EDITOR'S CORNER



Evidence, consensus and schools of hernia surgery

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Inguinal hernia repair and abdominal wall surgery are by far the most frequent surgical procedures performed in operating theatres around the world.

Considering the sheer volume, therefore, of these surgeries carried out on a daily basis, it is easy to grasp the epidemiological, social and economic importance of this particular field of healthcare. And it follows that the "actors" on this stage play an important role in healthcare economics and spending.

Surgeons, in particular, should certainly be regarded as key players determining the more or less successful outcomes of these procedures.

Given the extreme variability in this field, in terms of training, economic resources, and cultural and professional attitudes, it is clearly impossible to achieve uniformity of results and therefore obtain a credible comparison of techniques and approaches.

In serious and trustworthy scientific settings, that is to say within national and international scientific societies (and by international we mean continental-level), given that the few others are small and scattered local initiatives of little scientific and, above all, professional value, it is normal practice to consider the scientific evidence, i.e., data drawn from careful systematic reviews of case studies and large cohort studies by renowned centres, supported by rigorous and reliable follow-ups, and published in well-established and impactful journals, like HERNIA.

This exemplary attitude and predisposition to objective technical and scientific appraisal naturally and inevitably leads to scientific debate, the high point and key moment of which comes in Consensus Conferences on the various topics.

And consensus gathering becomes even more commendable when it is supported by the schools of hernia repair and abdominal wall surgery that are run by the relevant national scientific societies. These schools are real beacons in the sea of scientific (mis)information that unfortunately tends to flood the various channels of information—misinformation that can disorient young (and not so young) surgeons, leading them to make surgical choices that are not validated by the true masters of both the national schools and the scientific societies recognized by the international academic and scientific community.

It is therefore highly desirable that those devoted to this field, who commendably consult high-value scientific journals such as our own, approach these national and international schools in order to gain the clear advantages they offer and, as professionals, translate technical and scientific progress into their daily work.

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