

Dans un souci de concision je n'évoquerai pas le traitement



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ORIGINAL ARTICLE

Laparoscopic treatment of incisional hernia. State of the art in 2012

P.-E. Moreau, N. Helmy, C. Vons*

Questions EBM en 2013

Laparoscopie ou voie ouverte ?

Colles ? Sutures ? Prothèses profondes ?
Auto-grip ?

Prothèses légères ?

2012

A Meta-Analysis of Surgical Morbidity and Recurrence After Laparoscopic and Open Repair of Primary Unilateral Inguinal Hernia

Elma A. O'Reilly, MB, BCh, John P. Burke, PhD, MRCSI, and P. Ronan O'Connell, MD, FRCSI

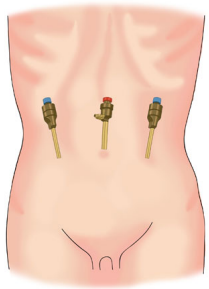
27 RCTs describing 7161 patients

For primary unilateral inguinal hernia,

TEP is associated with an increased risk of recurrence relative to OIHR but TAPP is not.

TAPP is associated with increased risk of perioperative complications relative to OIHR

LIHR has a reduced risk of chronic pain and numbness



Which is the best laparoscopic approach for inguinal hernia repair: TEP or TAPP? A systematic review of the literature with a network meta-analysis

Surg Endosc (2012)

	TAPP vs. TEP (MD, 95 % CI, <i>P</i> value)	
Operative time (min)	-7.19 (-23.49, 9.1)	<i>P</i> > 0.05
Postoperative (VAS)	-0.51 (-2.43, 1.42)	<i>P</i> > 0.05
Hospital stay (days)	0.31 (0.082, 0.53)	<i>P</i> < 0.01
Time to return to work (days)	-7.7 (-18.44, 3.05)	<i>P</i> > 0.05

	TAPP vs. TEP (OR, 95 % CI, <i>P</i> value)	
Postoperative complications	0.95 (0.62, 1.45)	<i>P</i> > 0.05
Recurrences	1.16 (0.34, 3.95)	<i>P</i> > 0.05

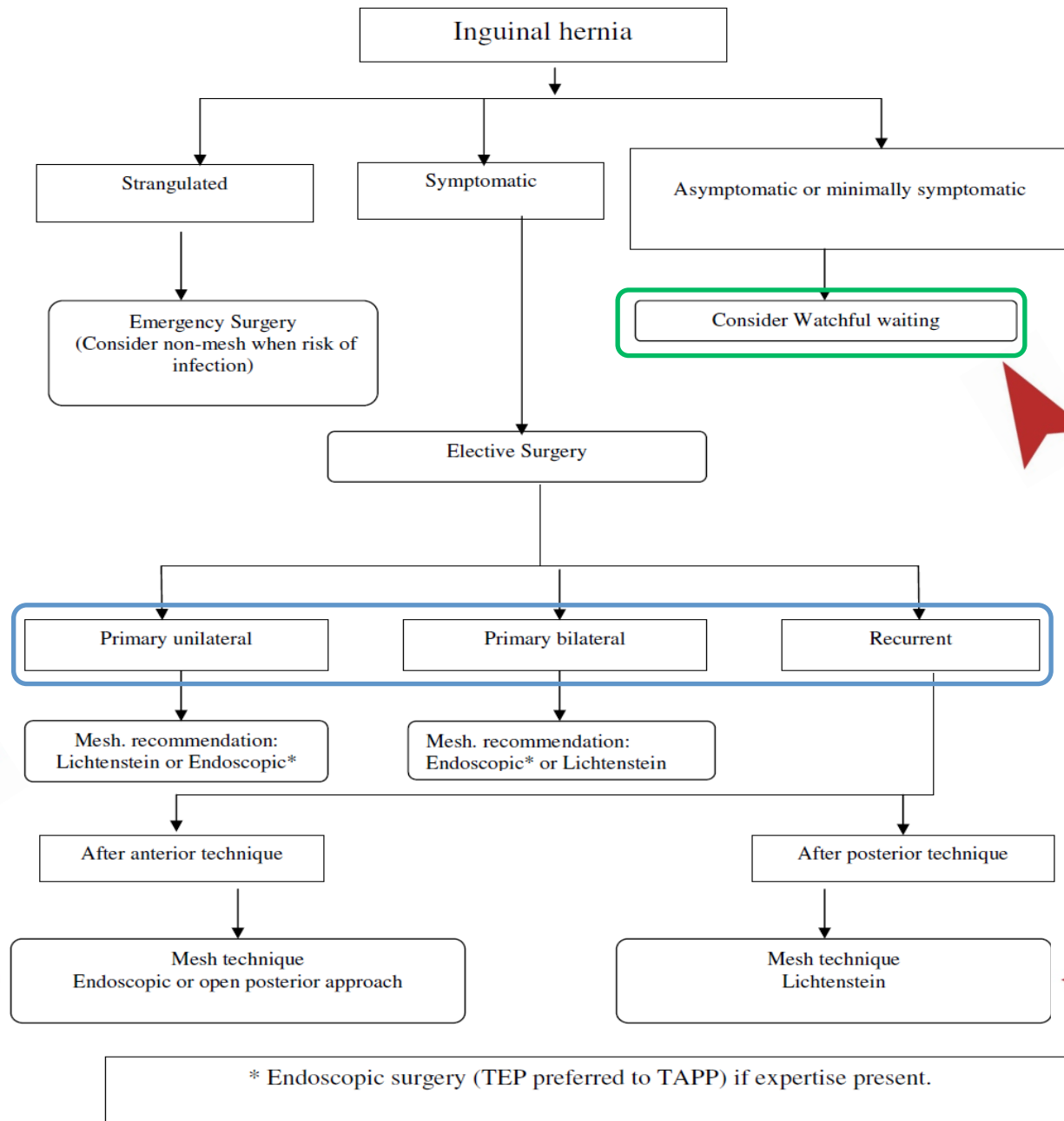
1209 TEP
vs
395 TAPP

Flow diagram for the treatment of inguinal hernia in Male adults

Based on a consensus within the committee



2009





Critère de jugement

Récidive



Douleur

Prévention de la douleur

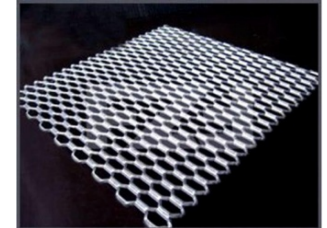
Lightweight ??



VYPRO



ULTRAPRO



TIMESH

Prothèse	Structure	Polymère	Poids (g/m ²)
Prolene [®]	Mono, mailles étroites	Polypropylène	80-85
Vypro [®]	Multi, mailles larges	PP + vicryl	25
Vypro II [®]	Multi, mailles larges	PP + vicryl	30
Ultrapro [®]	Mono, mailles larges	PP + monocryl	28



(2012)

Lightweight versus heavyweight in inguinal hernia repair: a meta-analysis

Systematic review and meta-analysis on heavy and lightweight
polypropylene mesh in Lichtenstein inguinal hernioplasty

Meta-analysis of randomized controlled trials comparing
lightweight and heavyweight mesh for Lichtenstein inguinal
hernia repair

J. Li · Z. Ji · T. Cheng

M. Śmietański · I. A. Śmietańska · A. Modrzejewski ·
M. P. Simons · T. J. Aufenacker

M. M. Uzzaman · K. Ratnasingham ·
N. Ashraf

UNE MÉTA-ANALYSE
CONSTITUE-T-ELLE

TOUJOURS LA PREUVE SCIENTIFIQUE ?



Exemples

M. M. Uzzaman • K. Ratnasingham • N. Ashraf

Bringman et al. [17]	590	296	294
Koch et al. [14]	317	156	161
Smietanski et al. [18]	392	215	177
Smietanski et al. [19]	199	100	99



Randomized clinical trial

Three-year results of a randomized clinical trial of lightweight or standard polypropylene mesh in Lichtenstein repair of primary inguinal hernia

S. Bringman¹, S. Wollert², J. Österberg³, S. Smedberg⁴, H. Granlund⁵ and T.-J. Heikkinen⁶

Analysed (n = 243)

Analysed (n = 251)



Randomized clinical trial comparing a polypropylene with a poliglecaprone and polypropylene composite mesh for inguinal hernioplasty

M. Śmietański for the Polish Hernia Study Group

Analysed n = 208

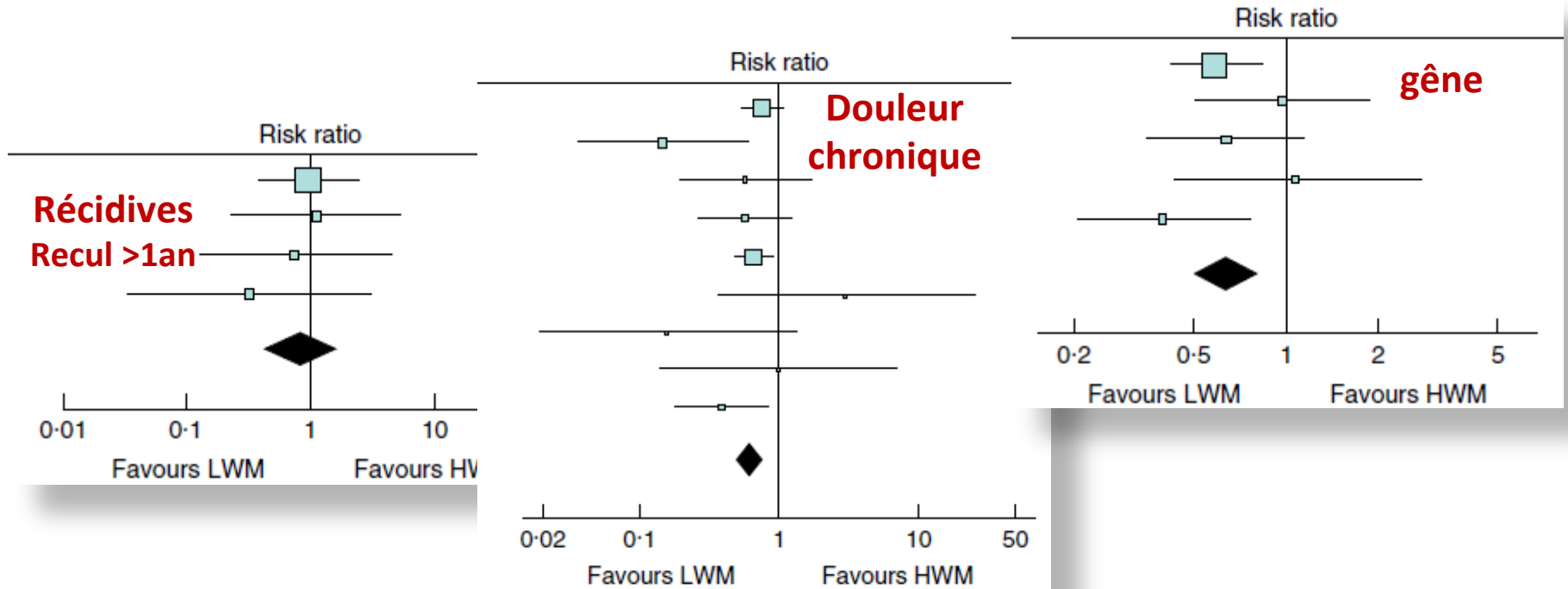
Analysed n = 172

etc... etc...

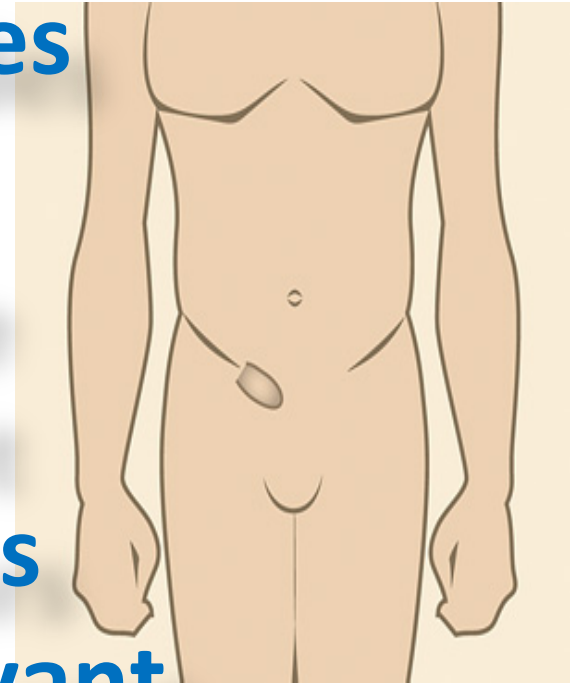


Systematic review and meta-analysis of the use of lightweight *versus* heavyweight mesh in **open** inguinal hernia repair

M. S. Sajid, C. Leaver, M. K. Baig and P. Sains

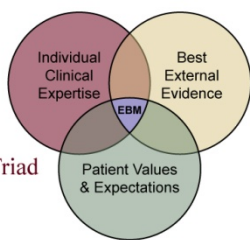


La meilleure indication des prothèses légères est la hernie inguinale de taille modérée chez un patient jeunes ayant des douleurs inguinales ou scrotales avant l'intervention



Long terme ???





Et alors ???

Concertation
avec le patient

Age

Douleur préop

Morbidité

Ambulatoire

Expertise chirurgicale

Méta-analyses

Coût

Contexte socio-
économique