Case Report: Single port laparoscopic paraumbilical hernia repair.

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Introduction

This case report describes a 2cm paraumbilical hernia repair that was undertaken using a single 5mm port in a patient with a raised BMI.

Description

A 5mm port was placed at Palmers point following induction of pneumoperitoneum via Veress needle.

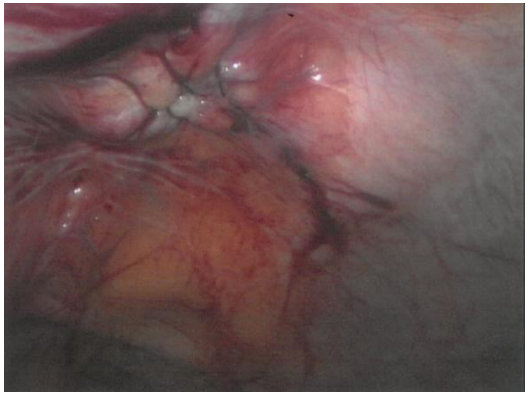
Introduction of a 5mm 30° laparoscope revealed a 2cm midline paraumbilical defect that had reduced following induction of anaesthesia/pneumoperitoneum.

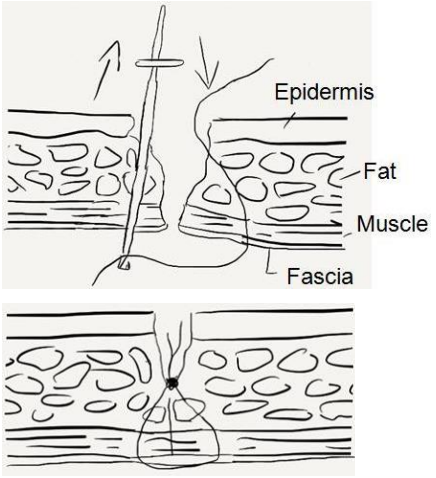
The defect was closed with 3 Endo Close® devices via a 2mm paraumbilical stab incision. Skin closure was achieved with Monocryl® and Steri Strips™.

The patient was discharged on POD1.

Left: Laparoscopic view of the abdominal wall with a small paraumbilical defect (hernia reduced).

Right: Closure achieved.





Above: Diagram of technique applied in using the Endo Close ® device.

Discussion

Laparoscopic ventral hernia repair has been well described[1]. The novelty presented in this case was single port access.

This approach had several favourable benefits, including wound cosmesis, speed of recovery and reduced risk of future port site hernia. Avoidance of additional laparoscopic ports was possible because the hernia had self-reduced following anaesthetic therefore no further instrumentation was required.

In similar cases, this single port technique presents a safe and effective minimally invasive approach.

References

[1] Bittner R, Bain K, Bansal VK, et al. Update of Guidelines for laparoscopic treatment of ventral and incisional abdominal wall hernias (International Endohernia Society (IEHS)). *Surg Endosc.* 2019;33(10):3069-3139.

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