



Inguinal hernia repair in centers of excellence. Author's reply

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Dear Editor,

We have read with interest the letter by Dr. Huerta entitled “Inguinal Hernia Repair in Centers of Excellence” [1] discussing the recently published systematic review and meta-analysis on robotic preperitoneal inguinal hernia repair (rTAPP) [2]. The review concluded that rTAPP for unilateral and bilateral inguinal hernia seem feasible, safe, and effective. Because of the limited number of patients ($n = 1645$), quality of included studies (observational), and the high heterogeneity for some of the considered outcomes, results need to be interpreted cautiously because the possible background bias [2, 3].

We thank you Dr. Huerta for his clarification and we totally agree because evidence data only support initial and relatively weak deductions. However, in our opinion, the conclusions of the review were misinterpreted and the title of the paper, “Is technology taking over?”, should be considered into a provocative standpoint and not as a definitive assumption. In addition, the study is a frequentist prevalence meta-analysis with no pairwise techniques comparison. Notably, a recently published Bayesian Network Meta-analysis from our study group, including 51,037 patients (16 studies), concluded that open, laparoscopic transabdominal preperitoneal, totally extraperitoneal, and robotic preperitoneal repair seem equivalent in the short-term [4]. In this perspective, it is unquestionable that the surgical management of inguinal hernia is evolving and the effect of the adoption of innovative minimally invasive techniques, especially robotic, is promising. Compared to the centenary history of open inguinal hernia repair, the rTAPP is a relatively

new technique that requires further validating well-designed trials.

Therefore, an individualized and patient-tailored approach is desirable in conjunction with the surgeon's experience and expertise [5]. For all these reasons, we believe that in center of excellence the hernia surgeon should be polyhedral and possibly capable to master all these major surgical approaches for elective inguinal hernia repair.

Compliance with ethical standards

Conflict of interest AA, MC, GB, and DB declare no conflicts of interest.

Ethical approval This article does not require ethical approval.

Human and animal rights The study including human participants has been performed in accordance with the ethical standards of the Declaration of Helsinki and its later amendments.

Informed consent For this type of study formal consent is not required.

References

1. Huerta S (2019) Inguinal hernia repair in centers of excellence. *Hernia*. <https://doi.org/10.1007/s10029-019-01998-6>
2. Aiolfi A et al (2019) Robotic inguinal hernia repair: is technology taking over? Systematic review and meta-analysis. *Hernia* 23(3):509–519
3. Bittner JG (2019) Comment on robotic inguinal hernia repair: is technology taking over? *Hernia* 23(3):521–522
4. Aiolfi A et al (2019) Primary inguinal hernia: systematic review and Bayesian network meta-analysis comparing open, laparoscopic transabdominal preperitoneal, totally extraperitoneal, and robotic preperitoneal repair. *Hernia* 23(3):473–484
5. Bruni PG et al (2019) Primary unilateral not complicated inguinal hernia with an effective, cheap, less invasive, and easy operation: the Trabucco repair. *Hernia* 23(3):555–560

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