Herniation Through Laparoscopic Port Sites
A review of literature


Describes four Richter's hernia cases after laparoscopy, 2 repaired by open procedure and 2 repaired laparoscopically, and reviews the literature. Recommends secure closure of the fascia and peritoneum of all ports 10-mm or greater to reduce the frequency of trocar-site hernias.


Laparoscopic Roux-en-Y gastric bypass case report in which the bowel herniated through the port site. Concludes that laparoscopic surgery for morbid obesity presents the possibility for preperitoneal herniation. States that closure using a fascial closure device that closes both the fascia and peritoneum concurrently may eliminate post-site herniation.


Case report of a herniation occurring through a 5-mm trocar site 1 week following LAVH, BSO, and lymphadenectomy. Concludes that bowel herniation can occur through 5-mm trocar sites following prolonged operative laparoscopy. Recommends closing the peritoneum and fascia of 5-mm incisions and cites CooperSurgical’s Carter-Thomason (CT) CloseSure™ System suture passer.


This case report describes a 10-mm non-bladed trocar port-site herniation discovered 4 days postoperatively. Recommends closing all 10-mm port sites in adults and all 5-mm port sites in children regardless of the trocar used. States this is done easily with the CT CloseSure™ System.


A morbidly obese patient developed an unusual type of Richter’s hernia after a Roux-en-Y gastric bypass at a 10-mm trocar site. Although the fascial closure was intact, a hernia developed through the peritoneum into the preperitoneal space. Recommends closing all 10-mm or larger ports and incorporating the peritoneum into the fascial closure to obliterate the preperitoneal space, to prevent this type of herniation.


Case report involving a 6-month-old infant who developed postoperative bowel obstruction due to an incarcerated hernia through a 5-mm laparoscopic port site. Suggests that working trocars may create fascial defects larger than the actual size of the trocar. Concludes that all laparoscopic puncture wounds, even those <10 mm, should be closed at the fascial level in infants.


A retrospective study of 2652 laparoscopies identified a 0.1% incidence of small bowel obstruction post laparoscopic surgery. Recommends that to prevent bowel omentum hernias, it is important to close the fascia and peritoneum after a 5-mm trocar port incision, where there has been extensive manipulation.


A case report that describes a hernia containing omentum that occurred through a 5-mm port site, 1-year post-laparoscopic removal of an endometrial cyst.