

# Asia Pacific Hernia Society *Newsletter*

January–June 2011

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## *Editorial*

**Dear Colleagues,**

The Asia Pacific Hernia Society (APHS) continues to prosper and expand its boundaries.

The National Chapters of hernia societies affiliated to the APHS have been very active with academic programmes in several countries in the region. These National Chapters are the strength of the APHS, as they serve to fulfil the vision and mission of the APHS.

Herniology appears to be established as a specialty, especially in the field of minimal access surgery. This is evident from the keen interest and active participation at numerous workshops and conferences on hernia worldwide.

A great annual conference awaits us at Hua-Hin, Thailand in November 2011. The annual APHS congresses are events marked by good cheer and great camaraderie in the setting of a lively scientific extravaganza.

Warm regards,

**Dr Anil Sharma**

*Secretary General, APHS  
Max Institute of Minimal Access, Metabolic and  
Bariatric Surgery Centre,  
Max Super Speciality Hospital, Saket  
New Delhi*



## Past Congresses



### The 6th APHS Congress, Seoul, Korea (14–16 Oct 2010)

**Theme:** Turn and Widen the Hernia Surgery

Hosted by the Korean Hernia Society (KHS), the 6th APHS congress was a big success. The local organizing committee was led by Dr Youn Baik Choi, President and Min Chung, Secretary Genral of KHS. The theme ‘Turn and widen the Hernia Surgery’ provided an opportunity for in-depth discussions by medical professionals in the field of hernia surgery. The participants found the event inspiring and fruitful. The invited faculty included Dr Pradeep Chowbey, Professor Davide Lomanto, Professor Huang Ching Shiu, Professor Song Zhang Ma, Professor Isamu Koyama and many more.



### Asia-Pacific consensus meeting on open inguinal hernia mesh repair Singapore, 16 April 2011

The Asia-Pacific consensus meeting on open inguinal hernia mesh repair was held in Singapore on 16 April 2011. The meeting was chaired by Dr Davide Lomanto (President APHS) and attended by 15 hernia experts from all over the Asia-Pacific including Dr Barlian Sutedjia (President-Elect APHS). Dr P. Chastan (France) and Dr G. Amato (Italy) were among the invited guests. The meeting covered all aspects of open inguinal hernia surgery such as indications, need for classification, type of admission and anaesthesia, antibiotic prophylaxis, surgical techniques, type and size of mesh, hernia training, postoperative care and complications. The results of the meeting will be disclosed in APHS 2011 (8–11 November, Hua-Hin, Thailand). The consensus meeting was followed by the 12th international workshop on abdominal wall surgery (18–19 April 2011) held at KTP Advanced Surgery Training Center, National University Hospital, Singapore. The workshop was attended by 20 participants from different countries and included extensive lectures, symposium, live hernia surgery demonstration by experts, and hands-on training on live tissue for the participants.





## Forthcoming Congress, 2011



# APHS 2011

**7<sup>th</sup>** INTERNATIONAL CONGRESS of the  
ASIA-PACIFIC HERNIA SOCIETY  
SUFFICIENT, SUSTAINABLE, AND SAFE HERNIA SURGERY  
8-11 November 2011, Hua-Hin, Thailand

### 1<sup>st</sup> Announcement

Venue :

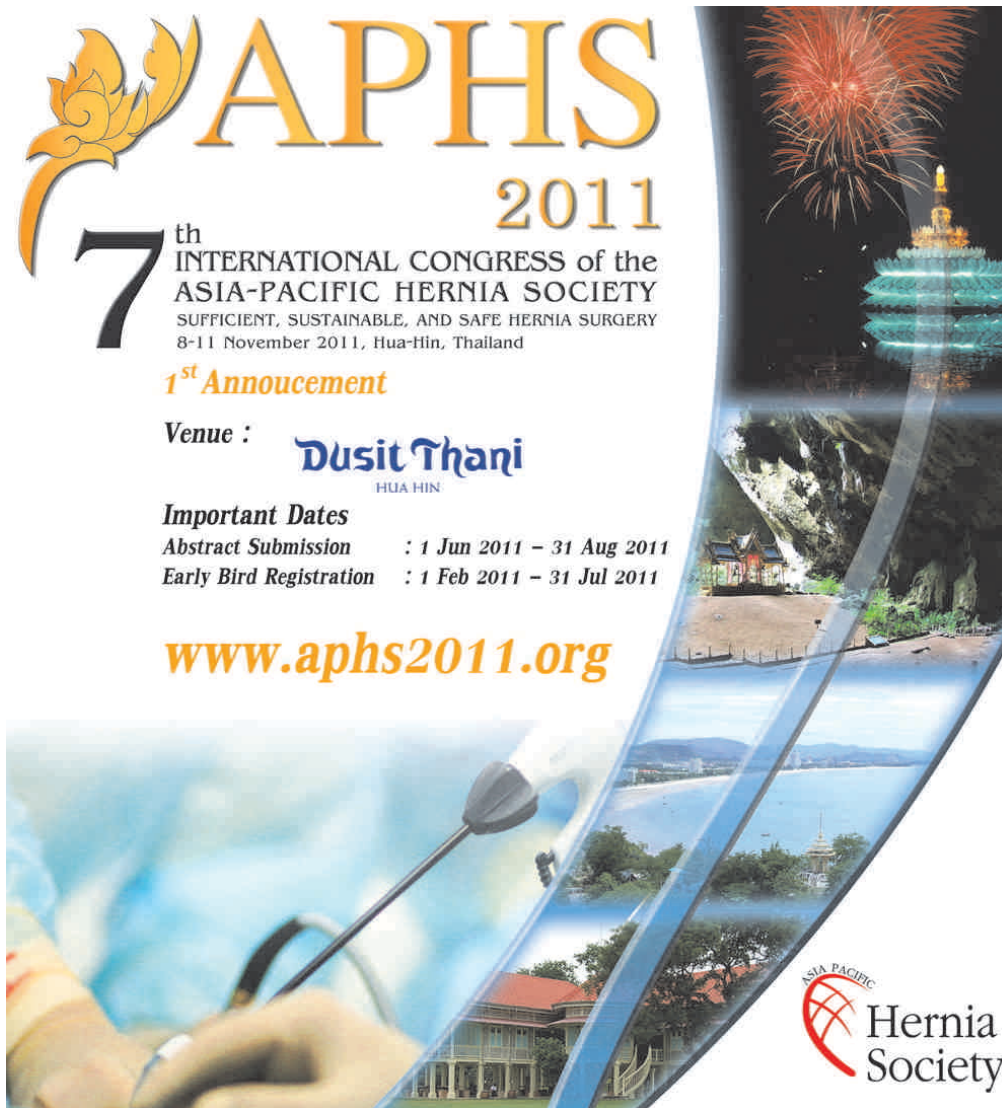
**Dusit Thani**  
HUA HIN

### Important Dates

Abstract Submission : 1 Jun 2011 – 31 Aug 2011

Early Bird Registration : 1 Feb 2011 – 31 Jul 2011

[www.aphs2011.org](http://www.aphs2011.org)



### Local Organizing Committee

**Advisory Board:** Dr Chanwit Tanpipat, Dr Darin Lohsiriwat, Dr Paisal Pongchairerks

**Chaiman:** Dr Sathien Tumtavitikull

**Secretary General:** Dr Vitoon Chinswangwatanakul

**Assistant Secretary:** Dr Thawatchai Akaraviputh

**Scientific committee:** Dr Suthep Udomsawaengsup, Dr Amarit Tansawet, Dr Sapon Lerdsirisopon

**Treasurer:** Dr Suphakarn Techapongsatorn

**Public relation and Social function:** Dr Sutdhachit Linananda

**Congress Facility and Banquet:** Dr Sutdhachit Linananda

**Evaluation:** Dr Sarawut Annuntasethakul

**Registration:** Dr Suriya Panchai

**Transportation and Accommodation:** Dr Jirasak Wongsrichanalai



## Forthcoming Congress/Events



2011

**The 7th International APHS Congress will be held in Hua-Hin, Thailand, 9-11 November 2011**

<b>Event</b>	<b>10th Asia Pacific Congress of Endoscopic Surgery (ELSA 2011)</b>
<b>Date, Venue</b>	11–13 August 2011, Singapore
<b>Event</b>	<b>XVI World Congress of the International Federation for the Surgery of Obesity and Metabolic Disorders</b>
<b>Date, Venue</b>	31 August–3 September 2011, CCH–Congress Center Hamburg, Germany
<b>Event</b>	<b>Vth National congress of Hernia Society of India, National Chapter of Asia Pacific Hernia Society</b>
<b>Date, Venue</b>	10–11 September 2011, Raipur, India
<b>Event</b>	<b>Pre-Congress Hand-on Workshop in Soft Cadaver on Hernia Repairs, Thai Hernia Society</b>
<b>Date, Venue</b>	8 November 2011, Chulalongkorn Hospital, Thailand
<b>Event</b>	<b>4th International Workshop and Training Course on Minimally Invasive Hernia Surgery 2011 (ENDOHERNIA 2011)</b>
<b>Date, Venue</b>	29 September–1 October 2011, Hotel Green Park, Chennai, India
<b>Event</b>	<b>EAES Advanced Laparoscopic GI Surgery Course</b>
<b>Date, Venue</b>	1–5 October 2011, Cairo, Egypt
<b>Event</b>	<b>6th Rotterdam Interactive Congress of Hernia (RICH)</b>
<b>Date, Venue</b>	13 January 2012, De Doelen, Rotterdam, The Netherlands
<b>Event</b>	<b>10th Biennial National Congress of IAGES &amp; Workshop on Minimal Access Surgery (IAGES 2012)</b>
<b>Date, Venue</b>	16–19 February 2012, Ahmedabad, Gujarat, India
<b>Event</b>	<b>13th World Congress of Endoscopic Surgery</b>
<b>Date, Venue</b>	24–28 April 2012, Hosted by ALACE, AMCE and FELAC, Puerto Vallarta, Mexico
<b>Event</b>	<b>Society of American Gastrointestinal Endoscopic Surgeons Annual Meeting</b>
<b>Date, Venue</b>	7–10 March 2012, San Diego Convention Center, San Diego, CA, USA
<b>Event</b>	<b>5th Annual EHS/AHS, Joint Hernia Congress, 2012 World Hernia Congress</b>
<b>Date, Venue</b>	28–31 March 2012, New York Marriott Marquis, New York, NY, USA
<b>Event</b>	<b>XVII World Congress of International Federation for the Surgery of Obesity and Metabolic Disorders (IFSO)—IFSO 2012</b>
<b>Date, Venue</b>	11–15 September 2012, Hotel Taj Palace, New Delhi, India



## National Chapters



Dr Youn Baik Choi (**President**)

### The Korean Hernia Society

Dr Min Chung (**Secretary General**)



Dr H.G. Doctor (**President**)

### The Hernia Society of India

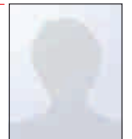
Dr Rajesh Khullar (**Honorary Secretary**)



Dr Loong Che-Chuan (**President**)

### The Taiwanese Hernia Society (THS)

Dr Tien-Hua Chen (**Secretary General**)



Dr Satheun Tumtavitikul (**President**)

### The Thai Hernia Society

Dr Vitoon Chinswangwatanakul (**Secretary General**)



Dr Rolf Hartung (**President**)

### The UAE-GCC Hernia Surgery Interest Group

Dr D. Basim Al Khafaji (**Secretary General**)



Dr Kota Okinaga (**President**)

### The Japanese Hernia Society

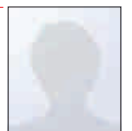
Dr Tsuyoshi Inaba (**Secretary General**)



Dr Charles T.K. Tan (**President**)

### The Singapore Hernia Society

Dr \_\_\_\_\_ (**Secretary General**)





Dr Song Zhang Ma (**President**)

### The Chinese Hernia Society

Dr Tang Jian Xiong (**Secretary General**)



Dr Barlian Sutedja (**President**)

### The Indonesian Hernia Society

Dr Errawan R. Wiradisuria (**Deputy and Secretary**)



Dr Rey Melchor Santos (**President**)

### The Philippine Hernia Society

Dr \_\_\_\_\_ (**Secretary General**)



## GCC Hernia Society

The society plans to conduct a 2-hour scientific meeting which will include presentations by experts and elections of new board members. The meeting is proposed to be held during the first week of Ramadan (August 2011) at 10:00 p.m. followed by Sohor.

—Dr Basim Al Khafaji, Consultant Surgeon, Secretary General of GCC-Hernia Society



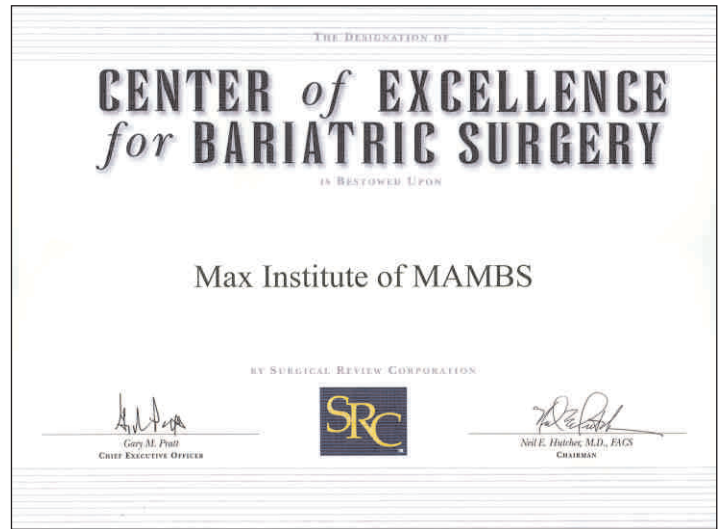
## Global Hernia News

### Subscription of *Hernia Journal*

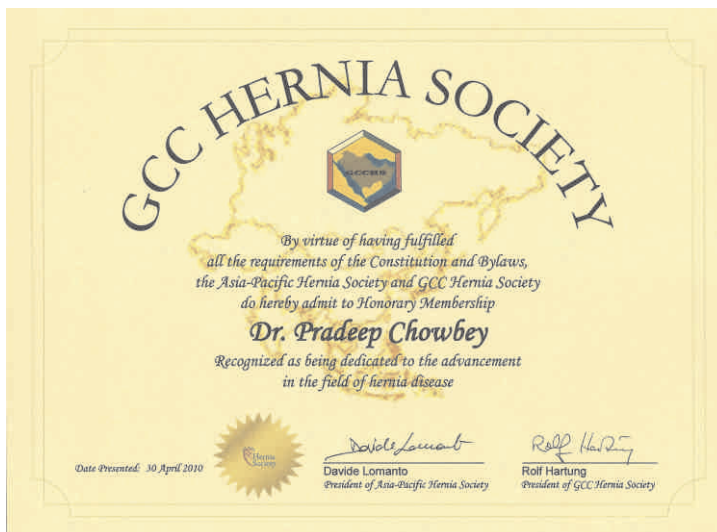
The *Hernia Journal* will be free to access for 3–4 month to all members of APHS (1 month before and 3 months after the APHS conference). The online subscription rate is 60 Euro.

—Dr Davide Lomanto, President, APHS

### Centre of Excellence to Max Institute of MAMBS



### Honorary membership to Dr Pradeep Chowbey



### Notice

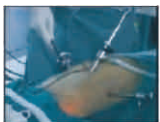
Short articles are invited from members of the Asia Pacific Hernia Society (APHS). These could be anecdotes, insights or revelations about the surgical profession or otherwise. These may be experienced by surgeons while on holiday, work, travel and could be of interest to readers and members of the APHS community.



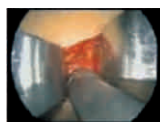
## Video Library



**Title:** Endoscopic Totally Extraperitoneal Repair (TEP)  
**Operating surgeon:** Dr Pradeep Chowbey, India  
**Description:** Second Asia Pacific Hernia Congress and Live Workshop, Sir Ganga Ram Hospital, New Delhi (India)



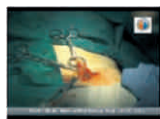
**Title:** Laparoscopic Transabdominal Preperitoneal Repair (TAPP)  
**Operating surgeon:** Dr Jan F. Kukleta, Switzerland  
**Description:** Second Asia Pacific Hernia Congress and Live Workshop, Sir Ganga Ram Hospital, New Delhi (India)



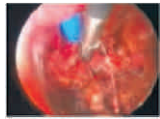
**Title:** Endoscopic Totally Extraperitoneal Repair (TEP)  
**Operating surgeon:** Dr F. Kockerling, Germany  
**Description:** Second Asia Pacific Hernia Congress and Live Workshop, Sir Ganga Ram Hospital, New Delhi (India)



**Title:** TEP Bilateral Hernia Repair  
**Operating surgeon:** Dr Davide Lomanto, MD, PhD  
**Description:** Dept. of General Surgery "P. Stefanini" University of "La Sapienza" Rome (Italy)



**Title:** Prolene Hernia System (PHS)  
**Operating surgeon:** Dr Davide Lomanto, MD, PhD  
**Description:** NUH MISC Hernia Workshop



**Title:** TEP Hernia Repair using Anatomic Mesh  
**Operating surgeon:** Dr Davide Lomanto, MD, PhD  
**Description:** Director MISC, National University Hospital, Singapore



**Title:** Lichtenstein Hernia Repair  
**Operating surgeon:** Dr Cheah Wei-Keit  
**Description:** Deputy Director of the MISC, Head of the Division of General Surgery, National University Hospital, Singapore



**Title:** The Ugahary Grid-Iron Technique with VYPRO II\* Visor Mesh  
**Operating surgeon:** Dr F. Ugahary  
**Description:** Consultant Surgeon, The Netherlands



**Title:** Laparoscopic Repair of Suprapubic Hernia  
**Operating surgeon:** Dr Anil Sharma, India  
**Description:** Minimal Access, Metabolic and Bariatric Surgery Centre



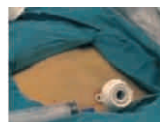
**Title:** Total Extraperitoneal Approach for Femoral Hernia  
**Operating surgeon:** Dr Pradeep Chowbey, India  
**Description:** Minimal Access, Metabolic and Bariatric Surgery Centre



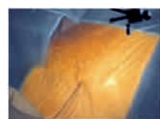
**Title:** Laparoscopic Ventral Hernia Repair (LVHR)  
**Operating surgeon:** Dr Davide Lomanto, Singapore  
**Description:** Second Asia Pacific Hernia Congress and Live Workshop, Sir Ganga Ram Hospital, New Delhi (India)



**Title:** Laparoscopic Incisional Hernia Repair (LVHR)  
**Operating surgeon:** Dr Anil Sharma, India  
**Description:** Second Asia Pacific Hernia Congress and Live Workshop, Sir Ganga Ram Hospital, New Delhi (India)



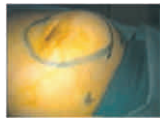
**Title:** Endoscopic Totally Extraperitoneal Repair (TEP)  
**Operating surgeon:** Dr Andrew Bowker, New Zealand  
**Description:** Second Asia Pacific Hernia Congress and Live Workshop, Sir Ganga Ram Hospital, New Delhi (India)



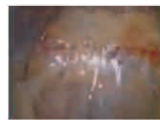
**Title:** Lichtenstein Groin Hernia Repair with Glue  
**Operating surgeon:** Professor Giampiero Campanelli  
**Description:** Associate Professor of Surgery - General Surgery - University of Milan, Italy



**Title:** Laparoscopic Repair of Large Recurrent Ventral Hernia  
**Operating surgeon:**  
**Description:** Minimally Invasive Surgical Centre, National University Hospital, Singapore



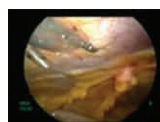
**Title:** Laparoscopic Ventral Hernia Repair  
**Operating surgeon:** Dr Davide Lomanto, MD, PhD  
**Description:** Director MISC, National University Hospital, Singapore



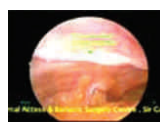
**Title:** TEP Hernia Repair using Anatomic Mesh  
**Operating surgeon:** Dr Davide Lomanto, MD, PhD  
**Description:** Director MISC, National University Hospital, Singapore



**Title:** Laparoscopic Umbilical Hernia Repair  
**Operating surgeon:** Dr Davide Lomanto, MD, PhD  
**Description:** Director MISC, National University Hospital, Singapore



**Title:** Transabdominal Extraperitoneal Approach for Epigastric Hernia  
**Operating surgeon:** Dr Anil Sharma, India  
**Description:** Minimal Access, Metabolic and Bariatric Surgery Centre



**Title:** Transabdominal Preperitoneal Repair of Recurrent Hernia (Post TEP)  
**Operating surgeon:** Dr Rajesh Khullar, India  
**Description:** Minimal Access, Metabolic and Bariatric Surgery Centre

log on to <http://www.aphernia.com/media/videogallery.htm> to access these videos



## Research Topics

Compiled by Dr Amit Agarwal, Department of Surgery, Minimally Invasive Surgical Center, National University Health System, Singapore

### Role of biological mesh in hernia repair

The search for an ideal mesh for hernia repair is never ending. An ideal mesh is one which produces minimal tissue reaction and is compatible with the human tissues. The development of biological meshes was greeted with great enthusiasm. Studies show that biological meshes form a scaffold for hernia repair while simultaneously addressing the problems such as chronic inflammation and foreign body reaction, stiffness and fibrosis, and mesh infection.

The theoretical advantage of biological meshes appealed to many surgeons who used these meshes. However, limited mainly by the cost, these were not used widely. A randomized controlled trial was done to compare the results of Lichtenstein repair done with a polypropylene and a biological mesh. The study by Ansaloni *et al.* was published in *Am J Surgery* in 2009.<sup>1</sup> They found that the use of biological mesh decreased postoperative pain and discomfort. No difference was seen in terms of recurrence after 3 years of follow up. They concluded that hernioplasty with a biological mesh is safe and feasible. Another study published in the *Hernia Journal* in 2008 evaluated the role of a biological mesh in transabdominal inguinal hernia repair.<sup>2</sup> It concluded that a biological mesh has a role in sportsmen, patients with a contaminated surgical field, and also in young patients, where there is a fear of leaving behind a long-term foreign body.

On the other hand, a study published in *Arch Surg* in 2009 evaluated various methods of ventral hernia repair in 200 patients. The researchers found that the recurrence rate was as high as 38% with the use of acellular cadaveric dermis.<sup>3</sup> They concluded that the long-term strength of the hernia repair is not augmented by acellular cadaveric dermis but seems to be improved with soft polypropylene mesh. Another study evaluated the role of a biological mesh in post-meshectomy repairs done for inguinodynia<sup>4</sup> and found no advantage of use of biological mesh compared to pure anatomical repair

without mesh.

To summarize, the use of a biological mesh in ventral or inguinal hernioplasty in a non-contaminated and previously uninfected field is difficult to justify due to the high recurrence rate and material cost without any added benefit. Very little data are available regarding the performance of biological meshes in these settings. The presence of contamination may limit the applicability of a permanent synthetic mesh in some hernia repairs. A biological mesh may be acceptable for this purpose or for placement in open wounds as a staged closure in complex abdominal wall reconstruction. There are limited data in both these areas, with some noting a high risk of hernia recurrence and associated infection. The data are mostly limited to animal models and case series.<sup>4,5</sup> However, a lack of suitable alternatives has made biological meshes attractive for contaminated field hernia repair.

#### References

1. Ansaloni L, Catena F, Coccolini F, Gazzotti F, D'Alessandro L, Pinna AD. Inguinal hernia repair with porcine small intestine submucosa: 3-year follow-up results of a randomized controlled trial of Lichtenstein's repair with polypropylene mesh versus Surgisis Inguinal Hernia Matrix. *Am J Surg* 2009;**198**:303–12.
2. Agresta F, Bedin N. Transabdominal laparoscopic inguinal hernia repair: Is there a place for biological mesh? *Hernia* 2008;**12**:609–12.
3. Ko JH, Wang EC, Salvary DM, Paul BC, Dumanian GA. Abdominal wall reconstruction: Lessons learned from 200 'components separation' procedures. *Arch Surg* 2009;**144**:1047–55.
4. Koopman MC, Yamane BH, Starling JR. Long-term follow up after meshectomy with acellular human dermis repair for post-herniorrhaphy inguinodynia. *Arch Surg* 2011;**146**:427–31.
5. Saettele TM, Bachman SL, Costello CR, Grant SA, Cleveland DS, Loy TS, Kolder DG, Ramshaw BJ. Use of porcine dermal collagen as a prosthetic mesh in a contaminated field for ventral hernia repair: A case report. *Hernia* 2007;**11**:279–85.
6. Candage R, Jones K, Luchette FA, Sinacore JM, Vandevender D, Reed RL 2nd. Use of human acellular dermal matrix for hernia repair: Friend or foe? *Surgery* 2008;**144**:703–9.

## SILS in groin hernia repair

Advancements in the field of hernia repair are ongoing. The role of laparoscopy in groin hernia repair is already established, the debate now is about the use of single-incision approach. Every incision and trocar placement poses a risk of bleeding, organ damage, incisional hernia and less favourable cosmetic effects. For this reason, single-incision surgery is gaining widespread acceptance. Reports of TEP hernia repair by the single-incision method started appearing around 2008.<sup>1</sup> The initial reports talked mainly about the feasibility of this approach for groin hernia repair. The number of cases included in most of these initial studies was very few<sup>2</sup> and almost all the studies emphasized the technical difficulty associated with the use of single incision.

An analysis of 23 cases of inguinal hernia that underwent single-incision TEP repair was published by Surgit in 2010.<sup>3</sup> He found the use of the single-incision technique to be safe and feasible. There were no intraoperative or postoperative complications. He also found the use of articulating instruments to be useful for this procedure. In another study by Goo *et al.*,<sup>4</sup> laparoscopic transabdominal pre-peritoneal (TAPP) hernia repair via a single port was also found to be safe

and feasible with no significant intra- or postoperative complications.

To summarize, the use of the single-incision technique for groin hernia repair is feasible. However, it is technically demanding and has a steep learning curve. Adequate training is required before one can attempt such a procedure. This can come in the form of conferences and workshops with experienced practitioners, training on animal models and even on laparoscopic simulators.

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1. Cugura JF, Kirc I, Kulis T, Jankovic J, Beslin MB. First case of single incision laparoscopic surgery for totally extraperitoneal inguinal hernia repair. *Acta Clin Croat* 2008;**47**:249–52.
2. He K, Chen H, Ding R, Hua R, Yao Q. Single incision laparoscopic totally extraperitoneal inguinal hernia repair. *Hernia* 2010 May 14.
3. Surgit O. Single incision laparoscopic surgery for totally extraperitoneal repair of inguinal hernia in 23 patients. *Surg Laparosc Endosc Percutan Tach* 2010;**20**:114–18.
4. Goo TT, Goel R, Lawenko M, Lomanto D. Laparoscopic transabdominal preperitoneal (TAPP) hernia repair via a single port. *Surg Laparosc Endosc Percutan Tach* 2010;**20**:389–90.

## To fix or not to fix the mesh in inguinal hernia repair

Chronic pain is a disturbing complication of inguinal hernia repair. Its risks, incidence and severity vary widely in the literature. It is well known that laparoscopic repair has decreased the incidence of chronic groin pain. The main source of pain with this approach is probably the staple fixation. Different ways of fixation are being sought to avoid this problem.

Recently, Khaleal *et al.* evaluated the role of fibrin glue in decreasing chronic pain in laparoscopic totally extraperitoneal (TEP) inguinal hernia repair.<sup>1</sup> They found that fibrin glue was a safe and effective way of mesh fixation with no increased risk of recurrence and decreased incidence of chronic groin pain. Several studies have shown that non-fixation of the mesh in TEP inguinal hernia repair is safe and has no disadvantage compared to

mesh fixation in terms of recurrence rate, pain scores and other morbidity parameters.

A meta-analysis by Tam *et al.* was published in the *World Journal of Surgery* in 2010.<sup>2</sup> Six trials with a total of 1086 hernias in 932 patients were included. They reported that elimination of tack fixation of mesh in TEP decreases the operative cost and significantly reduces the operative time and in-hospital stay, but with no difference in the risk of hernia recurrence, complications and postoperative pain. Another meta-analysis by Teng *et al.* was published in 2011 in *Surgical Endoscopy*,<sup>3</sup> which showed similar results.

Another study worth mentioning is the one by Garg *et al.* published in 2011,<sup>4</sup> which highlighted the universal application of mesh non-fixation procedure. The study

used 194 hernias and showed that mesh non-fixation is safe in TEP in terms of recurrence rates, length of hospital stay, resumption of normal activities and seroma formation. They concluded that non-fixation of mesh is safe and recommended in TEP inguinal hernia repair when done by an experienced surgeon.

### References

1. Khaleal F, Berney C. The role of fibrin glue in decreasing chronic pain in laparoscopic totally extraperitoneal (TEP) inguinal hernia repair: A single surgeon's experience. *ANZ J Surg* 2011;**81**:154–8.
2. Tam KW, Liang HH, Chai CY. Outcomes of staple fixation of mesh versus non-fixation in laparoscopic total extraperitoneal inguinal repair: A meta-analysis of randomized controlled trials. *World J Surg* 2010;**34**:3065–74.
3. Teng YJ, Pan Sm, Liu YL, Yang KH, Zhang YC, Tian JH, Han JX. A meta-analysis of randomized controlled trials of fixation versus non-fixation of mesh in laparoscopic total extraperitoneal inguinal hernia repair. *Surg Endosc* 2011.
4. Garg P, Nair S, Shereef M, Thakur JD, Nain N, Menon GR, Ismail M. Mesh fixation compared to non-fixation in total extraperitoneal inguinal hernia repair: A randomized controlled trial in a rural center in India. *Surg Endosc* 2011.



## APHS Website (www.aphernia.com)

The APHS website was initially conceptualized and created by Dr Davide Lomanto at Singapore. In 2005, this task was entrusted to Dr Anil Sharma. Since then the website is being designed and maintained from New Delhi, India. The website features comprehensive lists of general members, executive members and office bearers of the APHS. Information on the *Hernia Journal* and links with related organizations are provided. The Video gallery features crisp edited short videos on groin and ventral/incisional hernia repair (both conventional and laparoscopic/endoscopic) performed by

international experts. A corporate corner is in place where it is envisaged that hernia-related products would be displayed by various medical corporates.





Asia Pacific Hernia Society

# Accreditation of Centre of excellence in hernia and Course endorsement rules

## PREREQUISITES

In order to be considered for endorsement of an APHS Centre of excellence and for an educational course, the centre must meet the following criteria:

1. The Course must be directed or coordinated by a member of the APHS.
2. The Centre must offer a variety of hernia repair of both open and laparoscopic techniques with clinical outcome audited or published in peer-reviewed journals.
3. Three or more courses must be held per year at the Centre/Hospital in the surgical fields and at least two hernia courses per year.
4. The Centre must be equipped with adequate facilities for lectures and hands-on training on dry and wet facilities. Virtual surgical simulators are optional. If live tissue training is involved, this must follow the worldwide accepted rules for a good record of animal care (see IACUC guidelines at [www.iacuc.org](http://www.iacuc.org)).
5. The course director and faculty members must have appropriate clinical and/or laboratory expertise to educate the participants. If live surgery procedures are performed, instructors must have adequate clinical experience in those procedures.
6. The Curriculum of the Centre/Course must teach and include: Patient selection; Instrumentation; Clinical outcome; Surgical procedures and technique; Follow-up; Pre- and postoperative care, Complications, etc.
7. The Institution organizing the course must offer CME credits.

## Note:

1. The APHS endorsement is only for the Course related to Hernia and Abdominal Wall Surgery and is valid for one year only, and can be renewed after review.
2. All brochures and lists of faculty members must be submitted to the APHS office for annual review. Feedback from the participants of each Course must be collected and reported to the APHS for evaluation.
3. The endorsement of the Training Centre will be suspended if the review shows that a particular course is below the prescribed standards and if deficiencies are not corrected following notification by the APHS.
4. An Application fee is required.

## BENEFITS

1. The endorsed Centre will be listed on the APHS website.
2. The Courses will be promoted and listed on the APHS website.
3. The Course Director may include the APHS Endorsement Statement on promotional brochures and course materials.
4. The Centres and Courses will be promoted during the APHS Annual Meetings.

## REQUIREMENTS

1. Provide all the required information.
2. A letter from the institution's animal care committee or similar body to certify the approval of live tissue procedures.
3. Printed materials (syllabus, reprints, CD-Rom, videos, etc.) distributed during the course.
4. Brochures of two previous courses organized at the institution/Centre applying for course endorsement.
5. Evaluation results for at least two courses previously organized at the institution/Centre applying for course endorsement.
6. An Application Fee of US\$ 300 (valid for one year only). The application fee is not reimbursed if the endorsement is not approved.

Please submit your application (three copies) with all the required information and the application fee to:

APHS Secretariat, c/o MISC, National University Hospital, Kent Ridge Wing Level 2, 5 Lower Kent Ridge Road, 119074 Singapore. Tel: +65 6772 2967; Fax: +65 6774 6077; e-mail: [info@aphernia.com](mailto:info@aphernia.com)



## Accredited Training Centres

### 1. Max Institute of Minimal Access, Metabolic and Bariatric Surgery Centre, Max Super Speciality Hospital, Saket, New Delhi, India

Max Institute of Minimal Access, Metabolic and Bariatric Surgery is on the international map and recognized to be a centre of excellence in endosurgery in the world today. The Institute comprises surgeons who specialize in various areas of surgery and are dedicated to performing surgical procedures with emphasis on utilization of minimal access techniques so that patients reap the benefits of faster recovery, lesser postoperative pain and minimal post-surgical complications. The Institute is equipped with state-of-the-art operation theatres and quality equipment that contribute in affirming best-in-industry practices. In an effort to provide high quality practical training, our Institute established an intensive course focusing on the latest technology and development in Endohernia Surgery.

#### Information required for accreditation of centre of excellence in hernia

NAME

Location:

Director:

Activities:

Faculty (including CV):

Type of hernia repair performed:

Recurrence for different types of hernia and major clinical outcome (post-op pain, wound infection rate; seroma; mesh infection; etc.)

Please provide a brief description (including pictures) of the classroom facilities, including number of rooms available for lectures, approximate number of seats in each room, audiovisual capabilities, teleconference facilities, etc.

Type of Educational Activities (repeat for every course)

Title of the Course:

Faculty (including CV):

Lectures:

Live Surgery

Hands-on experience on Dry Tissue

Hands-on experience on Wet Tissue

Surgical Simulators

### 2. The Minimally Invasive Surgical Centre (MISC), National University Hospital, Singapore

The Centre was established at the National University Hospital in 1993 to promote and develop training, clinical and research activities in the field of endoscopic surgery. The MISC is recognized worldwide for its excellence in training and proctoring for laparoscopic surgery including abdominal wall surgery.

The MISC Training Centre is equipped with all facilities such as hands-on setting, animal laboratory facilities, interactive video-library, 3-D graphics models, etc. A Simulation Training Laboratory (STL) with VR Surgical Simulators and broadcasting facilities provides all participants with high-technological training activities. The simulators include training programme for ventral hernia repair. (For more information log on to [www.misc-asia.com](http://www.misc-asia.com))

#### APHS Hernia Fellowship programme

The APHS Hernia Fellowship programme shall be for a duration of 6 months in accredited APHS Centres. The Fellow shall submit a research programme to be completed during the Fellowship and presented at the annual APHS Congress.

This fellowship will be financially supported by an APHS grant of 5000 Sing Dollar or equivalent. A Scientific Committee shall select candidates for the fellowship programme. For further information, please contact with a detailed CV at the APHS Secretariat in Singapore.



## Criteria for Membership of APHS

Our membership consists primarily of surgeons from the Asia Pacific region who have a special interest in hernia surgery and use either an open and/or a laparoscopic technique.

We encourage you to enroll in the APHS. The benefits for Members include: To be part of a vibrant and dynamic group of surgeons with a wealth of experience which they are eager to share with you and discuss about new advancements in hernia surgery; continuous medical education programmes organized around the year where you can participate at discounted rates. Moreover, a dynamic website will provide an active forum for all members. A special discounted subscription to *Hernia* (a worldwide renowned journal) will be available for all Members. Members can also avail discounted rates at the congresses organized by the three major hernia societies.

Membership of the Society shall be in three categories:

- Honorary Member
- Life Member
- Corporate Member

### Honorary Member

- The Honorary Member would have made outstanding contribution to the progress of hernia surgery in the Asia Pacific region or be a person of distinction.
- The Executive Committee may confer an Honorary Membership to any person who, in the opinion of the Committee, has rendered valuable services to the Society.
- Prior to granting Honorary Membership, the Executive Committee shall first propose the name of the person at the General Meeting, and upon the said Meeting accepting the proposal, the said Honorary Membership may be bestowed.

- Honorary Members shall not be required to pay any Entrance Fee or Subscription Fee.
- Honorary Members shall have no voting rights and shall not be eligible to hold office in the Executive Committee or to participate in the management of the Society.

### Life Member

- Life Members may be elected by application from qualified specialists (certified by a National Board) who are involved in hernia surgery.
- Each applicant shall be proposed by one Life Member and seconded by another Life Member. The application should be sent to the Secretary General.
- The Executive Committee will decide on the application for Life Membership by a simple majority vote.
- Life Members are eligible to vote at General Meetings and hold office in the Executive Committee.
- The Life Membership fee shall be US\$ 100.

### Corporate Member

- Corporate Members may be elected by application from companies with an interest in Hernia.
- The Executive Committee will decide on the application for Corporate Membership by a simple majority vote.
- Each Corporate Member shall be represented by one nominee from the said Company.
- Corporate Members are eligible to vote at General Meetings. All Corporate Members can be represented in the Executive Committee by two representatives, chosen among all the representatives by the Executive Committee Members.
- Each Corporate Member must propose one representative for the Executive Committee.
- The Annual Subscription for Corporate Members shall be US\$ 200.
- The Entrance Fee for Corporate Members shall be US\$ 3000.



# APHS Membership Application

Please complete the following, enclose your CV and send to the Secretary General at the APHS Secretariat:

## Asia Pacific Hernia Society (APHS)

c/o MISC – Department of Surgery, National University Hospital, 5 Lower Kent Ridge Road, Singapore 119074

Tel: +65 6772 2967, Fax: +65 6774 6077, e-mail: info@aphernia.com

This is an application for:  Life Member US\$ 100  Corporate Member  
(Entrance Fee US\$ 3000,  
Annual Subscription US\$ 200)

Applicant / Member's name:

Title: Prof/ Dr/ Mr/ Ms

First Name: ..... Middle Name: ..... Last Name: .....

### Please tick preferred mailing address

**Office Address:**

Name of Institution/Hospital/Corporate: ..... Position held: .....

Address: .....

City: ..... Country: ..... Postal Code .....

Tel: ..... Fax: ..... Mobile: .....

e-mail: .....

**Residential Address**

Address: .....

City: ..... Country: ..... Postal Code .....

Tel: ..... Fax: ..... Mobile: .....

e-mail: .....

Proposer 1. Name: ..... Membership No. ....

Proposer 2. Name: ..... Membership No. ....

### Payment method:

by cheque / bank draft number ..... (Please make payment in favour of the Asia Pacific Hernia Society)

by Telegraphic Transfer

Beneficiary Bank's Name: **DBS Bank Ltd, Singapore**

SWIFT Address: DBSSSGSG

CHIPS UID Number: 034675

Or Telex Number: RS 24455

Beneficiary Bank's Address: 6 Shenton Way, DBS Building, Singapore 068809

Beneficiary Bank's Account: 063-900616-0

Beneficiary Name: Asia Pacific Hernia Society

For TT in USD: The Agent Bank is Bank of New York, New York (ABA/Routing # 021000018)



**APHS Secretariat:**

Minimally Invasive Surgical Centre (MISC), National University Hospital,  
Department of Surgery, Level 2, Kent Ridge Wing 2, 5 Lower Kent Ridge Road,  
Singapore 119074 :: Tel: +65 6772 2967 Fax: +65 6774 6077  
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