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TAPP Hernia Repair: A Boon

Hernia is the most common disease. The number of hernia patients is increasing day by day. There is a possibility of recurrence of hernia even after the surgery. Different new modern techniques are used in order to reduce this possibility. As surgery is the only solution available for hernia, the number of patients opting for surgery is increasing.

Causes of Hernia:

- Frequent Heavy lifting
- Straining due to coughing
- Straining during urination due to Prostate glands
- Increases intra-abdominal Pressure
- Pregnancy
- Consumption of Tobacco

Symptoms of Hernia:

- Lump in the groin
- Lump size increases or decreases
- Minor Pain in the groin due to the presence of lump
- Appearance of Lump after coughing

Complications of Hernia:

- Pain
- Strangulation of intestine
- Gangrene
- Intestinal Perforation

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- Incident of Peritonitis (an inflammation of the peritoneum)

Hernia is an abnormal bulging or protrusion of tissue or an organ through an normal opening. There are different types of hernia. Different treatments are available for these hernias. Trans Abdominal Preperitoneal Laparoscopic Hernioplasty (TAPP) is one of the modern techniques. It is the simplest surgery technique, which is used to cure Inguinal Hernia. Peritoneum is the large membrane in the abdominal cavity that connects and supports internal organs. In this procedure, the small peritoneal incision is closed after placing the mesh. It was initiated by D. Corbett in 1991.

TAPP (Trans Abdominal Preperitoneal Laparoscopic Hernioplasty)

TAPP is done for the inguinal hernia repair. Following is the procedure of TAPP-

Anaesthesia:

TAPP repair is performed under general anaesthesia.

Position of the patient:

The patient is placed on the operating table with the arms to the side and in a 15° angle position. This helps with the reduction of hernias and allows the intestines to gravitate into the upper abdomen. The surgeon stands on either side of the hernia. A needle is inserted through a small supra-umbilical incision and a pneumo-peritoneum. Carbon dioxide gas is evacuated to empty the abdominal cavity. After satisfactory pneumo-peritoneum, the needle is removed and two ports of thickness 5mm and 10mm are placed through the supra umbilical incision. Then camera and laparoscope are inserted through these ports to observe the internal organs.

Dissecting the Hernia Sac:

With the camera inserted, this allows entry into the peritoneal cavity under direct vision and a peritoneal incision is made.

The hernia defect is inspected and the type of hernia (direct or indirect) is confirmed by the position of defect (right or left) and the hernia sac is separated.

Placement of the Mesh:

A Proline (or Ultrapo) mesh of appropriate size should be rolled and loaded backward in one of the port. After introduction of mesh, it is unrolled when it reaches in peritoneal cavity. Using endoscopic stapler, the mesh is fixed over the peritoneal incision.

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The lower cut edge of the peritoneum is lifted up and stapled to the upper peritoneum to close the peritoneal flap.

Surgery without Stitches:

Wounds are closed without stitches.

Advantages of TAPP:

Small incision is made

Done without stitches

Painless- patient does not get pain, as there are no stitches

Quick recovery

Early return to work

Conclusion:

After the diagnosis of hernia, patient should quick take a decision of a surgery to avoid further complications.

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