Comment to: Outpatient groin hernia repair: assessment of 9330 patients from the French “Club Hernie” database, Drissi F, Jurczak F, Cossa JP, Gillion JF, Baayen C; For “Club Hernie”

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Dear editor,

We read the report on “Outpatient groin hernia repair” with a great interest [1]. Drissi et al. concluded that “*More than 74% of the patients benefited from outpatient surgery for GHR with a poor failure rate [1]*”. It seems that there is still a problem due to the outpatient surgical management. Shortening the period of hospitalization might be useful for reduction of cost and possible nosocomial infection but it might pose the risk from lack of good post-operative monitoring. There are many determinants for the success of outpatient hernia repair including the skill of surgeon, local facilities of medical center and surgical technique [2]. In our setting in developing countries, due to lack of facilities, the admission of the patients for short hospitalization for closed monitoring of the patient is usually the main option. The main question on “Outpatient groin hernia repair” is how the surgeon can guarantee the safety of the patients.

Compliance with ethical standards

Conflict of interest All authors declare that they have no competing interest.

Ethical approval This article did not require ethical approval of any kind.

Human and animal rights This article does not contain any studies with animals performed by any of the authors.

Informed consent For this type of study, formal consent is not required.

References

1. Drissi F, Jurczak F, Cossa JP, Gillion JF, Baayen C, For “Club Hernie” (2017) Outpatient groin hernia repair: assessment of 9330 patients from the French “Club Hernie” database. *Hernia*. <https://doi.org/10.1007/s10029-017-1689-5> [Epub ahead of print]
2. Winslow ER, Quasebarth M, Brunt LM (2004) Perioperative outcomes and complications of open vs laparoscopic extraperitoneal inguinal hernia repair in a mature surgical practice. *Surg Endosc* 18(2):221–227

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