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Editorial

Minimally invasive surgery of the abdominal wall[☆]

Cirugía mínimamente invasiva de la pared abdominal

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It is increasingly clear that surgeons who wish to dedicate themselves to abdominal wall surgery must master open, laparo-endoscopic and robotic techniques, and that the management of these 3 surgical modalities can represent what could be called being a technically “contemporary” or “modern” abdominal wall surgeon. Laparo-endoscopic and robotic techniques constitute what has been called minimally invasive approaches or minimally invasive surgery (MIS) of the abdominal wall. Currently, it is clear that robotic surgery represents an evolution of laparo-endoscopic techniques since it improves visualisation, manipulation of tissues and anatomical planes, in addition to the precision of movements and surgical gestures in reduced spaces.

It is interesting to observe how until a few years ago there was little application of MIS hernia surgery in Spain, with stagnation at low percentages that were surprisingly similar to other countries which were supposedly at the forefront of surgical treatments of the abdominal wall.^{1,2} Also surprising is the low use of MIS techniques despite the recommendations that appear in some international guidelines.³ However, in recent years there seems to have been an increase in the use of MIS techniques in the abdominal wall, especially at the expense of the introduction of the robotic platform.⁴ We believe that MIS surgery of the abdominal wall is currently experiencing an upward trend, and that for this reason the presence of a monographic issue in *CIRUGÍA ESPAÑOLA* about this type of surgery may be opportune. The manuscripts included in this monographic issue aim to: provide more information regarding the current state of the minimally invasive approach to inguinal hernia in its laparoscopic and robotic transabdo-

minal preperitoneal (TAPP) modality; analyse the international guidelines for the treatment of inguinal hernia, reflecting on their use in Spain and making a proposal to standardise their implementation during general surgery residency; evaluate whether the posterior component separation technique (PCS-TAR) in its robotic modality can represent a paradigm shift in complex abdominal wall surgery; detail the advantages and risks of minimally invasive extraperitoneal access (eTEP) in the repair of abdominal wall defects; consider how to treat recurrences after the application of complex techniques such as TAR; propose a design for the rationalisation of the use of acronyms in MIS surgery of the abdominal wall and finally, study from the usefulness of data records if in the growth of the use of MIS surgery there may be indications of overtreatment of some defects of the abdominal wall. We are aware that this monographic issue will not cover all the aspects that can be related to MIS surgery of the abdominal wall, but we do hope that the aspects discussed will help provide some more information to this surgical modality of the abdominal wall.

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Conflict of interest

None.

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