

Reply to doi:10.1007/s00464-012-2245-0: Re: Bilateral total extraperitoneal inguinal hernia repair (TEP) has outcomes similar to those for unilateral TEP: population-based analysis of prospective data of 6,505 patients. (Surg Endosc. Online First)

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We thank Drs. Koeckerling and Jacobs for their interest in our study. Whether a statistically significant difference is of clinical relevance often is a matter of great debate. It is a fact that one major driver of statistical significance is the sample size: the larger the sample size, the more likely a certain difference between two or several groups will become statistically significant [1, 2]. An excellent statistical tool in the critical appraisal of the surgical literature is the number needed to treat, which is in the inverse of the absolute risk reduction [3]. As outlined in our manuscript [4], the number needed to treat regarding intraoperative complications between patients undergoing bilateral versus unilateral total extraperitoneal inguinal hernia repair (TEP) is 83 and for surgical postoperative complications is 111. In other words, if 83 patients undergo bilateral compared to unilateral TEP, 1 patient will suffer an additional intraoperative complication. Similarly, if 111 patients undergo bilateral instead of unilateral TEP, 1 patient will suffer an additional surgical postoperative complication. These are large numbers to treat, and thus the clinical relevance of the observed differences—despite their statistical significance—is minor [3]. Our findings provide compelling

evidence that bilateral TEP represents an excellent option for patients with bilateral symptomatic inguinal hernia. Whether an asymptomatic inguinal hernia should be operated on during a TEP for a symptomatic hernia of the contralateral side, remains to be elucidated.

References

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