



SUMEET TOSHNIWAL

GENERAL SURGEON | LAPAROSCOPIC SURGEON | ENDOSCOPIST

MBBS MS FRACS

LAPAROSCOPIC TOTAL EXTRA PERITONEAL (TEP) INGUINAL HERNIA REPAIR

INDICATIONS

1. Clinically obvious hernia with or without incarcerated omentum or bowel
2. Painful hernia detected on ultrasound suggesting irreducible fat or omentum
3. Femoral or obturator hernia for high risk of strangulation
4. Lipoma of the cord, painful and irreducible

Wait and watch:

Incidentally detected hernia on imaging (eg ultrasound or CT) or asymptomatic small hernia(s) on clinical exam.

CONSULTING LOCATIONS:

Knox Private Hospital (Suite 7)
Waverley Private Hospital

OPERATING LOCATIONS:

Knox Private Hospital
Waverley Private Hospital
Glen Iris Private Hospital

Mr Toshniwal is also appointed at Eastern Health. Uninsured patients can be operated in private, please enquire for quote

Please contact our rooms for appointments and enquiries

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ONE OF THE MOST ADVANCED TECHNIQUES OF LAPAROSCOPIC KEYHOLE HERNIA REPAIR...

Total Extraperitoneal Repair (TEP) has several advantages over conventional open hernia repair:

- » Decreased incidence of chronic nerve pain / infection / recurrence, with minimal scar
- » Minimal risk of bowel adhesions since peritoneum remains intact as opposed to laparoscopic trans peritoneal repair (TAPP) (Refer to picture).
- » Bilateral inguinal hernias +/- umbilical hernia can be repaired with single incision

WHAT TO BRING TO YOUR APPOINTMENT:

- » Referral from your General Practitioner
- » Groin ultrasound report

NOTES:

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