Laparoscopic Surgery of the Abdominal Wall: Why Has It Not Been Implemented Like Other Laparoscopic Procedures?

Cirugía laparoscópica de la pared abdominal: ¿por qué no se ha implementado como otros procedimientos laparoscópicos?
“Nintendo generation” of young surgeons and their ease in handling computer games. The use of simulators minimizes the learning curve, does not require constant supervision as it is not performed on actual patients, and it optimizes the use of operating rooms.

What should be done to improve this situation in our country? We have a lot of work to do, and several factors must be dealt with:

1. The main reason for not using laparoscopic hernia repair continues to be lack of proper training. Theoretical-practical courses are necessary, along with initial supervision by expert surgeons. This has been shown to be the best way to reduce learning time and to facilitate the reproducibility and complete command of the technique.

2. Sufficient practice. As we have seen in other countries, laparoscopic abdominal wall surgery must be included in residency programs. This also requires the support of scientific societies and the medical industry, as well as the creation of reference centers for training and practicing new laparoscopic skills. The Abdominal Wall Group of the AEC has created the Annual Course for Residents at the Hospital de Getafe. Meanwhile, this same group is creating the Network of Schools for Abdominal Wall Surgery and Research (in Spanish, RECIPE), which will meet the skill development and training needs of young surgeons for this type of surgery.

3. In order to change the perception of hernias as being a less important part of surgical programs, the quality of repairs should be given preference over the number of repairs. The best case scenario would be if each hospital, depending on the case volume, had specialized abdominal wall surgery units or specialized surgeons that would be able to provide the most appropriate solution for each individual. These solutions would be in accordance with the recommendations of scientific societies and clinical guidelines.

In Spain, laparoscopic abdominal wall surgery is used less frequently than what is considered standard in other countries. Perhaps now is the time to take a step back and improve training in abdominal wall surgery. A conscious effort is necessary, both individually as well as institutionally. We need to adapt to the times and improve this current situation, which benefits neither our patients nor ourselves as surgeons.

REFERENCES


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