



Editor's corner

G. Campanelli¹

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As you know from our previous communications, this issue of HERNIA sees the publication of our very first “Forum”, whose topic is primary uncomplicated monolateral inguinal hernia.

To compile it, we asked some of the world's leading expert surgeons to tell us about their own experiences, the reasons for the daily choices they make in relation to this condition, and the results they have obtained. Some were also invited to review the literature on the topic.

In addition to their contributions, we were also pleased to receive submissions from many HERNIA readers. All the accepted papers have been collected together in this issue, n.3, which is, therefore, a single-topic one. These and future articles on the same subject will also be available from our homepage as the first Forum Topical Issue.

As these articles show, alongside the recently published international guidelines and other previously published guidelines, a great variety of techniques are adopted worldwide.

The type of approach (open lap, lap, robotic), type of anesthesia, type of repair (pure tissue, mesh), type of mesh and type of fixation are all aspects taken into consideration in the various papers submitted and accepted for publication.

The picture that emerges is a truly polymorphic one, while the results described seem to show a similarity in terms of short- and long-term effects.

It is very clear that, today, anyone wishing to become a real expert in hernia surgery should master all the approaches and methods, becoming equally familiar with the posterior and anterior approaches, with both open pure tissue repair and the use of mesh, and with the open, lap and

robotic lap methods. Mainly, they need to learn how to tailor the approach, and must also learn from their own results.

Naturally, each surgeon will always obtain the best results when using his or her preferred technique, precisely because of the wealth of experience previously gained with that particular approach. Ultimately, the concept of tailored surgery, which we have often mentioned, seems to me to be the one most widely applied in this setting. The creation and/or updating of future guidelines will undoubtedly take into account evolving knowledge and new results reported, each assessable and assessed according to the level of evidence. I feel confident that the content of this first Forum will be extremely useful to surgeons reading it, who, in the future, may well wish to submit their own results in the field of primary uncomplicated monolateral inguinal hernia surgery.

Compliance with ethical standards

Conflict of interest GC is Editor-in-Chief of HERNIA.

Ethical approval For this type of study ethical approval is not required.

Human and animal rights This article does not contain any studies with human participants performed by any of the authors.

Informed consent For this type of study formal consent is not required.

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Editor-in-Chief: G. Campanelli.

✉ G. Campanelli
giampiero.campanelli@grupposandonato.it

¹ University of Insubria, Gruppo Ospedaliero San Donato, Milan, Italy