



## Invited Commentary

## A commentary on: “Meta-analysis of laparoscopic groin hernia repair with or without mesh fixation”



## 1. Mesh fixation in TEP repair

Debate continues on the optimal repair method for inguinal hernia even though it is one of the most common procedures carried out with, an average of 20 million operations performed annually worldwide [1]. While there seems to be a general agreement on the use of mesh [2], there is little consensus on the optimal approach for inguinal hernia repair. Elements of the debate are focused on open vs. laparo-endoscopic techniques (TEP & TAPP), with a further debate on the technical aspects of each of these techniques.

One of the key debates on the technical aspects of TEP repair is mesh fixation in an attempt to reduce recurrence rates [3]. The concern with mesh fixation is the potential increase in the incidence of post-operative chronic groin pain. New onset of postoperative groin pain is reported in around 20% of patients following TEP which can be severe and lead to functional limitations in a small percentage of patients. Concerns that the use of tacker for mesh fixation could be a contributing factor [4].

In this issue of *Int J Surg*, Eltair et al. [5] provided an up-to-date systematic review and meta-analysis in an attempt to address this technical aspect of TEP repair. Their findings suggested that avoiding mesh fixation with a stapler or tacker during laparoscopic groin hernia repair may reduce postoperative pain and the procedure time. Other studies did not support the concept that routine use of mesh fixation would reduce the recurrence rate after TEP repair [3] with an interesting report even suggesting that the recurrence rate after TEP was higher than after open hernia repair. This rate of recurrence was not affected by the experience of the surgeon, which is in contrast to the majority of the existing literature [4].

The findings in this up-to-date systematic review (5) should lead to further debate and studies on the technical aspects of TEP repair to find

out if the issues related to recurrence and chronic post-operative groin pain could be improved by further refinement of technique, or they are more related to the inherent limitation of the approach itself.

## 2. Provenance and peer review

Invited Commentary, internally reviewed.

## Declaration of competing interest

‘I can confirm that I have no disclosure or conflict of interest.’

## References

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