

Groin Hernia (Inguinal) Surgery Comparison			
	Open Hernia Surgery	Laparoscopic Hernia Surgery	Total Extraperitoneal Hernia Surgery
<b>Surgery Summary</b>			
<b>About</b>	Most common technique used for hernia repair.	Less common approach for hernia repair.	Most advanced technique. Suitable for unilateral, bilateral and recurrent hernia repair.
<b>Suitable For</b>	Elderly people or any patient not eligible for Laparoscopic / Extraperitoneal Repair (eg: unable to have general anaesthesia)	Suitable for patients who have had previous robotic prostatectomy or an hysterectomy	Suitable for all patients except patients ineligible for general anaesthesia or ineligible for open lower abdominal surgery
<b>All Ages</b>	Any Age	Less than 80 years old preferred	Less than 80 years old preferred
<b>Obese Patients</b>	Less suitable for obese patients as more invasive, with larger incision and surgical dissection	More suitable for obese patients as the procedure is less invasive and requires less surgical dissection	Most suitable for obese patients as the procedure is less invasive and requires less surgical dissection
<b>Surgical Overview</b>			
<b>Benefits</b>	Common experience, widely available. And is used for some large, chronic, long-standing hernias can be difficult to repair	Keyhole procedure, preserves structure of the muscle tissue, less invasive, faster recovery	Least invasive, less pain, both postoperative and long term chronic nerve pain due to less muscle and nerve damage. Lower rate of hernia recurrence. Quicker return to
<b>Disadvantages</b>	Most invasive procedure. Increased postoperative pain from muscle and nerve damage. Higher rate of hernia recurrence. Slower return to normal	Higher risk of adhesion and bowel injury than Total Extraperitoneal Hernia Surgery	Only disadvantages are the normal risks associated with surgery
<b>Surgical Duration</b>	Surgery is usually about 30-45 minutes in length.	Surgery is about 45-60 minutes in length.	Surgery requires more time approx 60+ minutes in duration
<b>Skill Level</b>	Very common with significant variation in surgical techniques and outcomes	Requires advanced experience and laparoscopic surgery skills	Requires the highest level of Hernia repair skills.
<b>Fee Comparison</b>	Most cost effective option for cash patients.	Higher costs for cash patients due to the additional laparoscopic equipment needed.	Higher costs for cash patients due to the additional laparoscopic equipment needed.
<b>Surgical Preparation</b>	Basic preoperative workup is required	Occasionally requires more advanced workup because general anesthesia is used	Occasionally requires more advanced workup because general anesthesia is used
<b>Surgical Requirement</b>	Standard surgical equipment	Advanced laparoscopic equipment	Advanced laparoscopic equipment
<b>Surgery Details</b>			
<b>Method</b>	Surgery involves folding away the tissue and muscle layers to access a herniated tissue underneath	This procedure uses a small keyhole incision using minimally invasive surgery but uses a peritoneal incision that requires stitching	Method involves no muscle dissection and considerably less local trauma or peritoneal stitching
<b>Surgical Approach</b>	Hernia is fixed by opening the muscles over the weakness	Hernia is fixed from the inside, behind the muscles where the weakness is located	The most anatomical repair as it matches the natural anatomy
<b>Mesh Placement</b>	Mesh is placed behind the muscle and above the muscle. The mesh is sutured in place.	The peritoneum is cut, the mesh is placed between the peritoneum and the muscle. The mesh is secured in place with absorbable sutures.	This method involves no peritoneal dissections staying behind the muscle and in front of the peritoneal sac and the mesh is placed between the two
<b>Type of Mesh Used</b>	Traditionally a heavier prolene mesh is used	Lightweight mesh. Less scarring, pain and post-op infection	Lightweight mesh. Less scarring, pain and post-op infection
<b>Access to the Hernia</b>	4-5 cm incision in the groin or bikini area	1-2 cm incision next to the belly button, and 2 small punctures below the belly button	1-2 cm incision next to the belly button, and 2 small punctures below the belly button
<b>Procedural Anesthesia</b>	Can be done under local or spinal anesthesia with sedation	Requires complete general anesthesia	Requires complete general anesthesia
<b>Completing the Procedure</b>	Surgeon sutures required to close the surgical area	Small, the port hole closed with tape	Small, the port hole closed with tape
<b>Recovery from Surgery</b>			
<b>Post-Op Pain</b>	On average, 1/3 of patients have little-to-no pain after surgery. 2/3 have moderate pain post-op.	Less Pain - on average, 2/3 of patients have little-to-no pain after surgery. 1/3 have moderate pain post-op.	Less Pain - on average, most patients have any discomfort after surgery. Some develop temporary bruising around lower abdomen
<b>Potential complications</b>	Possible chronic pain, numbness and infection.	Possible postoperative adhesions and bowel injury	Rare possibility of injury to major blood vessels
<b>Infection Rates</b>	Highest	Low	Very Low
<b>Bandage</b>	Bandage and drainage for 3 weeks after surgery	Local area recover within 1-2 weeks after surgery	Local area recover within 1-2 weeks after surgery
<b>Healing</b>	Variable post op outcomes. In some incidences patients suffer discomfort and movement restrictions	Patients most experience a quick return to normal, with little post op discomfort or movement restrictions	Patients most experience a quick return to normal, with little post op discomfort or movement restrictions
<b>Activity restrictions</b>	Most patients will return to normal activities within 3-6 weeks.-No heavy lifting 6 weeks	Most patients will return to normal activities within 1-2 weeks.-No heavy lifting 6 weeks	Most patients will return to normal activities within 1-2 weeks.-No heavy Lifting 6 weeks
<b>Recurrence Rates</b>	Highest	Low	Very Low