TOPIC: FEMORAL HERNIA - Complications

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EXTRAPERITONEAL ENDOSCOPIC REPAIR OF URINARY BLADDER INJURY AFTER TEP HERNIA PROCEDURE

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Introduction: Femoral hernia is the most common hernia in women. This condition must be treated surgically due to high morbidity. Sliding femoral hernia is an unusual hernia subentity with higher risk for complications. The surgical treatment of choice is a preperitoneal mesh repair – either open or endoscopic.

Methods: The patient's medical records and video-documentation were analyzed. The video-presentation was created using Adobe Premiere Elements 10.

Results: We present a 55-year-old Caucasian female who had presented to our hospital with a right-sided femoral hernia. She had two extrauterine pregnancies and a C-section on her medical records. The patient was operated with an endoscopic total extraperitoneal (TEP)

approach. The sac of the femoral hernia consisted of a sliding part of the wall of the urinary bladder. The hernia was reduced and a hernioplasty was done with a self-fixating polyester mesh.

A postoperative CT scan was performed due to protracted postoperative pain and difficulties to urinate. The scan showed an abnormal amount of free fluid laterally the urinary bladder on the side of the index surgery. An additional CT cystography confirmed the assumed iatrogenic bladder damage.

The patient was re-operated with an endoscopic total extraperitoneal approach. An extraperitoneal hole in the wall of the urinary bladder could be identified. The defect was repaired with a two-layered continuous resorbable monofilament suture. Two drains were inserted. The drains produced no urine-containing fluid and the patient was able to urinate as normal. The patient left hospital on the 5th postoperative day.

Conclusion: Sliding hernias present a hernia entity where organ damage is a pending risk. To dissect with utter care especially in previously operated patients cannot be stressed enough. The endoscopic total extraperitoneal approach works well in our hands in the management of organ damage after endoscopic extraperitoneal hernia repair.