

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;

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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 ( $32.1 \pm 11.9$ , $21.8 \pm 11.9$ and $19.5 \pm 10.1$ mg, respectively, $p = 0.002$ ).

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