



# Open Inguinal hernia repair should be the gold standard, the rest of the mastery is elementary!

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Dear Editor,

I read with interest your editorial on learning progressive development and the importance of master in learning the tricks of the trade in hernia surgery [1]. I agree with you on learning open procedures initially before embarking on e – TEP or robotic TAPP as these procedures have a steep learning curve.

Since there is still no Level 1 evidence regarding the superiority of laparoscopic repair of inguinal repair over open surgery repair to date [2], there is an essential doubt whether the master should teach the various techniques of inguinal hernia repair just to enhance the knowledge of cafeteria choice of hernia repair or just focus in tutoring and hammering the gold standard open inguinal hernia repair to all the young and eager surgeons till another technique shows the superior outcome.

The editorial does warn against the less experienced surgeons using the latest technique due to sheer fascination, but I would like to extend that comment to even the experienced surgeons. Those who are comfortable with performing open recurrent inguinal hernia repair should opt for only an open repair over laparoscopic repair [3].

Finally, the Master of hernia surgery should take into consideration the locoregional requirement, the economic condition of the population, the skill, and expertise available to manage inadvertent complications, and real benefit versus risk stratification before teaching a new hernia repair which needs a learning curve. Till then, only the Open inguinal

hernia repair should be the surgery of choice across the globe for all masters.

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## Declarations

**Conflict of interest** The authors declare that they have no conflict of interest.

**Confidentiality statement** The author confirms all names and personal identifiers have been removed so that the person described is not identifiable and cannot be identified through details of the story.

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