LAPAROSCOPIC TOTAL EXTRAPERITONEAL INGUINAL HERNIA REPAIR UNDER SPINAL ANESTHESIA: CASE REPORT

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Background and Aims: Inguinal hernia repair is one of the most commonly performed elective surgical procedures. Total extraperitoneal (TEP) which is the most preferred one among laparoscopic methods, is usually performed under general anesthesia (GA). However, there are reports showing TEP has been performed under regional anesthesia. We would like to share our experience on this matter.

Methods: A 40-year-old male patient presented to general surgery service with pain and swelling in the right inguinal region and was scheduled for TEP inguinal hernia repair. Since he had elevated liver enzymes, we preferred spinal anesthesia (SA). SA was performed at L3/4 spinal level with 15 mg of plain 0.5% Bupivacaine and 20 mcg Fentanyl. Sedation was provided with IV midazolam 2mg, fentanyl 50 mcg and titrated propofol infusion. After the sensorial block reached level T4, procedure started. Insufflation pressure of 12 mmHg and supine position maintained during the surgery. The patient was hemodinamically stable and had no complaints throughout the surgery which lasted 90 mins. After the procedure he did not need painkillers for the first 4 hours, was discharged on the 1st postoperative day.

Results: SA is not meant to replace GA for TEP but can be used as an alternative for patients who have contraindications for GA. The purpose of this report is to demonstrate that laparoscopic hernia repair can safely and effectively be performed under SA.

Conclusions: TEP inguinal hernia repair can be safely performed under SA, and SA was associated with less postoperative pain, better recovery, and better patient satisfaction.