PIPOM or the need of a new acronym

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The surgical community is at present familiar with the terms transabdominal preperitoneal (TAPP), totally extraperitoneal (TEP) and intraperitoneal onlay mesh (IPOM) used to describe the site of placement of the mesh used to repair abdominal wall defects. However, these terms do not fully describe some procedures and cases. For instance, during inguinal hernia repairs, in some difficult cases, the peritoneum is taken down and the bladder is retracted, exposing the posterior aspect of the pubic bone and the Cooper's ligament, and a tissue-separating mesh is placed covering the myopectineal orifice without covering the mesh with peritoneum; this is usually classified as IPOM, but as the pneumoperitoneum is evacuated, the

bladder covers the mesh leaving part of it intraperitoneal and part of it in the Retzius' space (extraperitoneal). Another example of a Partially Intraperitoneal Onlay Mesh (PIPOM) is during some ventral hernia repairs in which part of the mesh is placed intraperitoneally and part of it extraperitoneally; this is sometimes the case in defects in the lower and lateral abdomen. We suggest that the term PIPOM (Partially Intraperitoneal Onlay Mesh) be used to better describe these procedures.

Compliance with ethical standards

Conflict of interest None.

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