

AFP6-1

Mesh associated infection after Laparoscopic parastomal hernia repair- a case report

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A female aged 71 years old was admitted to hernia center in our hospital on Oct.29, 2014 with the main complaint of a recurrent parastomal mass for 2 years after Redical resection of rectal carcinoma (Miles). No history of diabetes mellitus.

The patient underwent Laparoscopic parastomal hernia repair (IPOM, Keyhole, PROCEED 15×10cm, Bard Permafix fixation system) on Nov.4, 2014. with preventive systemic antibiotic administration. No injury to bowels occurred during the operation. Drainage was intra-abdominally and subcutaneously placed respectively. Both drainages were removed 3 days post operation.

However, since then, the patient suffered from high fever with peak temperature of 39°C for 7 days. CT scan indicated infection associated with the implanted mesh with liquid collection just under the abdominal wall in the surgical site(between the mesh and abdominal wall). Puncture drainage of 120 ml cloudy purulent liquid in the surgical infected site for bacterial culture was performed, followed by Tinidazole lavage on Nov.14,2014. Ultrasound guided puncture was done for another 20 ml bloody liquid on Nov.18,2014. Bacterial culture indicated E.Coli infection. The patient was successfully treated with puncture drainage and the mesh was salvaged. No delayed infection was detected in the follow-up of 18 months.

Timely percutaneous drainage of suspected mesh-related infection/abscess is effective. Synthetic mesh such as Proceed can be preserved in case of SSI since the adoption of macroporous mesh is conducive to tissue ingrowth and drainage, which avoid the collection separating the mesh from the surrounding tissue.

AFP6-2

Laparoscopic Treatment for Bochdalek Hernia with Acute Abdomen: A Report of Two Cases and Literature Review

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Objective: Bochdalek hernia is the most common type of diaphragmatic hernia, which has an incidence rate of 0.17% in the adult population. However, the asymptomatic patients seldom seek clinical help, but often got admitted with acute symptoms. We hereby report our experience dealing with Bochdalek hernia in emergency.

Methods: The clinical data and surgical procedures of the two cases were reviewed retrospectively. The 35-year old female patient was admitted due to acute abdominal pain in the left upper quadrant. She also has a concomitant symptom of incomplete intestinal obstruction, thus got treated with a total laparoscopic procedure. The other 57-year old male patient with acute left chest pain demonstrated symptoms of complete intestinal obstruction. The reduction of hernia contents was not achieved during the laparoscopic exploration. Hence, the thoracic surgeons performed a thoracotomy for the repair.

Results: The female patients underwent a 3-trocar laparoscopic hernia repair with mesh, who recovered rapidly postoperatively and got discharged 3 days after surgery. The male patient underwent thoracotomy had a 10-cm intercostal incision in the left chest. His incarcerated transverse colon was reduced, but the strangulated omentum was removed. The hernia repair was managed by simple suture, and the chest tube was removed by 7 days and got discharged by 10 days postoperatively.

Conclusion: According to our experience and literature review, we conclude that, with careful evaluation of patients' situation and procedure indication, laparoscopic treatment could also play a key role in the management of Bochdalek hernia with acute abdomen.

AFP6-3

Laparoscopic diaphragmatic hernia repair: delayed diagnosed traumatic diaphragmatic hernia

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Laparoscopic repair for diaphragmatic hernia is uncommon entities of challenging to repair. And most cases of Laparoscopic diaphragmatic hernia repair were often reported for congenital diaphragmatic hernia in child or adult. But in cases of traumatic diaphragmatic hernia, laparoscopic repair cases were very rare, and the report of it is not being in Korea So We want to report experience of laparoscopic repair for delayed diagnosed traumatic diaphragmatic hernia.

A 35year old male was visited for operation. He has past history that had a passenger traffic accident 15 years ago. That time he had injured left side of body mainly, but not diagnosed diaphragmatic hernia by abdominal computed tomography. After that time he has no other symptoms except dyspnea in exercise, stepping. He was diagnosed when he had medical check up at 7 years ago.

We done laparoscopic repair. Patient was positioned semi-laterally. We used 4 ports included camera port. We gently reduced herniated organs, omentum, partial jejunum and colon, total spleen. We found collapsed lung through the defect. The defect was measured 8x5cm size. After insertion of chest tube, We repaired hernia defect with primary closure, and then applied synthetic mesh. There were no complications and the patients was discharged on postoperative seventh day.

AFP6-4

Management of Recurrent Hernia After TEP (Totally Extraperitoneal) Repair Using The TAPP (Transabdominal Preperitoneal) Technique - Initial Experience and Literature Review

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Background: The techniques of Totally Extraperitoneal (TEP) and Transabdominal Preperitoneal (TAPP) repair for inguinal hernias are now well established and both show good results. Managing recurrences after TEP repair is however challenging and the optimum repair technique is controversial. Literature reports some series of post-TEP recurrences being repaired using repeat TEP procedure. We report five cases of post-TEP recurrences that were repaired using TAPP technique.

Methods: Five patients with bilateral inguinal hernia underwent primary TEP repair. The first patient had a left pantaloon and a right direct hernia. The second patient had a right direct and left indirect inguinal hernia. The other three patients had large bilateral direct herniae. Each patient had two separate lightweight prolene meshes (10 x 15 cm) anchored in place using absorbable tackers. All patients developed clinical recurrences at about 6 months which were confirmed with ultrasound imaging.

Results: At subsequent TAPP repair, the recurrences could be easily visualized and confirmed to be unilateral (Indirect-3, Direct-2). The peritoneum could be easily dissected off, preserving the cord structures with placement of mesh in the preperitoneal space after adequate mobilization. Light weight prolene mesh (10x15 cm) was anchored in place using absorbable tackers in each case with adequate cover of the peritoneal flap. Both patients had uneventful recovery and no further recurrence was noted at 8 and 12 months follow-up.

Conclusion: In patients with post -TEP recurrences, the TAPP repair technique is much easier, allowing accurate diagnosis, adequate working space and ease of dissection.

AFP6-5

Safety and efficacy of laparoscopic transabdominal preperitoneal herniorrhaphy using a partially absorbable polypropylene mesh for recurrent femoral hernias

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Objective: Femoral hernias are relatively scarce in clinic, but the patients frequently present as emergency or recurrent cases, especially, in a specialized hernia center. Open surgery is still the most common procedure, but its standard technique and approach have not yet reached. We present our preliminary experience of laparoscopic transabdominal preperitoneal (TAPP) repair with a partially absorbable polypropylene flat mesh in recurrent femoral hernias.

Methods: In this retrospective study, 18 patients who had a previous open herniorrhaphy repair (simple suture or mesh repair) underwent laparoscopic TAPP repair using a partially absorbable polypropylene mesh (EasyProsthesis MESH 15x15, TransEasy Medical Technology Co., Ltd., China) in our institution from 2013 to 2015. Data was collected regarding patients' demographics, prior surgery, recurrence rate, duration of hospital stay, and complications.

Results: In this series, the mean age was 54.4 years. The patients (15 females, 3 males) had an average of 1.3 prior repairs. 3 patients had simple suture repair, 4 had both suture and mesh repair, and 2 had undergone twice mesh repairs. The mean operating time was 95.0 min (range 80-130 min). After at least 12 months follow-up, there were no recurrences or infections. Three cases (16.7%) of seroma occurred after operation. No postoperative chronic pain was observed.

Conclusions: The treatment of femoral hernia which has previous open hernia surgery is a challenge in the clinical practice. Laparoscopic TAPP using partially absorbable polypropylene mesh appears to be a safe and effective procedure in the repair of recurrent femoral hernias.

AFP6-6

Unusual Syncope Caused by Huge Hiatus Hernia: An Operative Case Report

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Syncope is induced by various conditions. Large hiatus hernia was a rare cause of syncope.

69-year-old woman was admitted to our hospital because of lower abdominal pain and vomiting. Loss of consciousness and apnea occurred on retching at outpatient clinic. She had suffering from frequent syncopal attack for 1 year. CT scan revealed a type III giant hiatal hernia within the intrathoracic stomach located just behind the heart with resultant compression of the heart. Electrocardiogram monitoring showed a paroxysmal atrioventricular block on syncopal attack. Her previous episodes of syncope occurred after gastrointestinal complain like vomiting and abdominal pain. As the patient's hiatal hernia was severe, we planned to repair of hiatus hernia. After the operation, her syncope attacks disappeared for 1 year.

Giant hiatal hernia was the rare cause of syncope and surgical treatment improved patient's quality of life. Giant hiatus hernia was one of differential diagnosis on unusual syncope.