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Laparoscopic paediatric herniotomy in Ireland: the first 100 cases and its application to adults

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Background: Inguinal hernias are common in childhood. Minimally invasive approaches have been adopted by centres internationally as comparable to open repair. We report the initial Irish experience of laparoscopic paediatric hernia repair in children up to age 16 using a purse string closure of the deep inguinal ring.

Methods: Retrospective analysis of the first 102 laparoscopic herniotomies performed at CHI Crumlin between January 2018 and November 2020.

Results: A total of 101 (99.02%) cases were completed laparoscopically. Eighty-five (83.33%) cases were elective procedures and 17 (16.66%) were emergency cases. Age range was 2 days to 12 years. Eighty-one (79.41%) children had unilateral open deep inguinal ring, 9 (8.82%) had bilateral open deep rings, 3 patients whose pre-operative diagnosis was unilateral inguinal hernia had bilateral closed deep rings at laparoscopy. In this cohort two had a groin exploration and repair of a direct inguinal hernia and one child underwent diagnostic laparoscopy only. Of the elective cases 58 (68.24%) were performed as day cases, 24 (28.24%) required overnight admission for post anaesthesia monitoring. A recurrence rate of 1.9% (n=2) was observed. There were 3 (2.94%) umbilical port hernias and 2 (1.96%) umbilical haematoma/abscess.

Conclusions: Our initial results demonstrate that laparoscopic herniotomy in the paediatric population is a procedure associated with low morbidity. Repair of a potential asymptomatic contralateral hernia, diagnosis of a direct hernia and absence of dissection of the inguinal canal offer distinct advantages over the traditional open technique. We would advocate this approach in children and adolescents who present with inguinal hernias in elective or emergency setting.

Keywords: General surgery; hernia; laparoscopy; minimally invasive; paediatric

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Footnote

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