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Reply to Letter to the Editor

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Dear Editor,

We wish to thank Dr. Jahoorahmad Patankar for his interest in our manuscript. Complications that included infections, reoperations, and granuloma were detailed in the report. Both groups were at risk for these complications. There were no complications attributable to the use of laparoscopy, including vascular/bowel injury, port site incisional hernia, or incarcerated omentum. There were no patients who required conversion to an open operation due to inability to complete the repair. A few patients required the use of a 2 mm Maryland dissector placed via a stab incision to assist in the repair due to the redundancy of the sac around the internal ring or inability to clearly visualize the internal ring due to dilated bowel and small abdominal domain. The study population indeed included newborns, including premature newborns and infants.

We respectfully disagree with Dr. Patankar's statement that laparoscopic inguinal hernia repair may lead to an unnecessary increase in surgical intervention, and we frame the question differently. Visualization of the contralateral side with immediate repair reduced the incidence of second surgery by 66% (OR, 0.34 with 95% confidence interval 0.10–0.05) without increasing operative time or the complication rate. It did not lead to an increase in the number of surgeries, although we agree that some contralateral repairs may not ever have become symptomatic. Whether these "asymptomatic" patients are at increased risk of having inguinal hernias as an adult requiring surgery

is not clear, as no long-term study has been published. Further, the repair of the contralateral side did not require placement of additional ports or instruments and did not involve increased complications or the addition of significant operative time.

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