

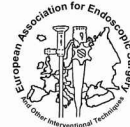


World Guidelines Groin Hernia

The HerniaSurge Project

Paris june 12, 2015

HERNIA SURGE



Topics



Creating world Guidelines

- History of HerniaSurge
- Methods of development
- Future plans

Dutch-French history



Personal history



History of



Herniasurge

European Hernia Society

American Hernia Society

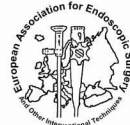
Asian Pacific Hernia Society

Australasian Hernia Society

Afro Middle East Hernia Society

International Endoscopic Hernia Society

European Association Endoscopic Surgeons



History

Dutch Guidelines Inguinal Hernia Repair



Herniasurge History



- Berlin/Gdansk Decision to upgrade
 - EHS European Guidelines International Guidelines
 - IEHS Guidelines
 - EAES Guidelines
- Invite all societies



Joining forces



European Hernia Society guidelines on the treatment of inguinal hernia in adult patients

[M. P. Simons](#),¹ [T. Aufenacker](#),² [M. Bay-Nielsen](#),³ [J. L. Bouillot](#),⁴ [G. Campanelli](#),⁵ [J. Conze](#),⁶ [D. de Lange](#),⁷ [R. Fortelny](#),⁸ [T. Heikkinen](#),⁹ [A. Kingsnorth](#),¹⁰ [J. Kukleta](#),¹¹ [S. Morales-Conde](#),¹² [P. Nordin](#),¹³ [V. Schumpelick](#),⁶ [S. Smedberg](#),¹⁴ [M. Smietanski](#),¹⁵ [G. Weber](#),¹⁶ and [M. Miserez](#)¹⁷

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EAES Consensus Development Conference on endoscopic repair of groin hernias

M.M. Poelman, [B. van den Heuvel](#), J.D. Deelder, G.S.A. Abis, N. Beudeker, [R.K.J. Bittner](#), [G. Campanelli](#), D. van Dam, B.J. Dwars, [H. Eker](#), A. Fingerhut, I. Khatov, [F. Kockerling](#), [J.F. Kukleta](#), [M. Miserez](#), [A. Montgomery](#), R.M. Munoz Brands, [S. Morales Conde](#), [F.E. Muysoms](#), M. Soltes, W. Tromp, Y. Yavuz and [H.J. Bonjer](#)

Results: 5

- [Guidelines for laparoscopic \(TAPP\) and endoscopic \(TEP\) treatment of inguinal Hernia \[International Endohernia Society \(IEHS\)\]](#)
- 1. [R. Bittner](#), [M. E. Arregui](#), [T. Bisgaard](#), [M. Dudai](#), [G. S. Ferzli](#), [R. J. Fitzgibbons](#), [R. H. Fortelny](#), [U. Klinge](#), [F. Kockerling](#), [E. Kuhry](#), [J. Kukleta](#), [D. Lomanto](#), [M. C. Misra](#), [A. Montgomery](#), [S. Morales-Conde](#), [W. Reinpold](#), [J. Rosenberg](#), [S. Sauerland](#), [C. Schug-Paß](#), [K. Singh](#), [M. Timoney](#), [D. Weyhe](#), [P. Chowbey](#)
Surg Endosc. 2011 September; 25(9): 2773–2843. Published online 2011 July 13. doi: 10.1007/s00464-011-1799-8
PMCID: PMC3160575
[Article](#) [PubReader](#) [PDF-806K](#) [Citation](#)



Disclosure



- Herniasurge works with grants from:

- Bard



- Covidien



- Johnson & Johnson



- No influence on content

First meeting Amsterdam april 2014



1st World Conference on Abdominal Wall Hernia Surgery





Why **WORLD** Guidelines?



- Huge need for hernia surgeons/surgery
- Huge variation
 - Treatment (daycare, general practice, hernia clinic, antibiotics, drains, local, bilateral, recurrence)
 - Techniques (Shouldice, McVay, Bassini-Darn, Lichtenstein, Plug and Patch, Trabucco, TEP, TAPP, TREPP, TIPP)
 - Material (prolene, progrip, PHS, goreplug, tisseel, tacks, 3D, polyester, fixation)
 - Cost
- Results need improvement

Need for Standardisation?!

Guidelines



A document with recommendations focussed on improving quality of care, based on **evidence from scientific research** with considerations of **different treatment options, adding expertise** and experience of healthcare **professionals** and **providers, consumers (patients)**.

Modern Guidelines



- General Practice and specialists
- Evidence Based
- Expert Based
- Consensus Based



BMJ

BMJ 2014;348:g3725 doi: 10.1136/bmj.g3725 (Published 13 June 2014)



Page 1 of 7

ANALYSIS

ESSAY

Evidence based medicine: a movement in crisis?

Trisha Greenhalgh and colleagues argue that, although evidence based medicine has had many benefits, it has also had some negative unintended consequences. They offer a preliminary agenda for the movement's renaissance, refocusing on providing useable evidence that can be combined with context and professional expertise so that individual patients get optimal treatment

Trisha Greenhalgh *dean for research impact*¹, Jeremy Howick *senior research fellow*², Neal Maskrey *professor of evidence informed decision making*³, for the Evidence Based Medicine Renaissance Group

Criticism EBM



- The evidence based quality mark has been **misappropriated** by
- **vest**
- **Stat**
- **pro**
- **Inf**
- **that**
- **Ev**
- **mul**
- **The**

A screenshot of a PubMed search results page. The search term is "inguinal hernia". The results are sorted by "Most Recent" and show 14359 results. The first three results are listed:

- [Commentary on "Medium-Term Recurrence and Quality of Life Assessment Using the Hernia-Specific Carolinas Comfort Scale Following Laparoscopic Inguinal Hernia Repair": Asking the Right Questions-Evaluating Outcomes in Hernia Repair.](#)
Hope WW.
J Laparosc Adv Surg Tech A. 2015 Jun;25(6):481. No abstract available.
PMID: 26061133
- [Regional \(spinal, epidural, caudal\) versus general anaesthesia in preterm infants undergoing inguinal herniorrhaphy in early infancy.](#)
Jones LJ, Craven PD, Lakkundi A, Foster JP, Badawi N.
Cochrane Database Syst Rev. 2015 Jun 9;6:CD003669. [Epub ahead of print]
PMID: 26058963
[Similar articles](#)
- [Resection of Ileoinguinal and Ileohepogastric Nerves Combined with Gluing in Modified Lichtenstein Repair.](#)
Baer A, Bohnert N, Goretzki PE, Lammers BJ.
Surg Technol Int. 2015 May;26:143-8.

The page also includes navigation options like "Page 1 of 718", "Next", and "Last", and various filters on the left and right sides.

are

the volume of evidence has become unmanageable



When recommendations are built on statistically significant effects that are **not clinically** relevant or is influenced by the interests of funders/sponsors of research

HERNIA SURGE
Fibrin glue fixation mesh in Lichtenstein

Practice biased medicine



When a surgeon ignores guidelines and only relies on personal experience on the basis of “personal autonomy”



Demand biased medicine



Surgeon blindly follows patients wishes



Mix of

- Scientific evidence
- Professional judgement of the surgeon
- The needs and expectations of the patient
- Shared decision making



Herniasurge



Amsterdam



Cologne



Milano



Warsaw



Edinburgh

International Faculty



Having fun



www.herniasurge.com



Expertise?



- Cochrane Search of “inguinal hernia”
 - 335 reviews
 - 1772 RCT's
- 3500 articles in mendeley



Mendeley



Mendeley Desktop

File Edit View Tools Help

Add Files Folders Related Share Sync

Search

RCT studies inguinal hernia in Hernia Surge - private

Overview	Documents	Members	Title	Year	Published In	Added
★	●	👤	Authors			
☆	●		Aigner, F; Augustin, F; Kauf...	Prospective, randomized-controlled trial comparing postoperative pain after plug and patch open repair with to...	2014 Hernia	jan 2
☆	●		Bochichio, G V; Jain, A; Mc...	Biologic vs synthetic inguinal hernia repair: 1-year results of a randomized double-blinded trial	2014 Journal of the American College ...	jan 2
☆	●		Bruna Esteban, M; Cantos P...	[Prospective randomized trial of long-term results of inguinal hernia repair using autoadhesive mesh compared to classic ...	2014 Cirugia Espanola	jan 2
☆	●		Chatzimavroudis, G; Papazi...	Lichtenstein technique for inguinal hernia repair using polypropylene mesh fixed with sutures vs. self-fixating poly...	2014 Hernia	jan 2
☆	●		Dedemadi, G; Kalaitzopoulo...	Recurrent inguinal hernia repair: what is the evidence of case series? A meta-analysis and metaregression analysis	2014 Surgical Laparoscopy, End...	jan 2
☆	●		Ekdahl, T; Lofgren, J; Wladi...	[Mosquito nets in hernia surgery is an option in low-income countries. Interim analysis of a controlled randomized trial s...	2014 Lakartidningen	jan 2
☆	●	👤	Fang, Zhixue; Zhou, Jianpi...	Self-gripping mesh versus su...	American Journal of Surgery	9-10-14
☆	●		Kleidari, B; Mahmoudeh, M...	Mesh fixation in TAPP lapar...	Surgical Endoscopy and Other Interv...	jan 2
☆	●		Lai, H; Li, G; Xiao, J; Lin, Y; ...	Single-incision laparoscopic i...	ANZ Journal of Surgery	2-12-14
☆	●		Lange, J F; Lange, M M; Vor...	Trans rectus sheath extra-p...	World Journal of Surgery	jan 2
☆	●		Patel, H D; Groen, R S; Kam...	An estimate of hernia prevalence in Sierra Leone from a nationwide community survey	2014 Hernia	jan 2
☆	●		Peeters, E; Spiessens, C; O...	Sperm motility after laparoscopic inguinal hernia repair with lightweight meshes: 3-Year follow-up of a randomised clinic...	2014 Hernia	jan 2
☆	●		Ramanan, B; Maloley, B J; F...	Inguinal hernia: follow or repair?	2014 Advances in Surgery	jan 2
☆	●		Ripetti, V; La Vaccara, V; Gr...	Randomised trial comparing Lichtenstein vs Trabucco vs Valenti techniques in inguinal hernia repair	2014 Hernia	jan 2

1 of 1752 documents selected

11:39 31-1-2015

Details Notes Contents Enrichments

Type: Journal Article

Meta-analyses of randomized controlled trials of laparoscopic vs conventional inguinal hernia repairs

Authors: R. Chung, D. Rowland

View research catalog entry for this paper

Journal: *Surgical Endoscopy*

Year: 1999

Volume: 13

Issue:

Pages: 689-694

Abstract:

BACKGROUND: Despite randomized controlled trials, the merits of laparoscopic hernia repair remain poorly defined. A meta-analysis may provide a timely overview. METHODS: An electronic MEDLINE search, supplemented by a manual search, yielded 14 randomized controlled trials with usable statistical data, involving 2,471 patients. The trials were grouped for separate meta-analyses according to the control operation, either a tension-free or sutured repair, used for comparison. The effect sizes for operating time, postoperative pain, return to normal activity, and early recurrence were calculated, using a random-effects model when the effect sizes were heterogeneous and without subcategories. RESULTS: In all meta-a...

Proces of development



1. 300+ Key Questions in 28 chapters
2. Search terms
3. At least 2 members search and select titles
4. Scoring/selecting of titles and abstracts
5. Final selection of articles
6. Sign/ Level/ Grade
7. Tabel with relevant literature



Grade methodologie



Methodology Checklist 1: Systematic Reviews and Meta-analyses

SIGN
SIGN gratefully acknowledges the permission received from the authors of the AMSTAR tool to base this checklist on their work: Shea BJ, Grimshaw JM, Wells GA, Boers M, Andersson N, Hamel C, et al. Development of AMSTAR: a measurement tool to assess the methodological quality of systematic reviews. *BMC Medical Research Methodology* 2007, 7:10 doi:10.1186/1471-2288-7-10. Available from <http://www.biomedcentral.com/1471-2288/7/10> [cited 10 Sep 2012]

Study Identification (include author, title, year of publication, journal title, pages)

Guideline topic: _____ Key Question No: _____

Before completing this checklist, consider:

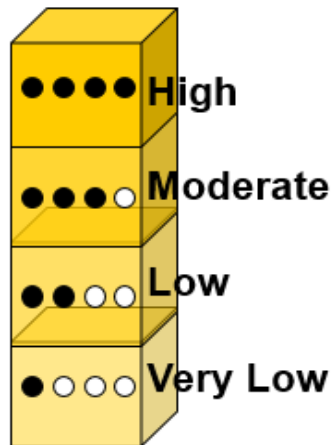
1. Is the paper a systematic review or meta-analysis? IF NO reject. IF YES continue.
2. Is the paper relevant to key question? Analyse using PICO (Patient or Population Intervention Comparison Outcome). IF NO reject. IF YES complete the checklist.

Checklist completed by: _____

Section 1: Internal validity


In a well conducted systematic review:	Does this study do it?	
1.1 The study addresses a clearly defined research question.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Can't say <input type="checkbox"/>	
1.2 At least two people should select studies and extract data. ¹	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Can't say <input type="checkbox"/>	
1.3 A comprehensive literature search is carried out. ²	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Can't say <input type="checkbox"/>	Does not apply <input type="checkbox"/>
1.4 The authors clearly state if or how they limited their review by publication type. ³	Yes <input type="checkbox"/>	No <input type="checkbox"/>
1.5 The included and excluded studies are listed. ⁴	Yes <input type="checkbox"/>	No <input type="checkbox"/>
1.6 The characteristics of the included studies are provided. ⁵	Yes <input type="checkbox"/>	No <input type="checkbox"/>
1.7 The scientific quality of the included studies is assessed and documented. ⁶	Yes <input type="checkbox"/>	No <input type="checkbox"/>

QUALITY OF EVIDENCE



 **Moving Up**

- very strong association, up 2 levels
- strong, consistent association with no plausible confounders, up 2 levels
- strong association, dose-response can move up 1 level

Moving Down 

- study execution, sparse data: serious flaws can lower by 1 level, fatal flaws can lower by 2 levels
- consistency: important inconsistency can lower by 1 level
- directness of evidence: some uncertainty lower by 1 level, major uncertainty lower by 2 levels
- selection bias: strong evidence lower by 1 level

Statements



Chapter 7

KQ7.a

Which non mesh technique is preferred? conze, simons, miserez

Statements: (concept)

<i>Statement</i>	<u>When considering a non mesh inguinal hernia repair The Shouldice hernia repair technique is recommended</u>	XXXO	Strong*
------------------	--	------	---------

* upgrade by herniasurge

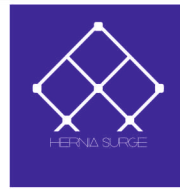
<i>Statement</i>	<u>Whether the Desarda technique is an alternative to the Shouldice technique is unknown. Further investigation is advised.</u>	XXOO	weak
------------------	---	------	------

Plan 2015



- 2015 summer Continue development statements
- 2015 sept-oct Write chapters
- Edit the guidelines
- AGREE review
- 2016 jan-march Publication
- Rotterdam 2016 Consensus meeting

Future plans



1st World Conference on Abdominal Wall Hernia Surgery





**38th International Congress
European Hernia Society**

5-8 June 2016
Rotterdam, the Netherlands

www.EHS2016.eu

MERCI

