



Comment to: Should seroma be considered a complication?

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Received: 22 April 2021 / Accepted: 24 May 2021 / Published online: 1 June 2021
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Dear Editors

We read with great interest the recent article by Dey [1], published in *Hernia*. The author addressed a common, but intriguing issue: postoperative seroma after hernia repair. The author pointed out that seroma after hernia repair should not be categorized as a postoperative complication unless intervention is needed. We completely agree with Dey's suggestion, and we have a few additional comments regarding this issue.

First, seroma is a natural process after surgery; it is not preventable, and it is associated with wound healing [2, 3]. Therefore, by its nature, seroma should not be considered a postoperative complication. As with many other postoperative phenomena, such as mild fever, slight pain, and slight edema, most surgeons accept seroma as a natural and self-limiting process requiring no special treatment, except for an explanation.

Second, although Dey, as well as many others, suggested that seroma should be considered a postoperative complication if therapy/intervention is required [1], there is a gap between simple therapies/interventions (needle aspiration) and more complex interventions (surgical tissue resection or surgical drainage). Therefore, the term "complication" may not accurately reflect a seroma in an individual patient.

Third, some suggest that seroma should be considered a complication if complications arise, such as infection. However, in my opinion, in the case of infection, the infection itself is the complication, not the seroma.

Consequently, we use the term seroma, instead of subtype or complication, to describe postoperative fluid collection after hernia repair. If complications develop from a seroma,

we describe the specific complication. Although we agree with Dey's statement, we feel that a clear classification of seroma subtypes is difficult, even though numerous suggestions have been provided.

Declarations

Conflict of interest No conflict of interest to be declared by the authors.

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

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

Informed consent This article does not include patients, and therefore informed consent was not applicable.

References

1. Dey A (2021) Should seroma be considered a complication? *Hernia*. <https://doi.org/10.1007/s10029-021-02385-w> (PMID: 33683467)
2. Cihan A, Ozdemir H, Ucan BH, Acun Z, Comert M, Tascilar O, Cesur A, Cakmak GK, Gundogdu S (2006) Fade or fate. Seroma in laparoscopic inguinal hernia repair. *Surg Endosc* 20(2):325–328
3. Li J, Ji Z, Shao X (2018) Prevention of seroma formation after laparoscopic inguinoscrotal indirect hernia repair by a new surgical technique: a preliminary report. *Int J Abdom Wall Hernia Surg* 1:55–59

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This comment refers to the article available at <https://doi.org/10.1007/s10029-021-02385-w>.

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