FULL TRANSCRIPT INTERVIEW WITH

JOHN STEERS, M.D., ON TEP

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What are the beneficial outcomes for patients undergoing an inguinal hernia repair through the TEP approach?

"After a few years of experience with the TEP repair, especially after becoming more efficient in the approach, I noticed the patients were doing so much better as far as the recovery and the pain, that I thought that I should offer the TEP approach to unilateral hernia patients as well. There's no pain in the groin after doing a TEP repair. The pain comes from where you put your incisions."

How did the Kii® Dissecting Balloon access system help you with this approach?

"I like the fact that once I found the [preperitoneal] space, the balloon almost does the whole dissection for me. When we inflated that balloon and took it out, we probably had 75% of the dissection already accomplished from the balloon before we even had to go in and clean up loose ends."

Do you find the safety and efficiency of the TEP approach is enhanced with dissecting balloon technology?

"I think for some people that's personal preference... I like the fact that once I've found the space, the balloon does the majority of the dissection. To me it saves time and the nice soft balloon makes it safe. Also, if you run into some bleeding, the fact that the balloon is inflated and you see bleeding through the balloon, you can just keep the balloon inflated for three minutes and it will tamponade the bleeder. In a case where you are just using a scope, you'd need to go in with an energy device or a clip to stop the bleeding, and sometimes the visualization will require you to have a suction irrigator as well."

With the benefits of using a dissection balloon for the TEP approach, why do you think some surgeons still continue to perform the procedure without it?

"Cost. I can't speak for all surgeons, some may prefer a blunt method, but for a lot of surgeons, I believe the cost is the biggest issue."

What is your opinion on the learning curve for surgeons adopting the TEP approach?

"I think learning to get into the preperitoneal space efficiently and making sure you can do it reproducibly, such that it is not a unique experience each time, is the key to the approach. Once you learn the technique of how to get into the space and get the exposure that you need, then everything else sort of falls into line, because then it is no different than a TAPP approach. Once you've done the exposure, the anatomy is the same."

For your technique using a dissecting balloon, do you ever find it difficult to find that space again after removing the dissecting balloon and then inserting the alternate port trocar to perform the rest of the procedure?

"To me that was one of the keys to developing the technique. Once you're in that preperitoneal space, you have to make sure you maintain that same plane every time you're going to pull something out. If you put that S-retractor in and pull the balloon out with the retractor in place, it keeps the same plane open."

In what circumstances would you need to use an alternate approach to TEP to repair an inguinal hernia?

"I offer the TEP repair as the primary repair, but we take every patient's past history and past surgeries and their personal body habitus into account. There are some patients that have really large, chronically incarcerated groin hernias, where there are bowel or hernia sites that extend into the scrotum- we don't feel these should be approached laparoscopically so we offer those patients an open repair. If it [the hernia] is able to be reduced in the office, then we would start the procedure as a laparoscopic procedure and then make a decision based on what we find. Finally, if there is somebody that has had previous laparoscopic surgery, such as a prostatectomy or prior TEP repairs, then a lot of time we will actually recommend they have a laparoscopic TAPP repair."

"I noticed the patients were doing so much better as far as the recovery and the pain."

What is your opinion about robotic TAPP for inguinal hernia repair?

"When the robot came to our facility, I trained on the platform for a handful of cases, and at the end of each case, I would sit there and think, 'What did we achieve? Nothing. It's a laparoscopic case. What did we accomplish with a robotic inguinal hernia? Nothing any different than we would with a laparoscopic case.' It's all about where you put your incisions, whether you do that robotically or laparoscopically doesn't matter."

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