



Abordaje laparoscópico de la hernia inguinal en Unidad de Cirugía Mayor Ambulatoria [

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text (article)

Analítica

Introduction: the evolution of Ambulatory Surgery Units in recent years has allowed the incorporation of new surgical techniques, as well as the expansion of the pathology involved in this regimen. The clearest examples are the inguino-crural hernia laparoscopic approach and the laparoscopic cholecystectomy. **Material and method:** we analyzed a series of patients with inguino-femoral hernia operated in our Ambulatory Surgery Center in the period between 2012 and 2016 after the incorporation of the laparoscopic approach. Socio-demographic variables, surgical aspects, stay, complications, postoperative pain and recurrence rate were analyzed during the follow-up period; the statistical analysis is performed by using SPSS vs 21. **Results:** a total of 105 (96 men and 9 women) laparoscopic inguinal hernia repair were reported from january 2012 to december 2016: 11 were discharged the same day and 94 hospitalized for 24 hours. The median age was 51 years. In 98 patients TEP hernioplasty was performed, and TAPP was performed in the 7 patients remaining. The median surgical time was 60 minutes. The complications were 2 intraoperative bleeding episodes, 1 scrotal edema, 5 surgical wound hematoma, and 1 patient with chronic pain. There was reentry of one of the post-surgical hematomas to control the pain. There were no reinterventions. One hernia recurrence was recorded. **Conclusions:** after the first five years since the inclusion of laparoscopic inguinal hernia repair in our unit of Ambulatory Surgery, we believe that it can be performed safely, effectively and efficient prior to procedures protocolization and systematization after an adequate selection of patients

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