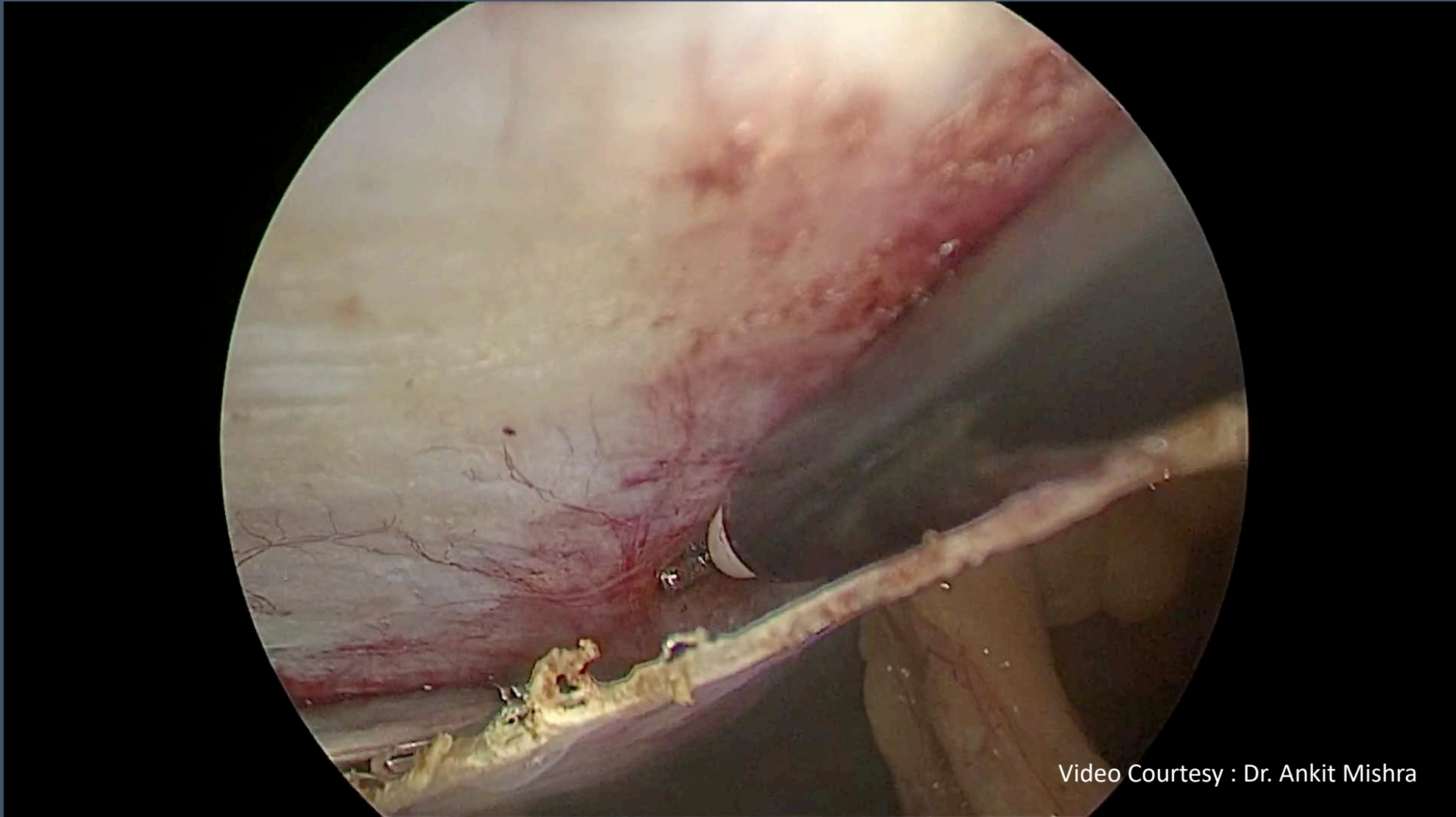
2 x speed

What NOT to DO

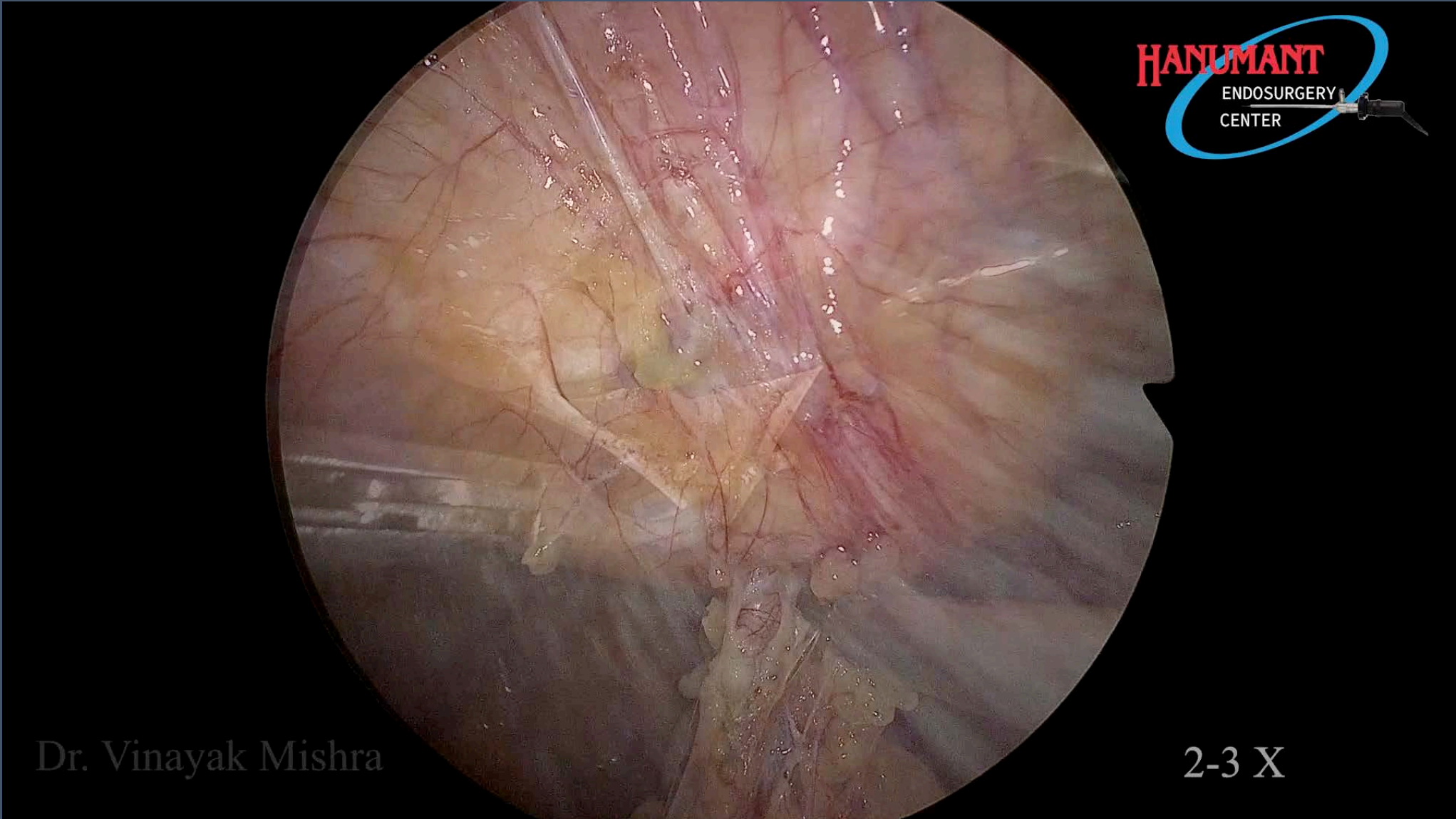


Video Courtesy : Dr. Ankit Mishra

What **should** be Done



Video Courtesy : Dr. Ankit Mishra



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Courtesy : Dr. Sada SHIV

Speed 3X

S
CLARA



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Observational Study > Surgery. 2023 Mar;173(3):739-747. doi: 10.1016/j.surg.2022.07.042.

Epub 2022 Oct 22.

Open preperitoneal ventral hernia repair: Prospective observational study of quality improvement outcomes over 18 years and 1,842 patients

Michael M Katzen¹, Kent W Kercher¹, Jana M Sacco¹, Dau Ku¹, Gregory T Scarola¹, Bradley R Davis¹, Paul D Colavita¹, Vedra A Augenstein¹, B Todd Heniford²

Affiliations + expand

PMID: [36280505](#) DOI: [10.1016/j.surg.2022.07.042](#)

Conclusion: Despite significant increased patient complexity over time, detecting and implementing best practices as determined by recurring data analysis of a center's outcomes has significantly improved patient care results.

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Review > Hernia. 2022 Nov 15. doi: 10.1007/s10029-022-02709-4. Online ahead of print.

Can ventral TAPP achieve favorable outcomes in minimally invasive ventral hernia repair? A systematic review and meta-analysis

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Affiliations + expand

PMID: 36378412 DOI: [10.1007/s10029-022-02709-4](https://doi.org/10.1007/s10029-022-02709-4)

Results: A total of 9 studies (1429 patients) were identified. vTAPP was associated with considerable benefit when compared to IPOM. vTAPP was less painful (MD = - 1.01; 95% CI [- 1.39, - 0.64], p < 0.00001), of reduced average cost (MD = - 457.10; 95% CI [- 457.27, - 456.92], p < 0.00001) and decreased SSI (OR = 0.29; 95% [0.09, 0.96], p = 0.04). On the other hand, the vTAPP approach consumed less operative time (MD: - 31.01, 95% CI [- 33.50, - 28.51]), p < 0.00001) and shorter hospital stay than the e-TEP approach.

Conclusion: vTAPP appears to be safe and effective procedure for VHR, superior or similar to other minimally invasive techniques for perioperative characteristics and short-term outcomes.

Laparoscopic TAPP Umbilical Hernioplasty :

- **Decreased cost** : No dual layered mesh required , Only MACROPORUS - Medium weight
- **NO fixation : NO TACKERS , LESS PAIN**
- Technically more challenging
- Peritoneal tissue and tears are very unforgiving
- **Bail out procedures : IPOM / TARM**

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THANK YOU

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