TOPIC: FEMORAL HERNIA - Approach, results

© Springer-Verlag 2014

VS:10

LAPAROSCOPIC REPAIR OF AN OBSTRUCTED FEMORAL HERNIA

R Khare¹

¹*Al Zahra Hospital, Dubai, UNITED ARAB EMIRATES*

A 74 year old lady presented with pain abdomen more in peri-umbilical area. She was on a tourism visit to the country. She was initially given some symptomatic treatment for gastroenteritis. The pain persisted over the next 2-3 days and there was mild abdominal distension. Patient was investigated with a CT scan abdomen and found to have a femoral hernia. There was no swelling seen on the anterior abdominal wall on clinical examination.

Patient was evaluated and planned for Laparoscopy. The small bowel loops were incarcerated in the hernia. They were reduced. There was no evidence of strangulation. Transabdominal preperitoneal repair of the hernia was done using a prolene mesh.

The patient had a smooth postoperative recovery and was discharged on day 2.

(The video of the case is included for presentation)

VS:11

TEALE'S PREVASCULAR FEMORAL HERNIA

C Doerhoff¹

¹*Capital Region - University of Missouri, Jefferson City, MO, USA*

Purpose: Video presentation: "Teale's prevascular femoral hernia."

Background: Femoral hernias: Typical (between lacunar ligament and femoral vein), DeLaugier's (lacunar ligament), Teale's (prevascular), Serafini's (retrovascular), Hesselbach's (lateral vascular) and Callisen-Cloquet's (pectineal).

Methods: Trans-abdominal preperitoneal repair (TAPP) repair of recurrent right inguinal hernia and Teale's prevascular hernia.

Results: TAPP repair of recurrent right inguinal hernia and larger prevascular hernia.

Conclusion: While femoral hernias may be repaired open, infra-inguinal and supra-inguinal, my preference is transabdominal preperitoneal repair. TAPP provides the best view of the entire myopectineal orifice, is the best method for evaluation of the type of femoral defect, and offers the ability to repair the myopectineal orifice with larger mesh coverage, usually 15 x 20 cm.