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**Laparo Endoscopic  
Hernia Surgery  
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Clinical Practice By  
Reinhard Bittner  
Ferdinand  
Köckerling Robert J  
Fitzgibbons Jr Karl  
A Leblanc Sumeet K  
Mittal Pradeep  
Chowbey**

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biolap biological versus synthetic  
mesh in laparo. surgical repair in  
recurrent inguinal hernia sharma.  
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available literature sources will  
be evaluated in accordance with  
the oxford centre for evidence  
based medicine titles and  
abstracts were searched for the  
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chowbey p jun'**

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reinhard bittner**

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distinctive in that it focuses  
exclusively on current laparoscopic  
and endoscopic techniques for  
inguinal primary and incisional  
abdominal wall and hiatal hernias  
individual steps in diagnosis and  
treatment are described by experts  
in the field but this clinical  
expertise is also integrated with the

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best available external evidence  
from systematic research as  
encapsulated in'

***'biolap biological versus synthetic  
mesh in laparo***

*May 9th, 2020 - inguinal hernia  
repair is one of the most mon  
surgical operations globally more  
than 20 million groin herniae are  
repaired annually worldwide  
recurrence after an inguinal hernia  
operation is a considerable clinical  
problem another remaining  
problem after hernia surgery is the  
occurrence of chronic pain up to  
now the use of synthetic meshes is  
the standard procedure but there  
is" ***surgical repair in recurrent  
inguinal hernia sharma****

*May 23rd, 2020 - background with  
13 of all groin hernia repairs being  
performed for recurrent hernias*

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*recurrence after inguinal hernia repair remains a clinical problem in present day scenario all the measures to decrease the burden of recurrences should be used which can only be done by getting the knowledge of patient related risk factors along with knowledge of the controllable technical risk factors'*

**'groin hernias in women a review of the literature**

May 31st, 2020 - groin hernia repair was carried out in 44 of cases with the lichtenstein 40 with laparo endoscopic 10 with open non mesh and 6 with another open mesh technique femoral hernia repair was performed in 40 of cases with the laparo endoscopic in 34 with plug and in 26 with the mcvey technique with and without mesh'

**'laparo endoscopic hernia surgery**

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exclusively on current  
laparoscopic and endoscopic  
techniques for inguinal primary  
and incisional abdominal wall  
and hiatal hernias individual  
steps in diagnosis and treatment  
are described by experts in the  
field but this clinical expertise is  
also integrated with the best  
available external evidence from  
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endoscopic management of  
potential bilateral hernias occult  
hernia issue after patient consent  
during tapp the contra lateral  
side can be inspected this is not  
suggested during unilateral tep  
repair day surgery is remended  
for simple groin hernia repair  
provided aftercare is anized and'  
'perioperative management of  
laparoscopic inguinal hernia**

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**May 22nd, 2020 - bittner r et al  
guidelines for laparoscopic tapp  
and endoscopic tep treatment of  
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incisional abdominal wall and  
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and portal hypertension splee  
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hernia society is at least 250  
laparo endoscopic surgeries per  
year furthermore up to 30 of  
patients suffer from bilateral  
herniae 5 6 therefore at least 70  
patients per center can be ex  
pected to qualify for assessment  
for ethical considerations we  
think that the lack of evidence for  
the risk of hernia recurrence  
with'**

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formulated by the lower  
morbidity of elective surgery has  
to be weighed against the higher  
morbidity of emergency surgery  
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and 100 procedures for laparo  
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mesh or biomesh or biological or  
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