Comparison of Triple Repair using Ventralight and Soft mesh with Omyra and Optilene in Laparoscopic Repair of Incisional Hernia

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Background and Aim: Laparoscopic repair is usually done by one mesh. In need to reduce the recurrence of the hernia, we introduce new technique using closure of the defect with monomox suture and 2 meshes to cover the defect.

Methods: The technique is done for 2 groups of patients. The first group has undergone Laparoscopic Repair of Incisional Hernia using Omyra, Optilene meshes and Monomox suture closing of the defect. Moreover, the second group has been repaired using ventralight, soft meshes and monomox suture repairing of the defect.

Results: The study is performed from January 2015 to January 2016 in the Medical City of King Saud University. The first group includes 14 patients (4 males and 10 females) and the second group has 10 patients (2 males and 8 females). The technique is done as day surgery and in follow-up no seroma and no recurrence in follow-ups.

Conclusions: Triple laparoscopic repair of incisional hernia for both group has the same outcome for the follow-up period. No seroma, wound infections and recurrence. Long follow-up is needed to demonstrate the best kind of meshes to be used.
Aim: We investigate the risk factor of laparoscopic surgery for ventral hernia retrospectively. In addition, we demonstrate our standard procedure of herniorrhaphy.

Method: Retrospective data from a cohort of 42 consecutive patients who underwent surgery for ventral hernia from April 2012 to April 2016 in our institution were reviewed.

Results: Forty laparoscopic surgeries of incisional hernia were performed. Patients’ average age was 68 years old (41-86). Average BMI was 26.3 and average the size of hernia orifice was 79mm. Mesh repair was generally performed (sIPOM or IPOM plus). Tacking method (tacking and four transfascial suture or less) to fix the mesh was performed for 19 cases and penetrated method (tacking and five transfascial suture or more) was done for 21 cases. Recurrence was occurred in four cases. Fixation method of the mesh was an independent recurrence risk factor. (p=0.048)

Discussion: Our study shows the recurrence risk factor of laparoscopic ventral herniorrhaphy was less fixation of a mesh. Our procedure “IPOM plus method” is generally performed with closure of the hernia orifice by reverse U stitch method and mesh repair. Further study is needed to establish the evidenced-operative procedure and strategy of surveillance for postoperative course for the future.
**AFP4-6**

**PROLENE MESH ERODING COLON FOLLOWING LAPAROSCOPIC INCISIONAL HERNIA REPAIR**

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**Introduction:** A 50 year old gentleman underwent laparoscopic repair of incisional hernia with prolene mesh, one and half month after he had discharge from umbilicus and it did not heal with all dressings, then he roamed around from one hospital to another hospital, finally he presented to our hospital 6 months following surgery. We did CECT abdomen and sinogram which revealed contrast entering to bowel.

**Method:** Under general anesthesia we followed the sinus tract and found that the culprit prolene mesh was eroding to the transverse colon, so the mesh along with the part of the transverse colon was resected and an end to end anastomosis was done and finally the abdomen was closed.

**Result:** The patient had an uneventful recovery and everything was healed.

**Conclusion:** Prolene mesh should not be used in laparoscopic incisional hernia repair.

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**AFP4-7**

**Laparoscopic repair of a traumatic abdominal wall hernia in a morbidly obese patient**

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This is a case of a 31-year-old morbidly obese man with history of obstructive sleep apnea and hypertension who presented to the emergency department with a traumatic abdominal wall hernia following a motor vehicle collision. A CT scan revealed a right upper flank hernia and multiple injuries including a cervical spine fracture. As his vital signs were stable without evidence of bowel incarceration, we did not operate in the acute setting. He remained in the hospital for one-month and then he was transferred to a rehabilitation facility. Unfortunately, eight months later he developed signs of incarceration requiring only a nasogastric tube. After this episode, an intermittent periumbilical pain persisted and therefore we felt surgical repair was necessary. Twenty years have passed since the first laparoscopic approach was used to repair this uncommon hernia, and this case illustrates that it might be useful to treat morbidly obese patients.

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**AFP5-1**

**laparoscopic transabdominal preperitoneal hernioplasty in a medical college setting**

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**Objectives:** To determine the feasibility and patient's outcome of laparoscopic transabdominal preperitoneal mesh hernioplasty for inguinal hernias.

**Patients and Methods:** This study was carried out from March 2011 to April 2014. A total of 130 patients underwent laparoscopic transabdominal preperitoneal mesh hernioplasty (TAPP) for uncomplicated inguinal hernia. Of this, 10 patients presenting with bilateral inguinal hernias were operated in the single sitting. We did CECT abdomen and sinogram which revealed contrast entering to bowel. Operative morbidity, postoperative pain, seroma formation, evidence of superficial infection, chronic groin pain and hernia recurrence were noted. The majority of the patients were discharged within 24 hours and follow-up was done at 1 week, 1 month, and 6 months.

**Results:** 130 patients presenting with uncomplicated inguinal hernias were operated over a period of three years in the department of surgery, Govt. Medical College Srinagar. The mean age of the patients was 39.18 years (range: 18 - 70 years). The median duration of operation was 48.5 minutes (range: 18 - 120 minutes). None of the procedure was converted to open inguinal hernia repair. Postoperative pain was observed in 9.32% of the cases and was easily controlled by oral analgesics. Six patients (4.62%) developed seroma, out of which one required aspiration while others settled conservatively. Two patients (1.54%) developed wound infection and one patient (0.77%) had recurrence. None of the patients developed scrotal hematoma or neuralgia. Return to normal activity after TAPP repair was found to be