

Author	Study Design	Summary of findings
Schegel and Walsh		First description of combined surgery
Celik et al.	Case-control study	20 patients vs 40 controls. No significant differences in operative time and complications
Gozen et al.	Case-control study	mean VAS score 5.65 versus 4.98, patients vs controls ($p = 0.06$)
Do et al.	Case study	93 patients: combined surgery feasible, no increase in the complications rate

Supplementary Table 1: available studies on the convenience and safety of combined prostatectomy and hernioplasty;

Author	Study Design	Summary of findings
Borchers et al.		Description and recommendation of perineal approach for prostatectomy
Katz et al.		two "aborted" retropubic prostatectomies in patients with mesh
Brown and Dahl		first 2 cases in which radical prostatectomy was completed in patients who previously underwent laparoscopic hernioplasty
Stolzenburg et al.	comparative study	longer operative time, lymph-nodes dissection not performed in patients with previous hernioplasty
Erdogru et al.	comparative study (match-pair)	More consistent use of analgesics if previous hernioplasty. Mean amount of narcotic analgesic was significantly higher in the group of patients who underwent transperitoneal laparoscopic radical prostatectomy and had a history of transperitoneal laparoscopic inguinal herniorrhaphy compared with open and no-surgery groups (32.1 ± 11.9 , 21.8 ± 11.9 and 19.5 ± 10.1 mg, respectively, $p = 0.002$).

Supplementary Table 2: available studies on the feasibility of prostatectomy in patients who previously underwent laparoscopic hernioplasty.